[Insert Logo here]

Laboratory Name

MDH State Lab Code

EPA Lab ID

NPDES Permit Number (if applicable)

# Training Documentation Form

Please refer to [2009 TNI Standard, Vol 1, Module 2, Section 5.2.5](http://nelac-institute.org/content/CSDP/standards.php) and MN Rules 4740.2099.E.2.

Title of Training

Date of Training

Duration of Training

Trainer(s) (print name)

Trainer Signature(s)

Trainer Affiliation(s)

Personnel Attended

|  |  |
| --- | --- |
| **Name (print)** | **Signature** |
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Listed Attachments (detailed course description or agenda)

Reviewer/Management Name (print) Reviewer/Management Signature Approval Date

*Effective Date:  
Edited by MNELAP, 2013*