

Skills Description: (Training Category)	Review of warehouse procedures
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Training Description: Scanning as we go, paperwork checks as we go.
 (Enter materials covered.
 i.e. procedure change, ppt,
 pictures, etc.)

Training Date: 8/3/2026

Trainer Name: Ryan Grzanek

Trainer Signature:

Supervisor's Signature: 
(If "Trainer" is not a Supervisor)

[illegible]

Choose Category:

- | | | |
|-------------------------------------|-----------------------------------|-----------|
| ☐ | CAPA No. | |
| ☐ | Red Folder No. | _____ *** |
| ☐ | Food Defense | _____ |
| ☐ | Food Safety | |
| ☐ | GMPs | |
| ☐ | HACCP/Food Safety Plans | |
| ☐ | Safety | |
| ☐ | Non-Conforming Product & Eq. | |
| ☐ | Internal Audits | |
| ☐ | Shipping & Receiving Proc. | |
| ☐ | Doc Control or Control of Records | |
| ☐ | Employee Training Procedure | |
| ☐ | Customer Complaints | |
| ☐ | Crisis Training | |
| ☐ | Product ID & Traceability | |
| ☐ | Allergen Program | |
| ☐ | Management Review | |
| ☐ | Vendor Approval | |
| ☐ | Premises & Equipment | |
| ☐ | HR Training | |
| ☐ | Foreign Material Control | |
| ☒ | Other | |

Choose Department/Group:

- | | |
|-------------------------------------|------------------------|
| ☐ | Machine Operator |
| ☐ | Maintenance |
| ☐ | Production Employees |
| ☐ | QA |
| ☐ | Op-Checkers |
| ☐ | Supervisors |
| ☐ | Sanitation |
| ☒ | Warehouse |
| ☐ | Office Personnel |
| ☐ | Food Safety Team |
| ☐ | Food Defense Team |
| ☐ | Crisis Team |
| ☐ | Senior Management Team |
| ☐ | Other |

Employee signature constitutes employee's understanding of the training materials, responsibilities and requirements. The Trainer's and/or Supervisor's signature verifies that the employee is competent to complete the required tasks as described during the training.

*****Red Folders:** Training Records for Red Folders must be returned to the DCC FIRST.