

STAFF TRAINING RECORD



EMPLOYEE NAME: _____			
TRAINING RECEIVED	DATE TRAINING COMPLETED	MANAGER INITIAL	STAFF INITIAL
PROSERVE LIQUOR STAFF TRAINING			
FIRST AID			
CPR			
PROTECT SECURITY STAFF TRAINING			
REEL FACTS VLT STAFF TRAINING			
STAFF TRAINING MANUAL READ / QUESTIONS ANSWERED BY MGMT.			
STAFF POLICY/PROCEDURES MANUAL READ / QUESTIONS ANSWERED BY MGMT			
FIRE SAFETY EQUIPMENT TRAINING			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			