**专业培训记录**

**■QMS** **□50430**

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| **受审核方名称** | | **石家庄正华保安服务有限公司** | | | | **专业小类/**  **项目代码** | | 35.12.00 |
| **教师姓名** | | **周文廷** | | **专业** | 35.12.00 | **培训地点** | | **办公室** |
| **受培训人员** | **姓名** | **吉洁** | **杨园** |  |  |  | |  |
| **生产工艺/**  **服务过程** | | 合同签订→组织人员→开展安保服务（门卫、巡逻、守护、区域秩序维护）→回访客户 | | | | | | |
| **关键过程及需要确认的过程及主要控制参数** | | **保安服务，客户需求** | | | | | | |
| **相关质量法律法规的要求及产品标准** | | 保安服务操作规程与质量控制 GA/T594-2006  保安服务管理条例 中华人民共和国劳动法 中华人民共和国劳动合同法 | | | | | | |
| **检验和试验项目及要求(如有型式试验要求,要进行说明)** | | **服务质量** | | | | | | |
| **其它相关知识** | | **无** | | | | | | |
| **填表人**  **(专业人员)** | |  | | **日期** | | | **2022.10.5** | |
| **审核组长** | | **微信图片_20190904151347** | | **日期** | | | **2022.10.5** | |

**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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