

FOOD HYGIENE TRAINING RECORD

NAME OF PREMISES:

ADDRESS

PERSON COMPLETING FORM & POSITION IN COMPANY

DATE

NO. OF EMPLOYEES/FOOD HANDLERS - PART TIME FULL TIME

NAME OF FOOD HANDLER	JOB TITLE	RESPONSIBILITIES	DATE AND CONTENT OF INSTRUCTION AND TRAINING INCLUDING INDUCTION AND REVIEWED TRAINING/INSTRUCTION

Nb. Include relief food handlers **Signature** _____ **Date** _____