

**Attachment 2**

**ANALYST BACKGROUND AND TRAINING RECORD**

Laboratory Name \_\_\_\_\_

Analyst's Name \_\_\_\_\_ Title \_\_\_\_\_

Years employed in present position \_\_\_\_\_ Total years as an analyst \_\_\_\_\_

Highest education received (institution, degree [if any], dates, major subject)

\_\_\_\_\_  
Certifications, Technical licenses (Granting body, date, brief description of entitlement)

Type of Analysis Employee is Qualified to Perform (Check all that apply, but document each separately)

Macroscopic/Microscopic Filth  Sensory Decomposition  Chemical Decomposition  Metals  Colors  
 Additives  Pesticides  Aflatoxin  Drug Analysis  Condom Testing  Microbiological - Pathogenic and  
non-pathogenic organisms  Other \_\_\_\_\_

Provide information about training, with dates, that qualifies the employee to perform the analysis referred to above. (Use back of form if more space is needed.)

Provide information about work experience, with dates, that qualifies the employee to perform the analysis referred to above. (Use back of form if more space is needed.)

Laboratory Director \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

