

STAFF TRAINING RECORD

For each member of staff, make a note of when they have been trained on different safe methods.



EXAMPLE:

Name: Jimmy Examples		
Telephone no: 01234 567 891		
Email address: JimmyExamples@examples.com		
SAFE METHOD ON FIRST DAY:	DATE	INITIALS
Working with food? Factsheet	xx/xx/xx	JE
Opening and closing checks	xx/xx/xx	JE
Cross-contamination		
Personal hygiene and fitness to work	xx/xx/xx	JE
Cloths	xx/xx/xx	JE
Separating foods	xx/xx/xx	JE
Food allergies	xx/xx/xx	JE
Physical and chemical contamination	xx/xx/xx	JE
Pest control	xx/xx/xx	JE
Maintenance	xx/xx/xx	JE
Cleaning		
Handwashing	xx/xx/xx	JE
Cleaning effectively	xx/xx/xx	JE
Clear and clean as you go	xx/xx/xx	JE
Your cleaning schedule	xx/xx/xx	JE
Chilling		
Chilled storage and displaying chilled food	xx/xx/xx	JE
Chilling down hot food	xx/xx/xx	JE
Defrosting	xx/xx/xx	JE
Freezing	xx/xx/xx	JE
Cooking		
Cooking safely	xx/xx/xx	JE
Foods that need extra care	xx/xx/xx	JE
Reheating	xx/xx/xx	JE
Checking your menu	xx/xx/xx	JE
Hot holding	xx/xx/xx	JE
Ready to eat food	xx/xx/xx	JE
Acrylamide	xx/xx/xx	JE
Management		
Extra checks	xx/xx/xx	JE
Prove it	xx/xx/xx	JE
Managing food allergen information	xx/xx/xx	JE
Suppliers and contractors	xx/xx/xx	JE
Stock control	xx/xx/xx	JE
Product withdrawal and recall	xx/xx/xx	JE
Other training or retraining		
Level 2 food safety	xx/xx/xx	JE
Allergen awareness	xx/xx/xx	JE

Name:		
Telephone no:		
Email address:		
SAFE METHOD ON FIRST DAY:	DATE	INITIALS
Working with food? Factsheet		
Opening and closing checks		
Cross-contamination		
Cleaning		
Chilling		
Cooking		
Management		
Other training or retraining		



STAFF TRAINING RECORD

(continued)

Name:		
Telephone no:		
Email address:		
SAFE METHOD ON FIRST DAY:	DATE	INITIALS
Working with food? Factsheet		
Opening and closing checks		
Cross-contamination		
Cleaning		
Chilling		
Cooking		
Management		
Other training or retraining		

Name:		
Telephone no:		
Email address:		
SAFE METHOD ON FIRST DAY:	DATE	INITIALS
Working with food? Factsheet		
Opening and closing checks		
Cross-contamination		
Cleaning		
Chilling		
Cooking		
Management		
Other training or retraining		



STAFF TRAINING RECORD

(continued)

Name:		
Telephone no:		
Email address:		
SAFE METHOD ON FIRST DAY:	DATE	INITIALS
Working with food? Factsheet		
Opening and closing checks		
Cross-contamination		
Cleaning		
Chilling		
Cooking		
Management		
Other training or retraining		

Name:		
Telephone no:		
Email address:		
SAFE METHOD ON FIRST DAY:	DATE	INITIALS
Working with food? Factsheet		
Opening and closing checks		
Cross-contamination		
Cleaning		
Chilling		
Cooking		
Management		
Other training or retraining		



STAFF TRAINING RECORD

(continued)

Name:		
Telephone no:		
Email address:		
SAFE METHOD ON FIRST DAY:	DATE	INITIALS
Working with food? Factsheet		
Opening and closing checks		
Cross-contamination		
Cleaning		
Chilling		
Cooking		
Management		
Other training or retraining		

Name:		
Telephone no:		
Email address:		
SAFE METHOD ON FIRST DAY:	DATE	INITIALS
Working with food? Factsheet		
Opening and closing checks		
Cross-contamination		
Cleaning		
Chilling		
Cooking		
Management		
Other training or retraining		