



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.*