

Owner/ Manager Competency Record

Business name:

Persons name:

Position:

Previous food qualifications, courses, training:

Previous experience in food or hospitality:

Food Safety topics	Relevant	I have trained myself in these topics from the FCP or NP. Sign.	Date
Hand hygiene	<input type="checkbox"/>		
Sickness and exclusion policy	<input type="checkbox"/>		
Personal hygiene	<input type="checkbox"/>		
Cleaning and sanitising	<input type="checkbox"/>		
Food allergens	<input type="checkbox"/>		
Preventing cross contamination	<input type="checkbox"/>		
Storing and stock rotation	<input type="checkbox"/>		
Cooking meats	<input type="checkbox"/>		
Cooking poultry	<input type="checkbox"/>		
Cooling foods for later use	<input type="checkbox"/>		
Use and calibration of thermometer	<input type="checkbox"/>		
Reheating foods	<input type="checkbox"/>		
Hot holding foods	<input type="checkbox"/>		
Pest and animal control	<input type="checkbox"/>		
Incident records	<input type="checkbox"/>		
Customer complaints	<input type="checkbox"/>		
Traceability, recalls	<input type="checkbox"/>		
Labelling of foods	<input type="checkbox"/>		
Other topics.....	<input type="checkbox"/>		

Food Safety- Staff training record

Staff name:		Position:		
Previous qualifications: (eg NZQA, Chef quals)				
Previous experience in food industry:				
Training requirements or topics	Relevant	Employee signed	Manager or trainer signed	Date
Essential topics:				
Hand hygiene	<input type="checkbox"/>			
Sickness and exclusion	<input type="checkbox"/>			
Personal hygiene & dress	<input type="checkbox"/>			
Cleaning and sanitising	<input type="checkbox"/>			
Food allergens	<input type="checkbox"/>			
Preventing cross contamination	<input type="checkbox"/>			
Temperature control	<input type="checkbox"/>			
Other topics as job requires:				
Storing and stock rotation	<input type="checkbox"/>			
Cooking meats	<input type="checkbox"/>			
Cooking poultry	<input type="checkbox"/>			
Cooling foods for later use	<input type="checkbox"/>			
Use of thermometer	<input type="checkbox"/>			
Calibration of thermometer	<input type="checkbox"/>			
Defrosting foods	<input type="checkbox"/>			
Reheating foods	<input type="checkbox"/>			
Hot holding foods	<input type="checkbox"/>			
Pest and animal control	<input type="checkbox"/>			
Incident records	<input type="checkbox"/>			
Customer complaints	<input type="checkbox"/>			
Other topics	<input type="checkbox"/>			