

TRAINING PROGRESS REPORT

DATE: _____

START DATE: _____

EMPLOYEE/OFFENDER: _____ GDCID # _____

FOOD SERVICE AREA	COMPLETED	NEEDS FURTHER TRAINING
1) Inventory/Warehouse Operations		
2) Food Preparation		
3) Sanitation		
4) Tray Line		
a. Portion Control		
b. Plating Guide/Modified Diets		
5) Food Service Equipment*:		
a. Choppers		
b. Mixers		
c. Slicers		
d. Proofer		
e. Steam Kettles		
f. Tilt Skillet		
g. Ranges		
h. Skittles		
i. Ovens		
k. Dishwasher		
l. Other		
m. Other		
6) Dishroom Operations		

***All food service equipment training must be completed if available.**

Comments:

** I understand that I will **NOT** operate any equipment I have not been properly trained to use.

EMPLOYEE/OFFENDER SIGNATURE: _____

FOOD SERVICE DIRECTOR/MANAGER: _____

Cc: Employee/Offender File

Retention Schedule: Upon completion, this form shall be maintained in a local food service filing area for six years (one year active and five years inactive), then destroyed.