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| **NAME** |  | | | | | | | | | | | | | |
| **Annual training** |  |  |  |  |  |  |  |  |  |  |  | **Delivery Method** | **Assessment by** | **Training Completed (date)** |
| **Personal Hygiene** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Personal Code of Conduct** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Cleaning Procedures** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Glass Policy & Procedure** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Pest Control** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Policies & Procedures** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |