

Kitchen Hygiene Training Attendance Record

Date of Training: _____

Trainer Name: _____

Location: _____

| No. | Employee Name | Position | Signature | Time In | Time Out | Remarks |
|-----|---------------|----------|-----------|---------|----------|---------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

Trainer Signature

Date

Management Signature

Date
