



Worker Training Record

A record should be kept for every worker employed on your farm. These signed forms must be kept in the owner's Food Safety binder.

For the Growing Season _____

Employee Verification of Food Safety and Security Plan Principles

Employee _____

Address _____

Home Phone _____ Cell Phone _____

My signature below indicates that the Farm Food Safety Program Manager was willing and able to answer my questions about the Farm's food safety policies and procedures and that I understand the information.

My signature below also indicates that I have received training on proper health and hygiene procedures for work on this farm, including:

Initial

_____ I recognize that I am required to wear reasonably clean clothes that protect the food product from bodily sources of contamination.

_____ I recognize that, while handling produce, any gloves used should be maintained in a clean and sanitary condition and any jewelry that cannot be adequately cleaned and sanitized should be removed or covered.

_____ I recognize that smoking and eating are confined to designated areas, separate from produce areas.

_____ I know that I am prohibited from handling produce if symptoms of an infectious disease exist. Symptoms include fever, vomiting, diarrhea, and jaundice.

_____ I have had training on and understand proper use of pre-harvest and post-harvest application materials, as well as non-regulated materials. (Worker Protection Training)

_____ I understand that we cannot use harvest containers for carrying or storing non-produce items during the harvest season.

_____ I realize I must seek prompt treatment with clean first aid supplies for cuts, abrasions, and other injuries and report them.

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THE
UNIVERSITY
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THE ENVIRONMENT
AND LIFE SCIENCES



RI Produce Safety Program
For more information call 401-222-2781
Additional copies of this record can be found by
visiting: uri.edu/foodsafety/producesafetytraining



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_____ I understand that I must report and make sure that any produce that has come into contact with blood or other bodily fluids is appropriately disposed of and report this to a supervisor.

_____ I understand that I must report product contamination by chemicals, petroleum, pesticides, glass, a major spill or leak of field sanitation units or toilet facilities, or other contaminating factors such as wildlife damage or fecal contamination. I realize there are standard operating procedures for cleanup of these situations.

_____ I realize that if I do not follow acceptable sanitary practices, I will be verbally corrected and retrained if needed. Repeated lapses in good health and hygienic practices are grounds for dismissal.

_____ I recognize that I must wash hands thoroughly with soap and water and dry hands thoroughly:

- Before starting work
- Before putting on gloves
- After using the toilet
- Upon return to the work station after any break or other absence
- As soon as practical after working with animals, or animal waste
- At any other time when hands may have become a source of contamination

Wash Your Hands! ¡Lávese Las Manos!



Provided by University of Nebraska-Lincoln Extension in Lancaster County and the Lincoln-Lancaster County Health Department

Employee Signature _____ Date _____

Manager Signature _____ Date _____



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