



Technician Initial Training Form

Date: _____ Local Association /IMT _____

Technician information:

Name: _____

Address: _____
Street Number/ P.O. Box City/State/Zip

Phone: _____

Date of Employment: _____ IMT _____ Employee _____

Requirements: (Please Check)

- | | |
|--|---|
| _____ Barn and Parlor Techniques | _____ Meter Transportation, Care, Setup and Use |
| _____ Data Entry, Correction, and Reports | _____ Local and CDHIA Procedures and Policies |
| _____ Communications with Producers and Management | |

Other _____

On Site Training: (Please list 6 or more herds worked at with manager/trainer

- | | |
|-------------------|-------------|
| (Herdcodes) _____ | Name: _____ |
| _____ | Name: _____ |
| _____ | Name: _____ |
| _____ | Name: _____ |
| _____ | Name: _____ |
| _____ | Name: _____ |

Signature of Employer _____ Date _____

I have received and read the "Code of Ethics" and "the Uniform Operating Procedures" provided by my employer.

Signature of Employee _____ Date _____