



Clutha District Council

STAFF TRAINING RECORD

This form is to be used to record completed food safety training in elements of the Food Control Plan

Name:	Telephone:
Position:	Start Date:
Address:	

<i>Topic</i>	<i>Employee's signature</i>	<i>Supervisor Signature</i>	<i>Date completed</i>
ESSENTIAL TRAINING			
Health & Sickness			
Hand Hygiene			
Personal Hygiene			
Cleaning and Sanitising			
Food Allergens			
Potentially hazardous [high risk] foods			
Document control			
Waste Disposal			
Pest Control			
Maintenance			
Customer complaints & recalls			
Checking temperatures			
Purchasing and receiving			
Storage			
Chilled/Frozen food			
Defrosting frozen food			
Food Preparation			
Cooking food			
Hot holding prepared food			
Cooling hot prepared food			
Reheating prepared food			
Transporting food			
Display & self-service			