

# Prerequisite Program: Personnel Training Form

Please mark the boxes indicating the areas that you have been trained. By marking the box you are signifying that you fully understand and have been trained 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**

I, \_\_\_\_\_, have read and understand the standard operating procedures that constitute the Prerequisite Program and I will employ my knowledge to the best of my abilities to produce a safe and clean feed.

Trainee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Trainer Signature: \_\_\_\_\_

Date: \_\_\_\_\_