		Date Training Completed													
Name	Position	Induction / Annual Food Safety & HACCP	HARPS Training/ Refresher	HACCP Princiciples /Refresher	and Sanitatio n	Allergen Management and VITAL 2	Internal Food Safety Auditor	Incoming Goods Receival	CCP Training	Calibration	Labelling	Quality Evaluation	Chemical Usage	Forklift License	Recall and Withdrawal
Jane Doe	Quality Manager	xx/xx/xxxx	xx/xx/xxxx	xx/xx/xxxx	xx/xx/xxxx	xx/xx/xxxx	Plan xx/xx/xxx	xx/xx/xxxx	xx/xx/xxxx	xx/xx/xxxx	xx/xx/xxxx	xx/xx/xxxx	xx/xx/xxxx	NA	xx/xx/xxxx

NOTE: Include all training relevant to your business in the table. Where training is planned (eg new starter), include "Plan" and date. If specific training is not applicable to a specific position, enter NA. You can add to to your current records. If you have conducted training previously, you may need to conduct additional training required by HARPS.