

# TRAINING REPORT

DIRECT LINE FOR SERVICE 01604 784515



Group: \_\_\_\_\_ Contact Name: Pavel  
 Code:       Customer Number:        
 Customer: Shangri-La Hotel  
 Town: \_\_\_\_\_ Post Code:

Date          
 d m y  
 Time      
 hr min  
☐ Session Cancelled  
 Action box ☐ tick for high priority

## CONTENT

### Subjects:

- Product Handling ☒  
 Spraywasher Use ☐  
 Sanitising Procedures ☐  
 Cleaning Procedures ☒  
 Hygiene ☐  
 Breakages ☐  
 Other ☒

### Products:

All products  
Health +  
Safety

## ATTENDANCE

I have attended and understood the training session:

Name	Signature
AGNES COCEANUC	<u>AR</u>
DAVID ANDREA	<u>DAVID</u>
EDWARD CHARCH	<u>EDWARD</u>
Gabriela Grossmann	<u>Grossmann</u>
Jenny vd Klugt	<u>Jenny</u>
Istvan Molnar	<u>Istvan</u>
PIETRO VIVIANI	<u>Pietro Viviani</u>
Danilo Estocapio	<u>Danilo</u>
Jahsin matteucci	<u>Jahsin</u>
Rea Carla Brun	<u>Carla</u>
Balazs Takacs	<u>Balazs</u>
Pavel Perazenski	<u>Pavel</u>

Total Attending

Time Taken      
 hr min

## SAFETY GUIDELINES

- \* Never keep cleaning materials in the food area
- \* Acid materials should be stored away from chlorine materials
- \* Check containers for leaks. If possible, change and contact the Health and Safety Officer
- \* All detergents must be clearly labelled with their contents
- \* Never mix any cleaning materials together
- \* When diluting any detergent always add the product to water
- \* Refer to the use of gloves, goggles and masks
- \* Use the recommended pump, measure or dosing cap to prepare the correct working solution
- \* After using any cleaning materials always wash your hands
- \* Always rinse out empty containers

## EQUIPMENT USED

Trainers Comments/Recommendations: \_\_\_\_\_

Trainer's Name: Law

S'man No:

## CUSTOMER SATISFACTION RATING

How do you rate the training session? Excellent ☒ Meets Expectations ☐ Poor ☐

Manager's Comments: Pavel Perazenski

Manager's Signature: Pavel Perazenski

DIRECT LINE FOR SERVICE 01604 784515



Date

d m y

Time

:

hr min

Action box

tick for high priority

Subjects:



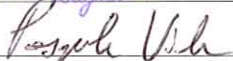
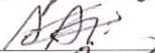

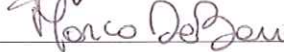
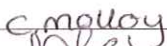
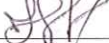

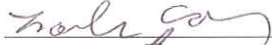


Product Handling	<input checked="" type="checkbox"/>
Spraywasher Use	<input type="checkbox"/>
Sanitising Procedures	<input type="checkbox"/>
Cleaning Procedures	<input checked="" type="checkbox"/>
Hygiene	<input type="checkbox"/>
Breakages	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>

Products:

All products  
Health +  
Safety.

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I have attended and understood the training session:

Name	Signature
JOHN A. POKE	J.A. POKER
EDSON A.P. HENDERSON	
ANDRÉO GELLIS	
PASQUALE VIOLO	
AHMED AMIN	
PAUL PASEG	
MARCO DEBONI	
CATHERINE MOLLOY	
JASON HARDCASTLE	
PETER WIS	
ZSOMBOR SARI	
F. KEONG	
ALI SEIF ALI	

Total Attending

Time Taken      
br min

Trainers Comments/Recommendations:

Trainer's Name: Lan S'man No: 

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How do you rate the training session?

Excellent	Meets Expectations	Poor
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Manager's Comments:

Manager's Signature: [Signature] James P. [unclear]



# TRAINING REPORT

DIRECT LINE FOR SERVICE 01604 784515



Group: \_\_\_\_\_ Contact Name: Pauvel  
 Group: \_\_\_\_\_  
 Code:       Customer Number:        
 Customer: Shangri La Hotel  
 Town: \_\_\_\_\_  
 Post Code: SE1

Date        
 16 04 14  
 d m y  
 Time      
 09:30  
 hr min  
☐ Session Cancelled  
 Action box ☐  
 tick for high priority

## CONTENT

Subjects:	Products:
Product Handling <input checked="" type="checkbox"/>	<u>All products</u> <u>Health &amp;</u> <u>Safety</u>
Spraywasher Use <input type="checkbox"/>	
Sanitising Procedures <input type="checkbox"/>	
Cleaning Procedures <input type="checkbox"/>	
Hygiene <input type="checkbox"/>	
Breakages <input type="checkbox"/>	
Other <input checked="" type="checkbox"/>	

## SAFETY GUIDELINES

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## EQUIPMENT USED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Trainers Comments/Recommendations: \_\_\_\_\_

\_\_\_\_\_

Trainer's Name: Lauf  
 S man No:

9791 04/10

## ATTENDANCE

I have attended and understood the training session:

Name	Signature
<u>SORA LEE</u>	<u>01/11/14</u>
<u>Pascal Anzie</u>	<u>[Signature]</u>
<u>Jester Macosabang</u>	<u>[Signature]</u>
<u>Umm MANSARY</u>	<u>[Signature]</u>
<u>Rosemary Motley</u>	<u>[Signature]</u>
<u>Rika Cabalari</u>	<u>[Signature]</u>
<u>Dickson Leong</u>	<u>[Signature]</u>
<u>Sebastian Williams</u>	<u>S. Williams</u>
<u>Ryan Thompson</u>	<u>[Signature]</u>
<u>MARIA DWOLIT</u>	<u>M. Dwolit</u>
<u>Mahesh Poi</u>	<u>[Signature]</u>
<u>Marcio Soares</u>	<u>[Signature]</u>
<u>MARCOCHI ANDREA</u>	<u>[Signature]</u>

Total Attending   13

Time Taken      
 hr min

## CUSTOMER SATISFACTION RATING

How do you rate the training session?

Excellent ☒ Meets Expectations ☐ Poor ☐

Manager's Comments: [Signature]

\_\_\_\_\_

Manager's Signature: [Signature] [Signature]