



## Group Training Record



Trainer/Advisor: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Class Date: \_\_\_\_\_ Advisor ID (if available): \_\_\_\_\_

	First and Last Name	Company/ Department	Work Premises ID	Training Topic
1				
2				
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*\*Secure Pork Supply Participation: Must provide the Premises ID of the work/farm location where the individual works.*