[Company name]

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Cafe staff training log

Who was trained on what, and when - barista skills, food safety, allergens.

Date: _____

Training record

Date	Staff member	Training topic	Trainer	Competency confirmed
[Date]	[Name]	[e.g. espresso dialling-in]	[Name]	[☐]

Sign-off

Name: _____ **Signature:** _____ **Date:** _____