**Employee HACCP Training Record**

HACCP Process:

Facility Location:

Facility Permit #:

Trainer Name:

Date:

All employees who will be conducting any activities included in the facility approved HACCP Plan, will need to complete all required food safety and activity specific training before they can work on any HACCP approved activities. This record must be updated continuously as training occurs and kept on site with the HACCP Plan.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name** | **Training Given** | **Trainer Initials**  | **Employee Initial**  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |