Store: _____

Date: _____

Cashier Testing

Cashier Name: _____ Date: _____ Passed: ☐ Failed: ☐	Cashier Name: _____ Date: _____ Passed: ☐ Failed: ☐
Cashier Name: _____ Date: _____ Passed: ☐ Failed: ☐	Cashier Name: _____ Date: _____ Passed: ☐ Failed: ☐
Cashier Name: _____ Date: _____ Passed: ☐ Failed: ☐	Cashier Name: _____ Date: _____ Passed: ☐ Failed: ☐
Cashier Name: _____ Date: _____ Passed: ☐ Failed: ☐	Cashier Name: _____ Date: _____ Passed: ☐ Failed: ☐
Cashier Name: _____ Date: _____ Passed: ☐ Failed: ☐	Cashier Name: _____ Date: _____ Passed: ☐ Failed: ☐
Cashier Name: _____ Date: _____ Passed: ☐ Failed: ☐	Cashier Name: _____ Date: _____ Passed: ☐ Failed: ☐
Cashier Name: _____ Date: _____ Passed: ☐ Failed: ☐	Cashier Name: _____ Date: _____ Passed: ☐ Failed: ☐
Cashier Name: _____ Date: _____ Passed: ☐ Failed: ☐	Cashier Name: _____ Date: _____ Passed: ☐ Failed: ☐