

EMPLOYEE TRAINING RECORD

TRAINING TOPICS	Date Completed	QFO Initials	Employee Initials
I. Proper Food Temperature Control			
a. Cooking			
b. Hot and cold holding			
c. Rapid cooling and reheating			
d. Food Temperature gauge use, storage, sanitization and calibration			
II. Food Protection			
a. Washing fruits and vegetables			
b. Protection from bare-hand contact			
c. Protection from cross contamination			
d. Covering food and protection from other sources of contamination			
III. Personal Health and Cleanliness			
a. Employee sick leave, restricting ill food workers from food service duties/reporting illness to health jurisdiction			
b. Hand washing requirements, facilities and procedures			
c. Good hygienic practices			
IV. Sanitation of the Facility, Equipment, Supplies and Utensils			
a. Sanitization requirements and procedures			
b. Cleaning schedule and procedures for food and nonfood contact surfaces.			
c. Proper use of the warewashing sink, and dishwashing machine.			
V. Identify and recognize the foods most commonly associated with food allergies.			

FOOD EMPLOYEE TRAINING PROGRAM AND RECORDS

Pursuant to Public Health Code (PHC) Section: 19-13-B42(s)(8)(A) and 19-13-B42(t)(7)(A) the qualified food operator of each food service and catering food service establishment is responsible for ensuring training of food preparation personnel. Training shall include but not necessarily be limited to:

1. Instruction in proper food temperature control
2. Food protection
3. Personal health and cleanliness
4. Sanitation of the facility, equipment, supplies and utensils

The qualified food operator of each food service and catering food service establishment shall maintain written documentation of a training program and training records of individual employees, and shall make these records available to the local health departments upon request. Training records should be retained for the term of employment of all current food workers.

The qualified food operator is responsible for completing and maintaining the enclosed employee training sheet and training record forms* or substitute forms with similar content, approved by the local health department.

*Adapted from forms developed by the Westport-Weston Health District

Employee Training Sheet

Name of Establishment: _____

Address of Establishment: _____

Employee Name: _____

Duties: _____

Date of Hire: _____