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|  **Employee General Food Safety Training Record** |
| **TRAINING TOPICS (list topics covered)** |  | **TRAINING METHOD AND TOOLS (check all that apply)** |
|  | Example: Harvest Procedures (what not to pick) |  |  | In-Person Training |
|   |  |  |    | Video or App (List Title): |
|   |  |  |  |
|   |  |  |    | Training Handout (List Title):  |
|   |  |  |
|   |  |  |    | Visual aid (Flipchart, Poster, PowerPoint) (List Title or Describe):  |
|   |  |  |
|   |  |  |    | Demonstration of Activity (List Activity):  |
|   |  |  |
|   |  |  |  | Standard Operating Procedure or Farm Food Safety Plan (List Title or Section): |
|   |  |  |
|  |  |  |
|  |  |  |
| **Employee name (please print)** |  | **Employee signature** |
| 1 |   |   |   |
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| 5 |   |  |   |

Farm name

Address

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

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| **Employee Name (please print)** |

 |  | **Employee Signature** |
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Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Date: \_\_\_ / \_\_\_ / \_\_\_ Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date: \_\_\_ / \_\_\_ / \_\_\_

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