

**Training Record Form:****Employee Name:****Position/Role:****Start Date of Training:****End Date of Training:****Trainer Name:**

Training Topics Covered:

Training Component	Completed	Comments
Review of Non-Sterile Compounding Policies and Procedures		
Hygiene and Personal Protective Equipment (PPE) Requirements		
Use and Cleaning of Compounding Equipment		
Compounding Techniques (Simple, Moderate, Complex)		
Risk Assessment and Hazard Identification		
Documentation Standards		
Emergency Procedures and Incident Reporting		
Cleaning and Decontamination of Compounding Areas		
Quality Assurance (QA) Procedures		

**Trainer Comments:** *(Optional notes on performance, strengths, or areas needing improvement)***Employee Acknowledgement:**

I acknowledge that I have received the above training and understand the procedures required for non-sterile compounding.

<b>Employee Signature:</b>	<b>Date:</b>
<b>Trainer Signature:</b>	<b>Date:</b>