**Worker Training Record *Template***

**Name and address of farm:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

**Trainer:** **Training time:**

**Topics Covered:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Training materials:** Please attach any printed materials related to the training. Also reference any relevant SOPs or sections of the farm food safety plan that apply.

 **Employee Name** (please print) **Employee Signature**

 1.

 2.

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 12.

**Reviewed by:** **Title:** **Date:**

**Confidential Record**