

ATTENDANCE FORM

Purpose: Meeting Training / Seminar / Workshop

Type of Training: Classroom Practical / Hands On Technical Sharing

Training Facilitator / Trainer: _____

Topic/Subject	DOCUMENT CONTROL PROCEDURE PBBB-GA-01 AWARENESS	Date	20-03-2024
Venue	SLS TRAINING AREA	Time	10.00AM - 11.00AM
Meeting Coordinator	HAFIAN MASUD (SQE) <i>HR</i>	Meeting/ Training Duration	1 HOUR

No.	Name	Position	Signature
1	Rosazman	MS	<i>[Signature]</i>
2	Mohd Hasv. Panducan.	SO	<i>[Signature]</i>
3	W. Mohd Fabeillah	SO	<i>[Signature]</i>
4	M. Hafiz Roslan	Asst. Manager	<i>[Signature]</i>
5	M. Asni	T.O	<i>[Signature]</i>
6	MUHAMMAD HAKMI	SA	<i>[Signature]</i>
7	IMAN BULHILMI	SA	<i>[Signature]</i>
8	MUHAMMAD ADIB HAZIM	SA	<i>[Signature]</i>
9	MUHAMMAD SHAHMI	TSA	<i>[Signature]</i>
10	MUHAMMAD REDHA BIN ROSLI	TSA	<i>[Signature]</i>
12	Mohd Riz Zamir Bin	SLS OPTK	<i>[Signature]</i>
13	HASLIMI ABUBAKI	SLS OPTK	<i>[Signature]</i>
14			
15			

Remark / Comment
