

**JOB EFFICIENCY TRAINING REPORT** CDFRM

**U.S. DEPARTMENT OF JUSTICE**

**FEDERAL BUREAU OF PRISONS**

Detail:

Date:

Inmate's Signature	Reg. No.	Inmate's Signature	Reg. No.

Signature above indicates worker has received training in the subject matter listed below and has a reasonably good understanding of the material discussed.

\_\_\_\_\_  
Title of Topic Discussed

\_\_\_\_\_  
JSA Number (if applicable)

\_\_\_\_\_  
Length of Talk (Minutes)

\_\_\_\_\_  
Name of Instructor (Printed)

Remarks  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Title of Instructor

Forward original copy of this training report to the Safety Office as soon as possible after training is completed.