

COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF AGRICULTURE  
 BUREAU OF FOOD SAFETY AND LABORATORY SERVICES  
 LABORATORY DIVISION

Facility/Laboratory Name: \_\_\_\_\_

### Annual Appendix N Training Log

Name	PDA Analyst #	Position (CIS or IS or IA)	Date of Initial Training <sup>1</sup>	Date of On-site Review by IS <sup>2</sup>	Date of On-site review by State LEO <sup>3</sup>	Annual Split Sample Participation Date	Results from Split Samples (Pass/Fail)

Notes:

1. Date of the initial training for Industry Analyst (IA) to gain approval for testing.
2. Date of annual in-house training and observation of the IA by the Supervisor.
3. Date of audit with state LEO. Audit participation is optional for IA’s and mandatory for all Industry Supervisors.
4. All IA’s and Supervisory must have a successful participation in the annual split samples to maintain approval/certification.