



Name (Please Print): _____ Date: _____

Instructor: _____

I certify that I have attended Mastronardi's safety & food safety orientation training program and received training on the following topics:

- Food Safety Good Manufacturing Practices
- Emergency Evacuation – Shelter in Place Plan
- Fire Prevention- Fire Extinguisher (PASS)
- Accident, Injury, Near Miss Reporting Procedures
- Bloodborne Pathogens
- Hazard Communication (Right-to-Know) GHS/SDS
- Personal Protective Equipment
- Proper Lifting Techniques
- Lockout/Tagout

I agree to abide by the safety rules outlined by Mastronardi as well as any federal, state or local rules, regulations and policies that were taught during this session. I commit to handling food in a safe manner and providing quality food products as described in the training above. Should I have further questions about safety or my rights under the law, I will ask my supervisor for assistance before proceeding.

Employee Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

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