

5. Digital Circulation Record

Staff Name	Designation	Manual Shared (Y/N)	Mode (Email/ERP/WhatsApp)	Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

6. E-Sign / Acknowledgment Record

Staff Name	Designation	Acknowledgment Received	Date	Signature / E-Sign
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

7. Training / Briefing on Updated SOPs

Topic	Conducted (Y/N)	Date	Trainer	Attendance
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

8. Compliance Checklist

Parameter	Status
Circulars Reviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manual Updated	<input type="checkbox"/> Yes <input type="checkbox"/> No
SOP Changes Incorporated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manual Circulated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acknowledgments Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Issue Log & Resolution

Issue	Action Taken	Responsible Person	Status

10. Challenges Faced

- _____
- _____

11. Suggestions / Improvements

- _____

2. _____

12. Final Remarks

13. Signatures

Role	Name & Signature	Date
Academic Coordinator		
HR/Admin		
Compliance Officer		
Principal		