

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	Date	Initials
On first day:		
Working with food? sheet		
Opening and closing checks		
Cross-contamination		
Cleaning		
Chilling		
Cooking		
Management		
Other training or retraining e.g. DVD		

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Staff training record (continued)



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Telephone no:
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On first day:

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Cleaning	Date	Initials

Chilling	Date	Initials

Cooking	Date	Initials

Management	Date	Initials

Other training or retraining e.g. DVD	Date	Initials

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Staff training record (continued)



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