



# VBGA Produce Safety Accreditation Record Templates\*

Farm Name Walker Farm Growing Season 2015

## Employee Training Log

Employee Name	Date (or Date Range) of Health and Hygiene Training	Signed form on File? (Y/N)
Kristin Manix	5/15	Y
Dustin Manix	5/15	Y
Daedra Unsicker	5/15	Y
Lindsey Erickson	5/15	Y
Aaron McFarland	5/15	Y
Justine McFarland	5/15	Y
Mike Euphrat	5/15	Y
Ben Stein	5/15	Y
Chris Vincent	5/15	Y
Elizabeth Ingram	5/15	Y
Noreen Woodruff	5/15	Y
Jan Spanierman	5/15	Y
Elizabeth Jewett	5/15	Y

\*Please edit this form to match your farm policies. Other comparable forms / templates may be used for VBGA Accreditation



# WVBGA Produce Safety Accreditation Record Templates\*

Farm Name \_\_\_\_\_ Growing Season \_\_\_\_\_  
**Health and Hygiene Employee Training Verification**

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

Training Date: \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

My signature below indicates I have received training on, and understand

- That my **good health and hygiene are integral to our farm's smooth operation** and the safety of our produce.
- How to **thoroughly wash my hands**, after going to the bathroom, before returning to work, or as needed.
- That I am required to **wear reasonably clean clothes** that protect the food product from bodily sources of contamination.
- That **smoking and eating are confined to designated areas**, separate from produce areas.
- That If I have symptoms of an **infectious disease** (i.e. fever, vomiting, diarrhea, and jaundice), am will not handle raw-eaten produce and will contact \_\_ (Supervisors name) \_\_\_\_\_
- The proper use, if applicable, of potentially **hazardous farm chemicals**. (Worker Protection Training).
- That we **do not use harvest containers** for carrying or storing **non-produce items**.
- That I will **quickly treat** (with clean first aid supplies) **cuts, abrasions**, and other injuries, and report them. (\*bleeding is stopped, covered and protected before continuing work).
- That I will not harvest or pack any produce that has come into **contact with feces, blood or other body fluids**, and report it to \_\_ (Supervisor's name) \_\_\_\_\_.
- That I will likewise report product **contamination by chemicals**, petroleum, pesticides, glass, manure, etc.
- I realize that if I do not follow standards described above, there will be consequences that may include verbal reminders, corrections, and further, work suspension or dismissal.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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