

**OPTIONAL**  
**JOINT FIELD TRAINING INSPECTIONS - ESTABLISHMENT LOG**

#	Date	Permit #	Establishment Name	Establishment Address	Risk Category	Demonstration (Trainer-led) Inspection	FSIO-led (Trainee-led) Inspection	Field Training Worksheet Completed	
								Yes	Training Period
1						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	