

Training / Competency Record Form

EMPLOYEE NAME:	
EMPLOTEE NAME:	

Skill/Competency	Already competent	On the job training undertaken	Training required	Competency assessed <u>Comment/initial /date by</u> <u>Supervisor/Assessor</u>
Induction at commencement				
Toilet Cleaning				
Rubbish Removal				
Sweeping				
Vacuuming				
Mopping - wet				
Mopping - dry				
Buffing - spray				
Stripping & Ceiling - vinyl				
Steam Cleaning				
Glass Cleaning				
Kitchens/tea rooms				
Wiping Tables				
Wiping Furniture				
Spot Cleaning Glass				
Food Bins				
Recyclable paper				
Carpet spotting				
Wall cleaning				
Venetian Blind Dusting				
Hazard Identification				
Customer Service				
Chemicals Handling - cleaning				
Manual Handling				
Checking equipment before use - backpak				

