

# TRAINING RECORD CARD

## Allergen Awareness Food Safety Discussions



I confirm that I have received the Food Safety Discussion (FSD) training session on Allergen Awareness for back of house/front of house/hospitality staff (please indicate below which food safety discussion has been delivered to you). I understand my responsibilities when dealing with allergens and will follow the company's policies and procedures.

<b>UNIT NAME</b>

<b>UNIT NUMBER</b>

**UNIT MANAGER:** Please note, where facilities allow, your staff should watch an Allergen Awareness Video and indicate they have watched it below.

TRAINEE'S NAME	BOH	FOH	HOSP	Video	DATE	TRAINEE'S SIGNATURE	TRAINER'S NAME
<i>Julie Smith</i>		<b>X</b>		<b>X</b>	<i>2/11/18</i>	<i>J. Smith</i>	<i>D.Crowe</i>

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