# Introduction

## Disclaimer

*The template is not a legal document and is provided for educational purposes only. Farms are individually responsible for determining whether the template meets compliance requirements of their applicable local, state, or federal laws and regulations. National Milk Producers Federation and the National Dairy FARM Program are not responsible for the content of this template, and under no circumstances shall we have any liability to you for any loss or damage of any kind as a result of the use of the template or reliance on any information provided in the template. Once downloaded by an organization or an individual, this template and their content become the sole property and responsibility of the organization or individual.*

## INSTRUCTIONS

Employees and supervisors can track all of the training an employee has received using a training log. The training log can be combined with the FARM Animal Care Dairy Cattle Care Training Log or kept separately. The top portion should be signed once all new hire trainings are complete.

The following template should be tailored by the individual farm to best suit the operation’s needs.

# Employee training log

*I confirm that I have received training in my all of my job responsibilities, health and safety procedures, animal care, and stockmanship.*

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Farm Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Farm Owner/Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Training Log

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| *Training Date:* | |
| *Description of training(s) received* | |
| *Signature:* | *Date:* |

|  |  |
| --- | --- |
| *Training Date:* | |
| *Description of training(s) received* | |
| *Signature:* | *Date:* |

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| --- | --- |
| *Training Date:* | |
| *Description of training(s) received* | |
| *Signature:* | *Date:* |

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| *Training Date:* | |
| *Description of training(s) received* | |
| *Signature:* | *Date:* |

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| *Training Date:* | |
| *Description of training(s) received* | |
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| *Training Date:* | |
| *Description of training(s) received* | |
| *Signature:* | *Date:* |

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| *Training Date:* | |
| *Description of training(s) received* | |
| *Signature:* | *Date:* |

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| *Training Date:* | |
| *Description of training(s) received* | |
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| *Training Date:* | |
| *Description of training(s) received* | |
| *Signature:* | *Date:* |