Employee Health & Safety Training Records

Facility: _____

Address: _____ Director: _____

Level III - Prep/Cook Food Handler	Date of Hire	Permit #	Permit Expiration

Name (List all full time, part time and substitute staff)	Date of Hire	Class Attended LLCHD/Alternative (list)	Class Date

Name (List all full time, part time and substitute staff)	Date of Hire	Class Attended LLCHD/Alternative (list)	Class Date