

UNIVERSITY OF MASSACHUSETTS AMHERST



This certificate is presented to

for successful completion of \_\_\_\_\_ hours of

**THE MASSACHUSETTS (FEAST)**



**Food Equipment &  
Safety Training**

\_\_\_\_\_  
Trainer/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
School District



Massachusetts Department of  
**ELEMENTARY & SECONDARY  
EDUCATION**

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