Colleague Name

Food or Health and Safety Additional Training record

Store Name & Number

Year

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| **Procedure Name**  **(Blanks for additional use as necessary)** | **Colleagues signature** | **Date of Training** | **Training delivered by** |
| **Bread Slicer** |  |  |  |
| **Cleaning & dismantling of Slicer** |  |  |  |
| **Cleaning of the Meat Mincer** |  |  |  |
| **Cooking Stations** |  |  |  |
| **Forklift Truck** |  |  |  |
| **General Forecourt Duties** |  |  |  |
| **Potato Oven** |  |  |  |
| **Scissor Lift** |  |  |  |
| **Use of Conveyor Belt** |  |  |  |
| **Use of Deli Slicer** |  |  |  |
| **Use of Meat Mincer** |  |  |  |

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| **Procedure Name**  **(Blanks for additional use as necessary)** | **Colleagues signature** | **Date of Training** | **Training delivered by** |
| **Floor Cleaning Machine** |  |  |  |
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