ORA LABORATORY MANUAL Food and Drug Administration	Document #:	Version #: 1.3
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Title: Attachment 2 - ANALYST BACKGROUND AND TRAINING RECORD		Effective Date: 10-01-03 Revised: 11/10/05
Laboratory Name		
Analyst's Name Title		
Years employed in present position Total years as a Highest education received (institution, degree [if any], dates, m	<u> </u>	
Certifications, Technical licenses (Granting body, date, brief des	scription of entitlemer	nt)
Type of Analysis Employee is Qualified to Perform (Check all the Landscopic Microscopic Filther Landscopic Filt	nemical Decomposition Testing _Microbiolog	n _Metals _Colors gical - Pathogenic and
Provide information about training, with dates, that qualifies the above. (Use back of form if more space is needed.)	employee to perform	the analysis referred to
Provide information about work experience, with dates, that qua referred to above. (Use back of form if more space is needed.)	lifies the employee to	perform the analysis
Laboratory Director	Date	
Signature		