

Agency Code _____

Atlanta Community Food Bank
Food Pantry Food Safety Completion

This certifies that

_____ from _____
(Your First and Last name) (Agency Name)

Has viewed and understands the Food Pantry Food Safety Presentation on _____
(Date)

I also understand that all personnel working with the program (e.g. volunteers, church members, staff, interns, or cooks) must view and understand the Food Pantry Food Safety Presentation on a yearly basis.

X _____

Agency Representative Signature

Date