

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 Alternatives to Milk / Gluten Free and Allergen Free Foods (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	GF & ALLERGEN FREE	DATE	TRAINEE'S SIGNATURE	TRAINER'S NAME
Julie Smith		X		X		28/01/25	J.Smith	D.Crowe

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