**Allergen and Anaphylaxis staff training record – Business name**

Date:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Training completed e.g. All about allergens, in-house introductory training, in-house refresh training/ updated menu training** | **Date completed** |
|   |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Date to be reviewed: Completed by: Role: