



2026 TRAINING LOG

I have received training in **Food Safety** from _____ (Agency Name) per
The Wichita Falls Area Food Bank policies and procedures.

Please Print:

Name:

Date of Training:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

For agency office use:

Signature of Staff or Pantry Manager certifying that the above individuals received training in **Food Safety**.

Printed Name: _____

Date: _____

Signature: _____

Title: _____