



Instructions:

- 1. PRINT legibly, use BLACK INK --- stay inside the boxes
- 2. VERIFY Header information is complete and correct
- 3. Complete Badge No. field at bottom; Sign & Date

Index No. PX-3864-OUO
 Page No. 1 of 1
 Issue No. 020



Training Completion Report

(Ref. WI 02.03.02.03.03. WI 02.03.02.03.05, WI 02.03.02.03.06)

Employee Name _____

Badge No. (or SSN)

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Item Name

Pantex Orientation _____

Item No.

	6	0	3	.	2	4
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Item Type

S	T
---	---

Item Revision Date

0	5	0	1	1	5
M	M	D	D	Y	Y

Test Version

1	5	0	5	1
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Instructor Badge No

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Score

--	--	--

Complete

Y	N

RIDS

B

Workflow Route No.

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TSR Related?

	X
Y	N

This training completion report will be used to activate your account in the training database.
 Please fill out the form completely and legibly, as all information is needed.

Print Company Name: _____
 Plant Contact: _____

ACKNOWLEDGMENT

*By signing and returning this report,
 I acknowledge having been provided training or information.*

*I acknowledge that it is my responsibility to know and comply with
 the information presented. If I do not understand the information,
 it is my responsibility to ask for clarification.*

OFFICIAL USE ONLY

May be exempt from public release under the Freedom of Information Act (5 U.S.C. 552)
 exemption number(s) and category: Exemption6- Personal Privacy
 Department of Energy review required before public release:
 Name/Org: C. Rejino, Training and Development Date: 4/30/2015
 Guidance (if applicable) DOE Manual 471.3-1

Badge No. (or SSN)

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Employee Signature: _____

Training Completion Date:

M	M	D	D	Y	Y

