

TRAINING REGISTER

Date of Entry on Duty Name: _____ Address: _____ _____	Position Title _____ _____ _____	Date _____ _____ _____
Phone: _____		
Qualifications/Skills: _____ _____		
Job Description: _____ _____ _____		
Date Piggery QA Program Discussed: _____		
Qualification/Training	Date Trained	Trainer
Company procedures and protocols		
Estimating the weight of pigs		
Pig welfare		
Minor Surgical and intervention tasks		
Treatment of sick pigs including treatment sheet		
Identifying pigs that need to be destroyed or culled		
Loading of pigs		
Maintenance Procedure		
Feed Mixing or Ordering		
Drug Ordering and Storage		
Electric prodder use		

