

Employee Food Safety Training Record

Employee Name:

Job Title:

Department:

Trainer Name:

Training Date:

Training Topic	Date Completed	Employee Initials	Trainer Initials
Personal Hygiene			
Preventing Cross-Contamination			
Temperature Control			
Cleaning & Sanitizing			
Food Allergen Awareness			
Receiving & Storage			
Other			

Employee Signature:

Date:

Trainer Signature:

Date: