

STAFF TRAINING RECORD



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

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

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