

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. _____	_____

