

TRAINED USERS FORM			
Project Information			
Project/Task Name:		Date:	
Overall Project Manager:		Phone Number:	
Lists of Trained Personnel			
Operators	Maintainers		Users
Additional Training Required			
Name	Training Required		Date Training Scheduled
Consequence of Training Status			
Are there enough trained personnel to go operational? ☐ Yes ☐ No If no, explain strategy to resolve problems and approximate time frame to get personnel trained.			
Approval			
Overall Project Manager:		Date:	