



## Training Record

<b>Name:</b>		<b>Employee Number:</b>	
<b>Company Start Date:</b>		<b>Position:</b>	
<b>Prior External Qualification(s), Skills &amp; Experience :</b>			

<u>Period Training Required</u>	<u>Details of Internal Training or External Training Course</u>	<u>Dates of Training</u>	<u>Signed (Trainee)</u>	<u>Assessed as Competent Signed (Trainer)</u>
<b>Weeks 1 - 4</b>	Induction			
	Food Safety & Quality Policy Briefing			
	Food Safety & Quality Objectives			
	Health and Safety Procedure			
	Records monitoring and control			
	Environment and Waste Management			
<b>Weeks 5 - 13</b>	Packing Procedure			
	Operating Procedure			

Document Reference **Training Record QMR 002**

Revision 1 8<sup>th</sup> January 2015

Owned by: Technical Manager

Authorised By: General Manager





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**Trainers Comments:**

**Further Training Requirements:**

I .....(Print Name) have received and have fully understood the training in all the above activities.

**Employee Signature .....**

**Date.....**

**NOTE: By signing this record the trainee hereby accepts and understands the relevant company policies and procedures**

**Trainer Signature .....**

**Date.....**

**Next Review Date:**