

Cold-Pressed Juice Handler Training Record

Employee Name

Position/Job Title

Trainer Name

Date of Training

Training Topic	Completed	Trainer Initials
Hygiene and Handwashing	<input type="checkbox"/>	<input type="text"/>
Equipment Sanitization	<input type="checkbox"/>	<input type="text"/>
Proper Juice Storage	<input type="checkbox"/>	<input type="text"/>
Ingredient Handling	<input type="checkbox"/>	<input type="text"/>
Allergen Awareness	<input type="checkbox"/>	<input type="text"/>
Labeling & Traceability	<input type="checkbox"/>	<input type="text"/>

Employee Signature

Trainer Signature