

WORKPLACE CHECKLIST

Employee Name: _____

My employer and I agree that I have mastered the Safe Food Handling Skills:

	Employee Initials and Date	Employer Initials and Date
Dress and Grooming		
<i>I dress and groom to minimise food borne illness.</i>		
<i>I wash my hands often, and always when it is needed.</i>		
<i>When I wash my hands I lather them for at least 20 seconds.</i>		
Food Storage		
<i>I reject delivered foods that don't have the proper quality.</i>		
<i>I store received food products properly.</i>		
<i>I prevent pests from entering the food premises.</i>		
Food Preparation		
<i>I clean and sanitize food contact surfaces properly.</i>		
<i>I recognize high-risk foods.</i>		
<i>I avoid cross-contamination.</i>		
<i>I know the role of FATTOM in the growth of bacteria.</i>		
<i>I correctly thaw foods.</i>		
<i>I apply the minimum safe cooking temperatures.</i>		
<i>I apply the principles of batch cookery.</i>		
<i>I use a thermometer correctly.</i>		
<i>I calibrate thermometers properly.</i>		
<i>I cool foods properly.</i>		
<i>I reheat food properly.</i>		
Serving Food		
<i>I clean and sanitize food contact surfaces properly.</i>		
<i>I follow general holding guidelines to avoid food borne illness.</i>		
<i>I keep food within acceptable holding times and temperatures.</i>		
<i>I follow serving and dispensing guidelines.</i>		
<i>I help prevent food sensitivity incidents.</i>		
<i>I know how to deal with a food borne illness when it arises.</i>		

Employee Signature: _____

Employer / Supervisor Signature: _____

