DC Department of Parks and Recreation
Office of Food and Nutrition Services
DC Free Summer Meals Program

Training Documentation Form

FSMP Site Name: _____
Date of Training Session: _____
Time of Training Session: _____
Name and Title of Trainer: _____

Topics Discussed: (Check all topics discussed during the training session)

_____ Who We Are
_____ Vendor
_____ Delivery Invoices/Menu
_____ Delivery Issues
_____ Food Storage
_____ Food Handlers License or Food Safety Certificate
_____ Block Claiming
_____ Meal Count Records
_____ Point of Service
_____ Record Keeping Procedures
_____ Monitoring Requirements
_____ FSMP Banner/ "And Justice for All" Posters
_____ Special Event/Consolidated Special Events Form
_____ Meal Program Contacts
_____ Other: _____
_____

MY SIGNATURE IS AN ACKNOWLEDGEMENT THAT I HAVE BEEN TRAINED ON THE TOPICS LISTED ABOVE. I UNDERSTAND THAT BY NOT FOLLOWING THE PROCEDURES OUTINED IN THE TRAINING, MY SITE MAY BE SUBJECT TO SUSPENSION FROM PARTICIPATION IN THE FREE SUMMER MEALS PROGRAM.

NAME	TITLE /POSITION