

MP9000 Training Confirmation

SITE NAME : _____

DATE AND TIME : _____

PEOPLE IN ATTENDANCE : _____

TRAINING BY : _____

This is to confirm that Training was given in the following sections.

If any section was not done or completed please fill in a reason under Comments and customer must sign next to comment to confirm why training was not given.

FORECOURT (PUMP SALES) and POS (POINT OF SALE) Done [<input type="checkbox"/>]
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Comment : _____

MANAGER OPTIONS (BO) [<input type="checkbox"/>]

DEBTOR OPTIONS (BO) [<input type="checkbox"/>]
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STOCK OPTIONS (BO) [<input type="checkbox"/>]

CREDITORS OPTIONS (BO) [<input type="checkbox"/>]

ATTENDANT/EMPLOYEE OPTIONS (BO) [<input type="checkbox"/>]
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TECHNICAL OPTIONS (BO) [<input type="checkbox"/>]

Fill in [Yes] or [No] in the boxes if no then you must please specify why in the comments section
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Comment : _____

PLEASE SIGN BELOW TO CONFIRM COMPLETION OF TRAINING GIVEN (ALL PERSON TRAINING WAS GIVEN TO MUST SIGN)

NAME :

SIGNATURE :

ADDITIONAL COMMENTS :

TRAINER SIGNATURE
