

Employee Health and Hygiene Training Record

Farm name _____

Address _____

TRAINING TOPICS (check all topics covered)	
<input type="checkbox"/>	Illness and Injury Symptoms
<input type="checkbox"/>	Employee Sick Policy
<input type="checkbox"/>	Handwashing Steps
<input type="checkbox"/>	Glove Use
<input type="checkbox"/>	Jewelry Policy
<input type="checkbox"/>	Clothing & Footwear Policy
<input type="checkbox"/>	Visitor Policy
<input type="checkbox"/>	Eating, Drinking, & Tobacco Rules in Field & Pack Areas
<input type="checkbox"/>	Toilet Locations and Use Rules
<input type="checkbox"/>	Reporting Problems with Toilets and Handwashing Facilities
<input type="checkbox"/>	Other: _____

TRAINING METHOD AND TOOLS (check all that apply)	
<input type="checkbox"/>	In-Person Training
<input type="checkbox"/>	Video or App (List Title): _____
<input type="checkbox"/>	Training Handout (List Title): _____
<input type="checkbox"/>	Visual aid (Flipchart, Poster, PowerPoint) (List Title or Describe): _____
<input type="checkbox"/>	Demonstration of Activity (List Activity): _____
<input type="checkbox"/>	Standard Operating Procedure or Farm Food Safety Plan (List Title or Section): _____

Employee name (please print)

1 _____

2 _____

3 _____

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5 _____

Employee signature

Trainer: _____ Training Date: ___ / ___ / ___ Reviewer: _____ Review Date: ___ / ___ / ___

Employee Name (please print)

Employee Signature

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Trainer: _____ Training Date: ___ / ___ / ___ Reviewer: _____ Review Date: ___ / ___ / ___



MAKING LIFE BETTER IN NEW HAMPSHIRE