

Worker Hygiene & Workplace Safety Training Log (Form A)

Name of Operation: _____ Date: _____

Policy Manager: _____ Training Time: _____

Location: _____

Training material (Please attach any written materials to this log with a staple or note the name of the training video used):

Please see the food safety plan for overall Worker Training procedures.

| Employee Name (please print) | Employee Signature |
|------------------------------|--------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |
| 11. _____ | _____ |
| 12. _____ | _____ |
| 13. _____ | _____ |
| 14. _____ | _____ |

