**专业培训记录**

**■QMS** **□50430**

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| **受审核方名称** | | **嘉善宏禄电子科技有限公司** | | | | **专业小类/**  **项目代码** | | **19.02.00** |
| **教师姓名** | | **黄汝倩** | | **专业** | **19.02.00** | **培训地点** | | **会议室** |
| **受培训人员** | **姓名** | **张亮** |  |  |  |  | |  |
| **生产工艺/**  **服务过程** | | **原材料进场验收→全自动切断压接/半自动端子压接（适用时）→端子检查→组装→导通检查→成品** | | | | | | |
| **关键过程及需要确认的过程及主要控制参数** | | **关键过程及需要确认的过程：端子压接**  **主要控制参数：端子机内外压刀的距离高度** | | | | | | |
| **相关质量法律法规的要求及产品标准** | | **客户要求或者客户企业标准** | | | | | | |
| **检验和试验项目及要求(如有型式试验要求,要进行说明)** | | **外观/线速有无破损** | | | | | | |
| **其它相关知识** | | **/** | | | | | | |
| **填表人**  **(专业人员)** | |  | | **日期** | | | **2022.9.23** | |
| **审核组长** | |  | | **日期** | | | **2022.9.23** | |

**注：如有其他培训内容或空格不够可另加附页**

**专业培训记录**

**□EMS**

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| **受审核方名称** | |  | | | | **专业小类/**  **项目代码** | |  |
| **教师姓名** | |  | | **专业** |  | **培训地点** | |  |
| **受培训人员** | **姓名** |  |  |  |  |  | |  |
| **生产工艺/**  **服务过程** | |  | | | | | | |
| **重要环境因素及控制措施** | |  | | | | | | |
| **相关环境法律法规的要求及产品标准** | |  | | | | | | |
| **环境监测报告（适用时）** | |  | | | | | | |
| **其它相关知识** | |  | | | | | | |
| **填表人**  **(专业人员)** | |  | | **日期** | | |  | |
| **审核组长** | |  | | **日期** | | |  | |

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**专业培训记录**

**□OHSMS**

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| **受审核方名称** | |  | | | | **专业小类/**  **项目代码** | |  |
| **教师姓名** | |  | | **专业** |  | **培训地点** | |  |
| **受培训人员** | **姓名** |  |  |  |  |  | |  |
| **生产工艺/**  **服务过程** | |  | | | | | | |
| **不可接受风险和危险源及控制措施** | |  | | | | | | |
| **相关职业健康安全法律法规的要求及产品标准** | |  | | | | | | |
| **作业场所职业健康安全监测报告（适用时）** | |  | | | | | | |
| **其它相关知识** | |  | | | | | | |
| **填表人**  **(专业人员)** | |  | | **日期** | | |  | |
| **审核组长** | |  | | **日期** | | |  | |

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**专业培训记录**

**□EnMS**

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| **受审核方名称** | |  | | | | **专业小类/**  **项目代码** | |  |
| **教师姓名** | |  | | **专业** |  | **培训地点** | |  |
| **受培训人员** | **姓名** |  |  |  |  |  | |  |
| **生产工艺/**  **服务过程** | |  | | | | | | |
| **主要能源使用和主要能源参数等；** | |  | | | | | | |
| **相关能源法律法规的要求及产品标准** | |  | | | | | | |
| **能源评审报告** | |  | | | | | | |
| **其它相关知识** | |  | | | | | | |
| **填表人**  **(专业人员)** | |  | | **日期** | | |  | |
| **审核组长** | |  | | **日期** | | |  | |

**注：如有其他培训内容或空格不够可另加附页**

**专业培训记录**

**□FSMS □HACCP**

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| **受审核方名称** | |  | | | | **专业小类/**  **项目代码** | |  |
| **教师姓名** | |  | | **专业** |  | **培训地点** | |  |
| **受培训人员** | **姓名** |  |  |  |  |  | |  |
| **生产工艺/**  **服务过程** | |  | | | | | | |
| **重要的食品安全危害/关键控制点及控制措施** | |  | | | | | | |
| **相关食品安全法律法规的要求及产品标准** | |  | | | | | | |
| **检验和试验项目及要求(如有型式试验要求,要进行说明)** | |  | | | | | | |
| **其它相关知识** | |  | | | | | | |
| **填表人**  **(专业人员)** | |  | | **日期** | | |  | |
| **审核组长** | |  | | **日期** | | |  | |

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