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Section: Orientation/Training for	Subject Title: <section name=""> Ber</section>	ch Training
Technologists/Technician Manual	Checklist	
Issued by: LABORATORY MANAGER	Original Date:	
Approved by: Laboratory Director	Revision Date:	
	Review Date:	

<SECTION NAME> BENCH

#. <Section Name> Bench

	Area/Competency	Employee Signature	Date	Trainer Signature	Date
#.1		Signature		Signature	
#.2					
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