

Food Service Employee Training Checklist

Employee Name:

Job Title:

Trainer Name:

Training Date(s):

General Orientation

Task / Topic	Completed
Tour of Facility	<input type="checkbox"/>
Company Policies & Procedures	<input type="checkbox"/>
Attendance & Scheduling	<input type="checkbox"/>
Uniform Code	<input type="checkbox"/>

Health & Safety

Task / Topic	Completed
Handwashing Procedures	<input type="checkbox"/>
Personal Hygiene	<input type="checkbox"/>
Glove Use	<input type="checkbox"/>
Food Allergens Awareness	<input type="checkbox"/>
Safe Food Handling	<input type="checkbox"/>
Cleaning & Sanitizing	<input type="checkbox"/>
Temperature Control	<input type="checkbox"/>
Equipment Safety	<input type="checkbox"/>
Reporting Illness/Injury	<input type="checkbox"/>

Job Specific Training

Task / Topic	Completed
Customer Service	<input type="checkbox"/>

Cash Register Operation	<input type="checkbox"/>
Food Preparation	<input type="checkbox"/>
Meal Assembly / Plating	<input type="checkbox"/>
Beverage Service	<input type="checkbox"/>
Dishwashing	<input type="checkbox"/>
Restocking & Storage	<input type="checkbox"/>

Additional Notes

Employee Signature:

Date:

Trainer Signature:

Date: