

## **Consultative Services Training Tracking Log**

**Name of New Hire:** \_\_\_\_\_ **Start date with CSB:** \_\_\_\_\_

| <b>Date / Initials</b> | <b><u>TRAINING REQUIREMENTS</u></b>       | <b><u>RESPONSIBLE PERSON</u></b>     |
|------------------------|---|--------------------------------------|
|                        | Egress/Security Procedures                | Supervisor                           |
|                        | Notify IT Group of Change                 | Administrative Assistant             |
|                        | OSHA Express Set-up/Training              | Supervisor/Comp Support Tech         |
|                        | US OSHA Computer Security                 | Administrative Assistant             |
|                        | Job Description Update/ADA Form           | Supervisor/HR                        |
|                        | NCDMV Release or Form Verification        | Supervisor                           |
|                        | Work Plan/Education & Training Plan/NCVIP | Supervisor                           |
|                        | Safety & Health Bureau Policies           | Supervisor/S&H Committee Chair       |
|                        | OSHA TI 1500 Course Enrollment/Travel     | Administrative Assistant, Employee   |
|                        | Monthly Paperwork                         | Supervisor/ Administrative Assistant |
|                        | Car Reservation and Logging Procedures    | Supervisor                           |
|                        | CPPM Review & Quality Plan BOPs           | Supervisor                           |
|                        | Local Surveys with other Consultants      | Supervisor                           |
|                        | OSHA Express/Form 33 Training             | Supervisor                           |
|                        | Case File Management                      | Supervisor                           |
|                        | SHARP Training                            | Supervisor                           |
|                        | New Consultant Release                    | Supervisor                           |
|                        |   |                                      |

| <b>Date / Initials</b> | <b><u>INVENTORY AND SUPPLIES</u></b>    | <b><u>RESPONSIBLE PERSON</u></b>    |
|------------------------|---|-------------------------------------|
|                        | ID Card                                 | Administrative Assistant            |
|                        | Business Cards                          | Administrative Assistant            |
|                        | Computer and Office Equipment Inventory | Supervisor/Administrative Assistant |
|                        | Field Equipment Inventory including PPE | Supervisor/Administrative Assistant |
|                        |   |                                     |

**Date Consultant Released to Independent Status:** \_\_\_\_\_

**Consultant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Bureau Chief's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_