

RSA Training Register

Licensee name:

Name of person responsible for the management of the venue if the licensee is a body corporate:

Surname	First name	Date employee first served or supplied liquor	Date employee completed RSA training	Is the RSA certificate on file?	Date last RSA refresher completed	When is an RSA refresher due? (Must be completed every 3 years)	RSA refresher certificate on file?
		/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>
		/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>
		/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>
		/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>
		/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>
		/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>
		/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>
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		/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>
		/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>
		/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>

Disclaimer: This document is an example of what an RSA training register may contain. This information should not be relied upon as a substitute for professional legal advice or reference to actual legislation.