TRAINING RECORD CARD

Allergen Awareness Food Safety Discussions

I confirm that I have received the Food Safety Conversation training session on Allergen Awareness for Back of House Staff / Front of House Staff / Beverage Service / Milk and Alternative to Milk Drinks (please indicate below which Food Safety Conversation has been delivered to you). I confirm that I understand my responsibilities when dealing with allergens and will follow the Company policies and procedures.

UNIT NAME	UNIT NUMBER

TRAINEE'S NAME	BOH	FOH	BEV	MILK	DATE	TRAINEE'S SIGNATURE	TRAINER'S NAME
Julie Smith		X		X	*28/01/25*	*J.Smith*	*D.Crowe*

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