

# Employee General Food Safety Training Record

Farm name \_\_\_\_\_  
Address \_\_\_\_\_

TRAINING TOPICS (list topics covered)	
	Example: Harvest Procedures (what not to pick)

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 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_

Employee signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trainer: \_\_\_\_\_ Training Date: \_\_\_ / \_\_\_ / \_\_\_ Reviewer: \_\_\_\_\_ Review Date: \_\_\_ / \_\_\_ / \_\_\_



Employee Name (please print)

Employee Signature

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

10 \_\_\_\_\_

11 \_\_\_\_\_

12 \_\_\_\_\_

13 \_\_\_\_\_

14 \_\_\_\_\_

15 \_\_\_\_\_

16 \_\_\_\_\_

17 \_\_\_\_\_

18 \_\_\_\_\_

19 \_\_\_\_\_

20 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Trainer: \_\_\_\_\_ Training Date: \_\_\_ / \_\_\_ / \_\_\_ Reviewer: \_\_\_\_\_ Review Date: \_\_\_ / \_\_\_ / \_\_\_



MAKING LIFE BETTER IN NEW HAMPSHIRE