

# 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. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## FSMA PSR reference § 112.30(b) Confidential Record

