

# Worker Training Log

Name of operation:

Date:

Trainer:

Training Time:

Location:

**Training material** (Please attach any written materials to this log with a staple):  
**Please see the food safety plan for overall Worker Training procedures.**

Employee Name (please print)	Employee Signature
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

Reviewed by:

Title:

Date:

# Field Sanitation Unit Service Log

Name of operation:

Please see the food safety plan for overall field sanitation unit service procedures.

Sanitation Unit #*	Date of Cleaning	Cleaned By (name)	Date of Servicing	Serviced By (name)	Supplies Stocked**

\* See field map for locations of each unit in fields.

\*\* Sanitation supplies are single use towels, toilet paper, hand or anti-bacterial soap, potable water for hand washing.

If contracted with sanitation company, attach service/cleaning receipt.

**Reviewed by:**

**Title:**

**Date:**

# Processing / Packing Line Water Log

Name of operation:

Please see the food safety plan for overall processing/packing line water control procedures.

Date	Cleaning List (check each)					Date Cleaned	Treatment	Cleaned By (name)
	Contact Surface	Dump Tanks	Flumes	Wash Tanks	Hydro Cooler			

Reviewed by:

Title:

Date:

# Water Treatment Log

Name of operation:

Please see the food safety plan for overall water treatment procedures.

Date	Water pH Level	Type of Chemical Used	Amount Added	Type of Produce Being Run	Initials

Reviewed by:

Title:

Date:

# Pest/Rodent Control Log

Name of operation:

Please see the food safety plan for overall Pest/Rodent control procedures.

Company Used* or self	Date of Service or action taken	Type of Pest	Type of Control**	Location of Traps	Traps Checked (date)	Checked by (name)	Disposal means

\*If using a company for service, attach report or receipt of service for each of their visits.

\*\*List type of control methods used such as exclusion, traps, poison, repellants, etc.

Reviewed by:

Title:

Date:

# Cooler Temperature Log

Name of operation:

Cooler number:                      Thermometer number:

Please see the food safety plan for overall temperature control procedures and thermometer calibration instructions

Date	Thermometer calibrated date	Recorded temperature		Corrective actions if necessary:	Result of corrective actions and date accomplished	Initials
		AM	PM			

Reviewed by:

Title:

Date:

# A note on calibration of your thermometer

This information on thermometer calibration is brought from “Food Store Sanitation”, 1998, Sixth Edition, Gravani, Robert B., Rishoi, Don C., Cornell University Food Industry Management Distance Education Program, Lebhar-Friedman Books, Chain Store Publishing Corp.

## Melting point of ice method

1. Place ice in a container and let it melt.
2. Stir to make sure that the temperature in the ice/water mixture is uniform throughout the container.
3. When the ice is partially melted and the container is filled with a 50/50 ice and water solution, insert the thermometer and wait until the needle indicator stabilizes. The thermometer should be 32°F (0°C).
4. If the thermometer is not reading 32°F (0°C), it should be adjusted by holding the head of the thermometer firmly and using a small wrench to turn the calibration (hex) nut under the head until the indicator reads 32°F (0°C).

An important item to remember as you are calibrating your thermometer using the melting point of ice method is to never add tap water to ice because this will *not* be 32°F (0°C) but will be at a higher temperature. The calibration will be much more accurate if you use melting ice.

# Truck Checklist log

Name of operation:

Please see the food safety plan for overall truck checking procedures.

Date	Trucking Company	Truck clean (Yes or No)	If no, state the problem (off odor, debris, etc.)	Corrective Action	Truck temp at Loading	Temp data logger in load (yes or no)	Initials

Reviewed By:

Title:

Date:

# Illness/Injury Reporting log

Name of operation:

Please see the food safety plan for overall illness/injury reporting procedures.

Date	Name of Employee	Injury sustained/ Illness reported	Action taken (ice applied, bandaged, sent to hospital, etc.)	Did employee return to work? (Yes or No)	Initials

Reviewed By:

Title:

Date:

# First Aid Kit Monitoring log

Name of operation:

Please see the food safety plan for overall first aid kit monitoring.

Date	Location of First Aid Kit or #	Checked & Stocked	If restocked, list added items here (band aids, ointment, etc)	Initials

Reviewed By:

Title:

Date:

# Manure Applications log

Name of operation:

Please see the food safety plan for overall manure application procedures

Date	Field Applied	Rate	Incorporated (Yes or No)	Supplier	Crop Planted (Type and Date)	Crop Harvested (Date)	Initials

Reviewed By:

Title:

Date:

# Surface Water Testing Log

Name of operation:

Please see the food safety plan for overall information on surface water testing.  
Save any document providing information on test methods and test results from your laboratory.

Date	Surface water location/name	Laboratory	Results	Corrective actions if necessary	Initials

Reviewed by:

Title:

Date:

# Mock Traceback Log

Name of operation:

Date:

Conducted by:

Lot:

Product traced:

Please see the food safety plan for overall traceback procedures.

Step backward					Step forward		
Harvest date	Harvester	Packing date	Packer	Shipping date	Customer(s) contacted	Amount of product remaining from original shipment at customer	Disposition of product which could not be recalled

Reviewed by:

Title:

Date:

# Visitor Log

Name of operation:

Please see the food safety plan for information on food safety procedures for visitors.

Date	Enter time	Visitor	Badge number	Host	Exit time

Reviewed by:

Title:

Date: