



# Employee Food Safety Education and Training Log

Date of Training: \_\_\_\_\_ Topic: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Materials Used and/or handouts (If applicable): \_\_\_\_\_

	Employee's Name (Please print)	Job	Employee's Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			

..... Sheet Reviewed by: \_\_\_\_\_ on \_\_\_\_\_  
(Management) (Date)