

## 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:

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\*\* 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, Attachment 1 shall be kept locally in food service for one (1) year in an active file, five (5) years in an inactive file, and then destroyed.