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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 MONITOR - REPORT ON TRAINING

Name of Organization		Date
Name and Title of Dangerous Goods Coordinator		
Telephone	Fax	E-mail
Training Program		
Title of training program		Approval Number
Category of personnel to whom the training was provided		
Number of person attending	Number of person who obtained a passing grade on the exam	
Training Area		
Airport Name:	Closest City:	Country:
Name of the Facility:		
Address of the Facility:		
Instructor		
Name and Title of Instructor:		
Telephone:	Fax:	Email:
Comment on Course Content		
Comment on The Examination		
Does the course meet the objectives of the syllabus or curriculum?		Yes No
Can the training program be improved?		Yes No
Name and Title of Inspector:	Signature:	Date:
Telephone:	Fax:	E-mail:

