

## Appendix 4: Post-Training Session Compliance Checklist

(For use after every training session – CITB Requirements)

### Training Session Details

- **Course Name:** \_\_\_\_\_
- **Date:** \_\_\_\_\_
- **Trainer:** \_\_\_\_\_
- **Delivery Mode:**  Classroom  Remote
- **Number of Delegates:** \_\_\_\_\_

### Post-Training Compliance Checklist

Checklist Item	Yes/No	Notes/Evidence	Corrective Action Required
<b>1. Attendance &amp; Identification</b>			
<input type="checkbox"/> Attendance register signed by all delegates	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Delegate ID verified (e.g., passport/driving license)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Checklist Item	Yes/No	Notes/Evidence	Corrective Action Required
<b>2. Training Environment</b>			
□ Classroom: 1.25m desk spacing, no visible aids	<input type="checkbox"/> Yes <input type="checkbox"/> No		
□ Remote: Delegates' workspaces cleared, video/sound ON	<input type="checkbox"/> Yes <input type="checkbox"/> No		
□ CITB-approved materials provided (hardcopy/e-copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>3. Delivery Compliance</b>			
□ Trainer followed approved lesson plan/Scheme of Work	<input type="checkbox"/> Yes <input type="checkbox"/> No		
□ Time reminders announced (10 mins & 2 mins remaining)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
□ No unauthorized devices used during closed-book assessments	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>4. Feedback &amp; Records</b>			
□ Feedback forms distributed and collected	<input type="checkbox"/> Yes <input type="checkbox"/> No		
□ Delegate results recorded accurately	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Checklist Item	Yes/No	Notes/Evidence	Corrective Action Required
<input type="checkbox"/> Certificates issued within 3 working days (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>5. Incident Reporting</b>			
<input type="checkbox"/> Malpractice/suspicious activity reported	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Emergencies documented and CITB notified	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6. Special Adjustments</b>			
<input type="checkbox"/> Reasonable adjustments implemented (if requested)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Sign-Off

- **Completed by:** \_\_\_\_\_ (Oludotun Ashaye / Omowaleola Ayanbadejo)
- **Date:** \_\_\_\_\_
- **Action Plan:**
  1. \_\_\_\_\_ (Owner: \_\_\_\_, **Deadline:** //)
  2. \_\_\_\_\_ (Owner: \_\_\_\_, **Deadline:** //)

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**Instructions:**

- Complete this checklist within 24 hours of training completion.
- File with session records (retain for 3 years).