Quality Assurance Manual Staff Sign-Off Form

Employee Name:

Position:

Date:

I, have received, read, and understood the contents of the Quality Assurance Manual provided by SBM]. I acknowledge that it is my responsibility to adhere to the procedures outlined in the manual and to contribute to the continuous improvement of our quality assurance processes.

By signing below, I confirm that I have been trained on the contents of the Quality Assurance Manual and agree to comply with its guidelines and procedures.

Employee Signature: _____

Date: _____