



# EMPLOYEE TRAINING RECORDS SAMPLE SHEETS

*Corresponds with Requirement 7.3*

**Date Completed:** Date on which all protocols applicable to the employee's duties were reviewed and understood by the employee.

Employee Name & Position	Training Modules	Date Completed	Employee Initials	Facility Owner Initials
	<input type="checkbox"/> Herd Health Plan Protocol <input type="checkbox"/> Equine Code of Practice Factsheet <input type="checkbox"/> Humane Handling and Training Ethics Agreement <input type="checkbox"/> Equine Behaviour and Learning Theory Factsheet <input type="checkbox"/> Emergency Preparedness Protocol <input type="checkbox"/> Identification Protocol <input type="checkbox"/> Tethering Protocol <input type="checkbox"/> Blanketing Protocol <input type="checkbox"/> Transportation Protocol <input type="checkbox"/> Transport Decision Tree <input type="checkbox"/> Health of Animals Regulation Factsheet <input type="checkbox"/> Euthanasia Protocol <input type="checkbox"/> Additional: _____			
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