



Public Health
Prevent. Promote. Protect.
Peoria City/County
Health Department

Record of Food Safety Training

Establishment Name: _____

Establishment Address: _____

Phone #: _____

Name of Person in Charge of Establishment: _____

Name of Person Conducting Training: _____

Date of Training: _____ Length of Training (in minutes): _____

Food Safety Training Topic/s: _____

How will this Training Improve Food Safety in your Establishment?

Describe How Training was Conducted (what materials/resources were used):

What Steps Will be Taken if this Training does not Improve Food Safety and/or does not Correct the Food Safety Violations that have been Observed in your Establishment?
