



# FOOD SAFETY | QUIZ

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

- 1. Name at least three instances when you should wash your hands.
  - 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_
  
- 2. What are the causes of foodborne illness?
  
- 3. Name the hot and cold holding temperatures  
HOT: \_\_\_\_\_ COLD: \_\_\_\_\_
  
- 4. What are some ways to quickly cool food?
  
- 5. Name the three safe ways to thaw frozen food.
  - 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_
  
- 6. Food is to be reheated to what temperature in what time frame? \_\_\_\_\_
  
- 7. What are the five steps of manually washing dishes and utensils?
  - 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_
  - 4. \_\_\_\_\_
  - 5. \_\_\_\_\_
  
- 8. How can you avoid contaminating food when handling it?
  
- 9. Where should food not be stored?
  
- 10. What is the “danger zone” and what tool tells you if food is in the “danger zone”?



# FOOD SAFETY | *ACKNOWLEDGEMENT FORM*

I have completed the Food Safety training program and understand all information and procedures described in the presentation.

I will adhere in all respects to the procedures as they apply to my job. I further understand that any violation of the procedures will subject me to appropriate corrective counseling and / or remedial action, up to and including termination of employment.

**I WILL (if applicable to my role):**

1. Follow proper hand washing procedures, and take steps to minimize bare hand and arm contact with food products.
2. Practice good hygiene.
3. Ensure all dishes, utensils, and contact surfaces of equipment are properly sanitized.
4. Follow proper procedures to receive, store, cook, thaw, and clean to prevent contamination.
5. Help prevent food and ingredient contamination.
6. Follow the First In, First Out rule of stock rotation.
7. Cook, thaw, reheat and store foods at the proper temperatures.

**I will NOT (if applicable to my role):**

1. Come to work if I am sick.
2. Store food or equipment in areas where they may be contaminated.

Signature \_\_\_\_\_ Date signed \_\_\_\_\_  
(If completing this online, your typed name may serve as your signature)

Print Name \_\_\_\_\_ Unit Location Name SFB

Group Name \_\_\_\_\_