## FOG PROGRAM KITCHEN BMP EMPLOYEE TRAINING LOG

## **DONE EVERY SIX (6) MONTHS**

City of Escalon Ordinance 13.08.475

ACILITY NAME:	LOCATION:				
EMPLOYEE NAME	FIRST TRAINING	REFRESHER TRAINING (Please Indicate Date and Include Year)			
	DATE	Six (6) Months	Six (6) Months	Six (6) Months	Six (6) Months
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign:
	Date:	Date:	Date:	Date:	Date:
	Sign:	Sign:	Sign:	Sign:	Sign: