

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

Modified from On-Farm Decision Tree Project: Worker Health, Hygiene, and Training—v14 07/16/14
E.A. Bihn, M.A. Schermann, A.L. Wszelaki, G.L. Wall, and S.K. Amundson, 2014 www.gaps.cornell.edu