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Instructions for Use:

1. Check **OK** column if you reviewed the record, procedure or event and have no comment.
2. Check **FINDING** column if you reviewed the record, procedure or event and have a comment.
3. Check **NOT CHECKED** column if you did not review the record, procedure or event *or you do have adequate information to make a valid comment*
4. Enter the letter "**N/A**" in the column, if the line item is not required in this particular situation.
5. Enter any notes on reverse side regarding a FINDING answer for transfer to the Safety Issues Resolution Report.
6. For later reference, precede any notes with the appropriate question number.

DANGEROUS GOODS TRAINING RECORD INSPECTION CHECKLIST

Name of Organization		Date
Name and Title of Dangerous Goods Coordinator		
Telephone	Fax	E-mail
Airport Name	Country	
Location	Closest City	

Availability of Training Records	YES	NO
Are the records of training available when requested?		
If No, specify why:		

Content of Training Records			
Name of the employee			
The most recent training completion date			
Recurrent training within 24 months of previous training			
A description, copy or reference to training materials used to meet the requirements			
Name and address of the organization providing the training			
A copy of the certification showing that a test has been completed satisfactorily in the employee file			
Copy of record of training attached			
Note:			

Name and Title of Inspector	Signature	Date
Telephone	Fax	E-mail