

## Equipment Training & Guidance Verification Form

Employee Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Position \_\_\_\_\_ School Name \_\_\_\_\_

FSM Name \_\_\_\_\_ AFSS Name \_\_\_\_\_

*Method of Training (Check all that apply)*

☐ Verbal Instructions Provided

☐ Supporting Documents Provided (specify): \_\_\_\_\_

| INITIALS | TRAINING PROVIDED                           | DATE  |
|----------|---|-------|
| _____    | Bunn-Hot Water Dispenser                    | _____ |
| _____    | Combi Oven                                  | _____ |
| _____    | Digital Scale                               | _____ |
| _____    | Edlund Electric Knife Sharpener             | _____ |
| _____    | Robot Coupe-Immersion Blender W/Mixer Whisk | _____ |
| _____    | Share Station Cart                          | _____ |
| _____    | Vollrath-Insta Cut 5.1                      | _____ |
| _____    | Other _____                                 | _____ |

**By my signature below, I certify, training and guidance was provided on the equipment listed above.**

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Manager Signature \_\_\_\_\_

Date \_\_\_\_\_