

Food Safety Program Coordinator: _____

This form is to verify that I have been informed and trained in the requirements of the Food Safety Program for _____. The Food Safety Program Coordinator has been identified and is available to me for any questions or concerns I have.

I have received the Food Safety Program Manual and have been trained in Employee Health and Hygiene.

Date of training: _____

Name _____ Name _____

Signature _____ Signature _____