## Form 3: STAFF TRAINING RECORD

**Name:**

**Start Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Training Task / Topic**  (Part of the plan that has been covered) | **Trainee Sign** | **Trainer Name / Sign** | **Date of Training** |
| Site Induction |  |  |  |
| Personal Hygiene & Sickness |  |  |  |
| Cleaning Procedures |  |  |  |
| Allergen awareness |  |  |  |
| Glass Handling |  |  |  |
| Handling Chemicals |  |  |  |
| Complaints, Incident / Non-conformance Procedures |  |  |  |
| Receiving and Storage of Raw Materials, Ingredients & Packaging |  |  |  |
| Pest Sightings |  |  |  |
| Grain Milling |  |  |  |
| Brewing |  |  |  |
| Bottling/Canning |  |  |  |
| Kegging – including keg cleaning |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Specialist Training:**

|  |  |
| --- | --- |
| **Skill** | **Qualification / Training** |
|  |  |