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| **Employee Food Safety Training Record**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Directions:** Use this form to record food safety training provided to employees. Maintain this record for a minimum of 1 year. | | |
| **Employee Name** | **Length of Training** | **Training and Materials Provided** |
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