SUMMER FOOD SERVICE PROGRAM (SFSP)
TRAINING SIGN-IN RECORD FOR FOOD SERVICE PERSONNEL

Sponsoring Organization: _____ Day/Date: _____

Name/Title of Person Conducting Training: _____ Signature: _____

I certify that the personnel named below have been trained in food service operations and requirements for the Summer Food Service Program. An outline of the topics covered during this training session is attached.

PRINT OR TYPE NAME OF PARTICIPANT	***SIGNATURE OF PARTICIPANT***	***POSITION/TITLE IN THE SUMMER PROGRAM***