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| --- | --- | --- | --- |
| **Employee Name:** |  | **Job Title:** |  |
| **Reviewer:** |  | **Date of Review:** |  |
| **Purpose of Review: QA/Supervisor Review** |
| *(Delete the statement that is not appropriate to the review)***QA** -This Training Folder has been audited for compliance with SOP\_ECTU\_AD\_01 creating and Maintaining Staff Training Records. The actions required, if any, are noted below.**Supervisor** -This Training Folder has been reviewed to ensure the training and competencies of the staff member are up to date and to identify possible training requirements. The actions required, if any, are noted below. |
| **Actions Required:** |
| The review identified that the following actions are required: |
| **Sign Off Following Review** |
| **Reviewer:** |  | **Date:** |  |
| **Employee:** |  | **Date:** |  |
| **Sign Off Following Completion of Actions *(if actions raised)*** |
| **Reviewer:** |  | **Date:** |  |
| **Employee:** |  | **Date:** |  |

**<<Remove this page from study specific version>>**

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| **Form Revision History** |
| **Version** | **Effective Date** | **Author (Role)** | **Summary of revisions** |
| 1.0 | 16 Nov 2020 | Caroline Garth (QA manager) | First Version |
|  |  |  |  |