 <p>SMALL SCALE FOOD PROCESSOR ASSOCIATION</p> <p>SUPPORTS INDEPENDENT FOOD PROCESSORS & GROWERS</p>	<p>Document No: HUB.PT.REC.141 Effective Date: August 1, 2022 Revision Date: New</p>
<p>HUB Orientation Record</p>	<p>Revised By: NRoss Approved By: MDaskis Reason for Revision: New</p>

NAME: _____ CONTACT #: _____

ORIENTATION DATE: _____

I have received the OUR FOOD HUB ORIENTATION MANUAL and understand that I must follow the guidelines mentioned in this manual. I have received a copy for my own use.

NAME: _____

The manual has been reviewed with the employee by the QA manager or designate:

QA SIGNATURE: _____ DATE: _____

Keys provided the Hub User must be returned at the end of Contract or USE.

KEY(s) RECEIVED: Employee will sign for keys received.

DATE: _____ Front door upper: _____

DATE: _____ Front door lower: _____

DATE: _____ Mens's change room: _____

DATE: _____ Ladies change room: _____


DATE: _____ Uniform locker: _____

DATE: _____ Other: (specify) _____

KEY(s) RETURNED DATE: _____

Signature of Food Hub Management: _____

Print Name : _____ Date: _____

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NAME: _____

Record of infractions: Our Food Hub Orientation – General Food Hygiene Training.

DATE: _____ Reported by: _____

Employee notified:

Resolution: _____


DATE: _____ Reported by: _____

Employee notified:

Resolution: _____

DATE: _____ Reported by: _____

Employee notified:

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Resolution: _____

DATE: _____ Reported by: _____

Employee notified:

Resolution: _____

DATE: _____ Reported by: _____

Employee notified:

Resolution: _____

