



Outridges' Group of IGA Supermarkets - OHS Management System

DESCRIPTION: JOB SAFE PRACTICES Acknowledgement Form for Delicatessen	STORE No:
	OHS/F 013.7.1

DELICATESSEN	Department Signature	Employee Signature	Date (dd/mm/yy)
13.04.10 Bakery using Knives			
13.09.01 Deli Meat Slicer			
13.09.03 Oven			
13.09.03a Oven (Mundubbera)			
13.09.04 Green Bean Coffee Roaster			
13.09.05 Deep Fryer PFA			
13.10.07 Hand Wrapping Machine			
OTHER REQUIREMENTS BY THE DEPARTMENT MANAGER/DUTY SUPERVISER			
The requirement to use a knife in any Fresh Produce Departments (Meat, Deli, Produce, Bakery & Fish) I must always wear the appropriate safety glove.			

I acknowledge that I have been shown, understand and I have had a practical demonstration and have demonstrated the requirements of these Job Safe Practices and to work within these guidelines. I have been made aware that failure to follow all the above procedures and policies may result in dismissal.

Employee Name: _____ Dept: _____

Employee signature: _____ Date: ____/____/____

Trainers Name: _____ Trainers Position: _____

Trainers Signature: _____ Date: ____/____/____

Trainer Please Circle: Employee has been trained and is (C = Competent) or (NYC = Not Yet Competent) in all initialled JSPs above.

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