

# SAMPLE Food Safety Training Register

Competency	Date(s) training/ assessment	Name	Name	Name	Name	Name	Name	Name	Name
		<i>Date/ Initial Competence</i>	<i>Date/ Initial Competence</i>	<i>Date/ Initial Competence</i>	<i>Date/ Initial Competence</i>	<i>Date/ Initial Competence</i>	<i>Date/ Initial Competence</i>	<i>Date/ Initial Competence</i>	<i>Date/ Initial Competence</i>
<b>Forms</b>	Food Safety Log								
	Incoming Goods Form								
<b>Receiving</b>	Receiving checks								
	Correct storage/ decanting/ labelling								
<b>Storage</b>	Temperatures and checks								
	Cross contamination controls								
<b>Cleaning</b>	Material Safety Data Sheets								
	Chemical usage								
	Cleaning methods								
<b>Cooking Equipment</b>	Running								
	Cleaning								
<b>Product Handling</b>	Personal hygiene								
	Temperatures								
	Cross contamination controls								
<b>Product Plating/ Packing</b>	Personal hygiene								
	Tongs/ glove use								
	Temperature checks								
<b>Service</b>	Personal hygiene								
	Tongs/ glove use								
	Temperature controls								
<b>Delivery / Distribution</b>	Packing, cleaning and care of cold/ hot boxes								
	Allergen controls								
	Sign on sheets								
	Temperature controls/ checking								

**Instructions for use:**

Complete the relevant food safety skills and knowledge requirements for staff and volunteers. Initial and date when the person is competent. If a task is not relevant record "NA"