**专业培训记录**

**☑EMS**

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| **受审核方名称** | | 颖高环保科技石家庄有限公司 | | | **专业小类/**  **项目代码** | | 29.11.05;29.12.00 |
| **教师姓名** | | **吉洁** | **专业** | 29.11.05;29.12.00 | **培训地点** | | **会议室** |
| **受培训人员** | **姓名** | **杨园** |  |  |  | |  |
| **生产工艺/**  **服务过程** | | 接到订单-评审-签合同-采购-进货(检验)-销售（包括运输送货）-客户签收-满意度调查 | | | | | |
| **重要环境因素及控制措施** | | **固废的排放、火灾的发生，制定管理方案、应急预案等** | | | | | |
| **相关环境法律法规的要求及产品标准** | | **环境保护法、中华人民共和国固体废物污染环境防治法、GB/T 35759-2017金属清洗剂** | | | | | |
| **环境监测报告（适用时）** | | **不适用** | | | | | |
| **其它相关知识** | | **无** | | | | | |
| **填表人**  **(专业人员)** | | **吉洁** | **日期** | | | **2023.2.20** | |
| **审核组长** | | **吉洁** | **日期** | | | **2023.2.20** | |

**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**

**□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** | | |  | |

**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**

**□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** | | |  | |

**注：如有其他培训内容或空格不够可另加附页**