**Organisational Training Log (1)**

**FOOD SAFE Training**

**West Australian Caterers Pty Ltd**

**t/a**

**The Slow Food Caterers**

**Unit 7/14 Niche Parade Rd Wangara WA 6065**

**Ph:** 08 9466 3124   
**Fax:** 08 9716 7321

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Viewed (DVD’s):

1. Australian Food Safety Essentials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature/date)
2. Food Poisoning the Choice is Yours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature/date)

Readings:

1. Safe food handling book (Essentials) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature/date)
   1. Completed assessment (Questionnaire) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature/date)
2. Safe food handling (Handbok for food handlers) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature/date)
   1. Completed assessment (Questionnaire) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature/date)

I have viewed the training material regarding **FOOD SAFE** indicated above and understand the views, guidelines and standards expressed therein. All questions regarding the material and handling food I may have had have been adequately addressed and clarified and I am fully aware of what is expected of me when handling food.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature – Employee Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature - Supervisor Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organisational Training Log (2)**

**HEALTH AND SAFETY Training**

**West Australia Caterers Pty. Ltd.**

(Ph: 08 9442 4404 Fax: 08 9201 0211 Em: [wac@iinet.net.au](mailto:wac@iinet.net.au) )

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Aid Certificate: **Yes / No** Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please confirm the following statements:

I have **read** and **understood** the **‘Workplace Safety & Emergency Wall Chart’**

Yes No





I **understand** the emergency procedures as indicated in the **‘Workplace Safety & Emergency Wall Chart’**

Yes No





I understand **where** to report incidents or situations in the workplace Yes No





I understand **how** to report incidents or situations in the workplace Yes No





I understand **how** to operate a fire extinguisher depending on type of fire, class and suitability

Yes No





I know **where** to go and **what** to do in case of a fire (fire escape plan) Yes No





I know **where** the safety equipment is located (including first aid kit) Yes No





I understand **how** to use sun protection in the workplace Yes No





I understand **how** to first aid treatment for ‘sprains and strains’ Yes No





I understand **how** to conduct first aid treatment for eye injuries Yes No





I understand **how** to conduct first aid treatment for burns Yes No





I understand **how** to conduct first aid treatment for wounds Yes No





I understand **how** to complete an incident/injury report Yes No





I have been **shown** and **know** how to lift heavy goods correctly Yes No





I have been **shown** and **know** how to use knifes correctly Yes No





I have been **shown** and **know** how to use and clean the meat slicer correctly Yes No





All questions I may have had regarding the above have been addressed and clarified.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature – Employee Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature - Supervisor Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_