

Prerequisite Program: Retraining Form

Please mark the boxes indicating the areas that you have been retrained. By marking the box you are signifying that you fully understand and have been retrained in this area of operation and will be held accountable for demonstrating knowledge regarding this area of production.

- Purchasing and Receiving Feed Ingredients**
- Drug Room and/or Concentrate Hand-Add Area**
- Maintenance**
- Equipment**
- Cleanout Procedure**
- Bulk and Sacked Feed Ingredient Storage**
- Formulas**
- Production Records**
- Labels**
- Shipment and Distribution/Packing**
- Recall & Complaint Procedures**
- Bio-security/Grounds**
- Personnel and Supervision**
- Quality Control & Laboratory Analysis**

Describe the event that caused retraining:

Describe the retraining that took place:

Signature of employee retrained

Date

Person conducting the retraining

Date