

SITE TRAINING VERIFICATION FORM		tfor021	Revision 5/19/10
Employee Information			
Name of Site: _____			
Last Name: _____		First Name: _____	
Employee # _____		Date of Hire: _____	
Training			
Tracer's Regulation Manual: ___ Date: _____			
Site Standard Operating Procedures (SOP) Manual:			
Knowledge of Site: ___	Date: _____	Jurisdiction: ___	Date: _____
Report Writing: ___	Date: _____	Crime Scene: ___	Date: _____
Patrol Procedures: ___	Date: _____	Solicitations: ___	Date: _____
Site Logs: ___	Date: _____	Restricted Area Access: ___	Date: _____
Weather Emergency: ___	Date: _____	Emergency Organization: ___	Date: _____
Power Failure: ___	Date: _____	Fire Emergency Procedures: ___	Date: _____
Robbery: ___	Date: _____	Public Disputes/Disruptions: ___	Date: _____
Bomb Threat Sheet: ___	Date: _____	Bomb Threat Procedures: ___	Date: _____
Public Relations: ___	Date: _____	Customer Services Duties: ___	Date: _____
General Rules: ___	Date: _____	Cashier Procedures: ___	Date: _____
Cage Rules: ___	Date: _____	Give-Aways and Promotions: ___	Date: _____
Cleaning Duties: ___	Date: _____	Emergency Contact Information: ___	Date: _____
Site Forms: ___	Date: _____		
Employee's Verification			
I hereby certify that I have received all training indicated above.			
Signature: _____		Date: _____	
Site Manager's Verification			
I hereby certify that the above employee has completed all training as required to work at:			
_____			
Name of Site			
Rank: ___	Last Name: _____	Last Name: _____	_____
Signature: _____		Date: _____	