

# 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@example.com		
SAFE METHOD ON FIRST DAY:	DATE	INITIALS
Working with food? Factsheet	xx/xx/xx	JE
Opening and closing checks	xx/xx/xx	JE
<b>Cross-contamination</b>		
Good housekeeping	xx/xx/xx	JE
Pest control	xx/xx/xx	JE
<b>Cleaning</b>		
Handwashing	xx/xx/xx	JE
Personal hygiene and fitness to work	xx/xx/xx	JE
Cleaning effectively	xx/xx/xx	JE
Your cleaning schedule	xx/xx/xx	JE
<b>Chilling</b>		
Chilled storage and display	xx/xx/xx	JE
Frozen storage and display	xx/xx/xx	JE
<b>Management</b>		
Opening and closing checks	xx/xx/xx	JE
Extra checks	xx/xx/xx	JE
Prove it – chilled and frozen storage	xx/xx/xx	JE
Suppliers and contractors	xx/xx/xx	JE
Product withdrawal and recall	xx/xx/xx	JE
Stock control	xx/xx/xx	JE
Customers – food allergies	xx/xx/xx	JE
Managing food allergen information	xx/xx/xx	JE
Suppliers and contractors	xx/xx/xx	JE
<b>Cooking and preparation (if relevant)</b>		
Preparation – Ready to Eat food	xx/xx/xx	JE
'Bake Off' products, reheating and hot holding	xx/xx/xx	JE
Acrylamide	xx/xx/xx	JE
Raw meat, poultry and eggs	xx/xx/xx	JE
Cooking safely – rotisserie chicken and ham	xx/xx/xx	JE
Cooking safely – bacon, sausages and eggs	xx/xx/xx	JE
<b>Other training or retraining</b>		
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		
<b>Cross-contamination</b>		
<b>Cleaning</b>		
<b>Chilling</b>		
<b>Management</b>		
<b>Cooking and preparation (if relevant)</b>		
<b>Other training or retraining</b>		

If you need more copies of this record, photocopy it or download from the [FSA Website](#).



# STAFF TRAINING RECORD

(continued)

Name: Telephone no: Email address:			Name: Telephone no: Email address:		
<b>SAFE METHOD ON FIRST DAY:</b>	<b>DATE</b>	<b>INITIALS</b>	<b>SAFE METHOD ON FIRST DAY:</b>	<b>DATE</b>	<b>INITIALS</b>
Working with food? Factsheet			Working with food? Factsheet		
Opening and closing checks			Opening and closing checks		
Cross-contamination			Cross-contamination		
Cleaning			Cleaning		
Chilling			Chilling		
Management			Management		
Cooking and preparation (if relevant)			Cooking and preparation (if relevant)		
Other training or retraining			Other training or retraining		

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# STAFF TRAINING RECORD

(continued)

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

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# 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		
Management		
Cooking and preparation (if relevant)		
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		
Management		
Cooking and preparation (if relevant)		
Other training or retraining		

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