

FINISHING TRAINING MATRIX

Employee Name _____

Section 1: General

Date	Initials	
		Tour: Bathrooms, lunchroom, vending machine, etc.
		Train on PrintStream
		ISO Orientation
		Review Department SOP
		FSC / SFI Orientation

Trainer for Section 1: _____ Date: _____

Section 2: Safety

Date	Initials	
		Safety Orientation (form# HR037)
		Chemicals used in department - location and safe use. (rollers cleaner-alcohol)
		Location of First Aid Kit
		Go over safety devices on cutters, folders and stitchers

Trainer for Section 2: _____ Date: _____

Section 3: Ticket

Date	Initials	
		Go over job ticket
		Check shipping information for split shipments
		Go over Finishing Load Tags

Trainer for Section 3: _____ Date: _____

Section 4: Housekeeping for Department

Date	Initials	
		General housekeeping

Trainer for Section 4: _____ Date: _____

Section 5: Maintenance

Date	Initials	
		Routine Maintenance (grease, oil, etc.)
		General housekeeping for your area

Trainer for Section 5: _____ Date: _____

Section 6: Responsibilities

Date	Initials	
		Enter accurate information into PrintStream system
		Routine maintenance and maintaining Maintenance Logs
		Clean and neat work area

Trainer for Section 6: _____ Date: _____