

STAFF TRAINING RECORD

**EMPLOYEE
NAME:** _____

TRAINING RECEIVED	DATE TRAINING COMPLETED	MANAGER INITIAL	STAFF INITIAL
PROSERVE LIQUOR STAFF TRAINING			
FIRST AID			
CPR			
PROTECT SECURITY STAFF TRAINING			
REEL FACTS VLT STAFF TRAINING			
STAFF TRAINING MANUAL READ / QUESTIONS ANSWERED BY MGMT.			
STAFF POLICY/PROCEDURES MANUAL READ / QUESTIONS ANSWERED BY MGMT			
FIRE SAFETY EQUIPMENT TRAINING			
OTHER			
OTHER			
OTHER			
OTHER			
OTHER			
OTHER			
OTHER			
OTHER			
OTHER			
OTHER			
OTHER			

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