Hygiene training attendance record

Business name: _____

Location (premises, vehicle): _____

Training location: _____

Date and time: _____

Topic: _____

Trainer name: _____

Trainer signature: _____

Food handlers must be supervised and instructed or trained in food hygiene in line with their work (Regulation (EC) No 852/2004, Annex II, Chapter XII).

No.	Participant name	Role	Signature	Test result (passed / failed)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

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