

## Inspector On-Job Training & Assessment Form

Inspector Name (as Trainee)	
Domain	
Date of Joining	
OJT Location	

### List of On Job Training Activity: as per training policy CAP-105

		Date From	Date To
1			
2			
3			
4			

Inspector Remarks if any:

Trainee Name:	Signature:
---------------	------------

Level	Trainee	Inspector
Level I – Knowledge:	Study	Discuss
Level II – Understanding:	Observe	Demonstrate
Level III – Performance	The above Trainee has been evaluated.	
	Competent	Not Competent
Inspector Name:		Signature:

Head of Remarks if any:	Approved	Rejected
Name / Signature:		Date: