

## New starter food hygiene induction checklist

Tick each step as you go, and keep this sheet with your training records.

Name \_\_\_\_\_ Job \_\_\_\_\_  
Start date \_\_\_\_\_ Supervised by \_\_\_\_\_

**Good to know:** new starters can begin work straight away, as long as they're supervised while they learn. The law asks for training that fits each person's job, not a certificate before their first shift.

### Before their first shift

| Done | What to do                                                                | Date | Initials |
|------|---------------------------------------------------------------------------|------|----------|
|      | Short hygiene briefing given                                              |      |          |
|      | Shown how and when to wash hands properly                                 |      |          |
|      | Clean uniform or apron, hair tied back, no jewellery                      |      |          |
|      | Told to report illness before coming in, especially sickness or diarrhoea |      |          |

### On their first day

| Done | What to do                                                                                                          | Date | Initials |
|------|---------------------------------------------------------------------------------------------------------------------|------|----------|
|      | Paired with an experienced colleague: _____                                                                         |      |          |
|      | Shown your safe ways of working from your food safety pack (Safer Food, Better Business, CookSafe or Safe Catering) |      |          |
|      | Shown how to clean as you go and where the cleaning schedule is                                                     |      |          |

### In their first week

| Done | What to do                                                                            | Date | Initials |
|------|---------------------------------------------------------------------------------------|------|----------|
|      | Level of training that suits their job agreed (Level 1, 2 or 3)                       |      |          |
|      | Course booked, or structured on-the-job training started (course and provider: _____) |      |          |
|      | Shown how you handle allergen questions and where allergen information is kept        |      |          |
|      | Still working with supervision                                                        |      |          |

### By the end of their first month

| Done | What to do                                                             | Date | Initials |
|------|------------------------------------------------------------------------|------|----------|
|      | Course completed                                                       |      |          |
|      | Copy of certificate kept with your records                             |      |          |
|      | Watched at work and asked a few "what would you do if...?" questions   |      |          |
|      | Training record updated, with a refresher date (usually about 3 years) |      |          |

### Sign-off

|                                                                    |                                                                              |
|--------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>New starter</b><br>Signature: _____<br>Date: ____ / ____ / ____ | <b>Manager or supervisor</b><br>Signature: _____<br>Date: ____ / ____ / ____ |
|--------------------------------------------------------------------|------------------------------------------------------------------------------|