**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**

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**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 07/16/14E.A. Bihn, M.A. Schermann, A.L. Wszelaki, G.L. Wall, and S.K. Amundson, 2014 www.gaps.cornell.edu