



## Food Safety Supervisor | Observation/Demonstration

### Introduction

Students are required to complete 3 observation tasks.

In arrangement with the Student, Training Specialist and workplace, observation of these tasks will be completed as follows:

Task 1 Receiving and storing food safely – 1 task to be undertaken

Task 2 Use of safe and hygienic food handling practices on 3 separate occasions

Task 3 Cease participation in food handling activities

### Instructions to Training Specialist

- Observe the Student completing the tasks set within a commercially realistic timeframe
- Give the Student an overarching brief of what they are required to do, in order to satisfactorily complete the tasks
- Observe the Student's skills and performance against the stated criteria
- Indicate if the Student performed the task to the required standard by indicating completing the tables below and provide comments on the tasks being completed in detail
- Where behaviours cannot be observed in a real work situation you must have the Student demonstrate the task in a simulated environment, similar to the one in which the job role would be performed ensuring the Assessment Context and Conditions listed below are met. Scenario situations are supplied for all tasks after the observation checklist to gain additional evidence through Role Play for observations not achieved. Where scenario situations are used, observe the Student's skills and performance against the stated criteria and indicate if they performed the task to the required standard by indicating on the observation check list provided.
- Feedback to the Student should be provided in the Feedback section of this document
- How long will it take? This should take between 2 and 3 hours.

### Instruction to the Student

- To prepare for observation, locate and read information within the workplace that sets out the procedures and standards for cleaning, personal hygiene and safe food handling practices, including receiving goods and HACCP controls.

Relevant information can be accessed from the following sources:

- Cleaning Guide
- Ops manual
- Equipment manual
- Food safety manual
- Quality checks, daily cleaning and weekly periodic maintenance
- Internal Food Safety training modules
- SDS sheets and cleaning products guide (Ecolab/Jay wall chart)
- Learner guide.



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### Task 1 - Receiving and storing food safely

You are required to:

- A. Demonstrate how you check and record the accuracy of a thermometer (temperature probe) in your workplace.
- B. Apply your knowledge of critical limits and organisation HACCP guidelines by receiving, checking, recording and correctly storing a delivery. Record details of good received on Good received record supplied after observation table

### Task 2 - Use of safe and hygienic food handling practices

Demonstrate to your assessor on three (3) occasions how you use safe food handling techniques to store, prepare and display foods a variety of foods to be consumed by customers, according to food safety / HACCP and hygiene procedures within the workplace.

#### As a minimum:

- Different food handling tasks to be undertaken to demonstrate safe food handling practices in relation to dairy, fruit and vegetables and meat
- Food prepared to meet customer and organisation requirements – meeting any dietary and allergen requests. (*Training Specialist note: if no allergen requests made please role play this section at least once*)
- The following tasks are to be demonstrated on at least 1 occasion.
  - Monitoring *and* recording temperatures for a:
    - Chilled product
    - Storage area
  - Restocking and presentation of a food display or serving of food
  - Transporting food (*if not a service offered use Q & A*)
  - Packing orders, using correct procedures for single use items
  - Correct disposal of waste food and completion of workplace documentation

### Task 3 - Cease participation in food handling activities

Your Training Specialist will approach you throughout your observations and will provide you with health issue or illness scenario and you will have to demonstrate the actions and processes you would follow in that specific situation you will be given to prevent the cause of a hygiene related food contamination.

NB: Training Specialist please see scenario section for scenarios to choose from to provide student with.



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### Task 1 - Receiving and storing food safely

#### Thermometer calibration record

Record results in chart below

Date	Ice slush - temperature +/- 0°C	Action taken if variation is over/under by more than 1°C	Name

#### Note:

If you are conducting this in a simulated environment, please choose a workplace role you have sound knowledge of.

Task to be observed	How	Training Specialist's Comments
<b>Task 1 – Receiving and storing food safely</b>  <b>Date of observation:</b> _____	<input type="checkbox"/> Workplace in real time <input type="checkbox"/> Simulation in workplace <input type="checkbox"/> Third Party representative: <b>Name:</b>  <b>Position:</b>  <b>Signature:</b>	<b>Please tick and comment:</b>  <b>Thermometer – calibration check</b> <input type="checkbox"/> Workplace procedure followed <input type="checkbox"/> Reading accurately recorded in assessment record <input type="checkbox"/> Where > 1°C variation reported to supervisor <input type="checkbox"/> N/A <i>Comment</i>  <b>Receipt of goods</b> <input type="checkbox"/> Organised approach to task <input type="checkbox"/> Visual check of: <input type="checkbox"/> Packaging <input type="checkbox"/> Use by / best before dates <input type="checkbox"/> Temperature of chilled item taken and accurately recorded <input type="checkbox"/> Rejected goods marked and separated <input type="checkbox"/> N/A <input type="checkbox"/> Probe sanitised after each use <input type="checkbox"/> Food safety hazards / contamination identified reported & recorded <input type="checkbox"/> N/A <input type="checkbox"/> Corrective action taken within scope of job authority <input type="checkbox"/> N/A <input type="checkbox"/> Goods received dated <input type="checkbox"/> Correct storage location chosen for each food type <input type="checkbox"/> FIFO applied on storing <input type="checkbox"/> All goods received stored correctly e.g. height of shelf, with same items <input type="checkbox"/> Completed task within 10 minutes <i>Comment</i>





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### Scenario/ Role Play - Receiving and storing food safely

#### Instructions to Training Specialist:

- Inform the Student the Role Play will be contextualised to their current workplace
- The role play should be conducted within a response time acceptable for receiving, storing and recording deliveries received in a hospitality business
- The role play should be conducted within the time allocated by the business for receiving and storing deliveries
- Inform the Student you will observe their actions and response to any areas of non-compliance and record their comments / actions
- Observe the Student undertaking the Role Play/s required and record notes and key points as outlined in observation checklist. If throughout the Role Play topics are not addressed, enquire further and coordinate the customer interaction to lead into the areas where further evidence is required.

#### Instructions to Student:

#### Task: Receiving and storing food safely

You are required to:

- Receive, check, record and correctly store a delivery containing a minimum 2 frozen food items, 2 chilled food items and 2 food items for the dry store within the time allocated by the business (10 minutes)
- Temperature check 1 x Chilled item and 1 x Frozen item as per operational guidelines
- Where goods received are not to the required standard, record the issue and verbally report the food safety hazard to the food safety supervisor
- Complete the Goods Received Record accurately.

Your Training Specialist will take the role of the Food Safety Supervisor.



## Good received record

<b>Goods received record</b> All chilled goods must be delivered at or below 5°C (1x chilled item per delivery tested) All frozen goods must be delivered frozen hard / at or below -18°C (1x frozen item per delivery tested) All goods must be delivered within use by/best before dates and in dated, clean and undamaged packaging Delivery van must be clean and storage temp in accepted range ( chilled at or below 5°C / frozen at or below -18°C )								
Supplier	Time	Product	Temp	<b>Checked</b> <small>If not acceptable do not tick and complete action taken</small>	<b>Accept/Reject</b> <small>If rejected complete action taken</small>	Action taken	Name	Date
				-use by / best before date <input type="checkbox"/> -packaging clean /undamaged <input type="checkbox"/>	<input type="checkbox"/> Accept <input type="checkbox"/> Reject			
				--use by / best before date <input type="checkbox"/> - packaging clean /undamaged <input type="checkbox"/>	<input type="checkbox"/> Accept <input type="checkbox"/> Reject			
				-use by / best before date <input type="checkbox"/> -packaging clean /undamaged <input type="checkbox"/>	<input type="checkbox"/> Accept <input type="checkbox"/> Reject			
				--use by / best before date <input type="checkbox"/> - packaging clean /undamaged <input type="checkbox"/>	<input type="checkbox"/> Accept <input type="checkbox"/> Reject			
				--use by / best before date <input type="checkbox"/> - packaging clean /undamaged <input type="checkbox"/>	<input type="checkbox"/> Accept <input type="checkbox"/> Reject			
				--use by / best before date <input type="checkbox"/> - packaging clean /undamaged <input type="checkbox"/>	<input type="checkbox"/> Accept <input type="checkbox"/> Reject			

## Task 2 - Use of safe and hygienic food handling practices

### Note:

If you are conducting this in a simulated environment, please choose a workplace role you have sound knowledge of.

Task to be observed	YES/NO	Training Specialist's Comments
<b>Task 2 - Use of safe and hygienic food handling practices</b>  Observation 1  Date: _____	<input type="checkbox"/> Workplace in real time  <input type="checkbox"/> Simulation in workplace  <input type="checkbox"/> Third Party representative: Name:  Position:  Signature:	<p><b>Please tick and comment:</b> <i>Comment to be provided for each section that state comment.</i>  <i>Description of preparation undertaken:</i></p> <p><b>Hygienic personal contact</b></p> <p><input type="checkbox"/> Hygienic work practices and personal hygiene standards demonstrated</p> <p><input type="checkbox"/> clean uniform</p> <p><input type="checkbox"/> Unhygienic personal contact avoided</p> <p><input type="checkbox"/> Use of approved dressings for cuts / skin conditions <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> PPE worn</p> <p><input type="checkbox"/> Single use gloves <input type="checkbox"/> Hairnet <input type="checkbox"/> Beard net <input type="checkbox"/> Apron</p> <p><input type="checkbox"/> Hat <input type="checkbox"/> Cut proof gloves <input type="checkbox"/> Heat proof gloves</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Check for contamination &amp; adjustment made <i>please give example in comment</i></p> <p><input type="checkbox"/> hands <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Uniform / clothing <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> PPE <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Reported personal health issues prior to shift <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Other – <i>please reference in comment</i></p> <p><i>Comment</i></p> <p><b>Followed hygiene procedures to prevent hygiene risks</b></p> <p><input type="checkbox"/> Wash hands consistently and at appropriate times</p> <p><input type="checkbox"/> Followed correct handwashing procedures:</p> <p><input type="checkbox"/> Washed hands in designated sink</p> <p><input type="checkbox"/> Washed hands (soap, palms fingers, thumbs, nails, wrists, rinse, dry paper towel or air)</p> <p><input type="checkbox"/> <i>Prior to starting to work with food</i></p> <p><input type="checkbox"/> <i>Immediately after handling raw food</i> <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> <i>Immediately after touching hair, scalp, wound</i> <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> <i>Immediately after using the toilet</i> <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Changed gloves after change of task</p> <p><input type="checkbox"/> Followed chemical or heat sanitisation procedures</p> <p><input type="checkbox"/> Cleaned and sanitised work area and equipment e.g. bench</p>







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Task to be observed	YES/NO	Training Specialist's Comments
		<input type="checkbox"/> Single use items checked - not reused <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Disposal of food waste and complete wastage report – provide a copy or complete template provided at the bottom of the observation tool <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Comment</i>  <input type="checkbox"/> Food transported according to HACCP plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Minimised risk of cross contamination <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Comment (use Q&amp;A if not a service offered in organisation)</i>  <b>Identified and reported hygiene and / or food hazards</b> (roleplay provided must be undertaken at least once) <input type="checkbox"/> N/A <input type="checkbox"/> Type and location of hazard clearly explained <input type="checkbox"/> Corrective action taken within scope of job responsibility <input type="checkbox"/> Reported according to organisation procedure <i>Provide detail on hazards identified and action taken</i>
<b>Task 2 - Use of safe and hygienic food handling practices</b>  <b>Observation 2</b> Date: _____	<input type="checkbox"/> Workplace in real time <input type="checkbox"/> Simulation in workplace <input type="checkbox"/> Third Party representative: <b>Name:</b>  <b>Position:</b>  <b>Signature:</b>	<b>Please tick and comment:</b> <i>Comment to be provided for each section that state comment.</i> <i>Description of preparation undertaken:</i>  <b>Hygienic personal contact</b> <input type="checkbox"/> Hygienic work practices and personal hygiene standards demonstrated <input type="checkbox"/> clean uniform <input type="checkbox"/> Unhygienic personal contact avoided <input type="checkbox"/> Use of approved dressings for cuts / skin conditions <input type="checkbox"/> N/A <input type="checkbox"/> PPE worn <input type="checkbox"/> Single use gloves <input type="checkbox"/> Hairnet <input type="checkbox"/> Beard net <input type="checkbox"/> Apron <input type="checkbox"/> Hat <input type="checkbox"/> Cut proof gloves <input type="checkbox"/> Heat proof gloves <input type="checkbox"/> Other



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Task to be observed	YES/NO	Training Specialist's Comments
		<div><input type="checkbox"/> Check for contamination &amp; adjustment made <i>please give example in comment</i><div><input type="checkbox"/> hands<input type="checkbox"/> N/A</div><div><input type="checkbox"/> Uniform / clothing<input type="checkbox"/> N/A</div><div><input type="checkbox"/> PPE<input type="checkbox"/> N/A</div><div><input type="checkbox"/> Reported personal health issues prior to shift<input type="checkbox"/> N/A</div><div><input type="checkbox"/> Other – <i>please reference in comment</i> <i>Comment</i></div></div> <div><b>Followed hygiene procedures to prevent hygiene risks</b><div><input type="checkbox"/> Wash hands consistently and at appropriate times</div><div><input type="checkbox"/> Followed correct handwashing procedures:<div><input type="checkbox"/> Washed hands in designated sink</div><div><input type="checkbox"/> Washed hands (soap, palms fingers, thumbs, nails, wrists, rinse, dry paper towel or air)<div><input type="checkbox"/> <i>Prior to starting to work with food</i></div><div><input type="checkbox"/> <i>Immediately after</i> handling raw food<input type="checkbox"/> N/A</div><div><input type="checkbox"/> <i>Immediately after</i> touching hair, scalp, wound<input type="checkbox"/> N/A</div><div><input type="checkbox"/> <i>Immediately after</i> using the toilet<input type="checkbox"/> N/A</div></div></div><div><input type="checkbox"/> Changed gloves after change of task</div><div><input type="checkbox"/> Followed chemical <i>or</i> heat sanitisation procedures</div><div><input type="checkbox"/> Cleaned and sanitised work area and equipment e.g. bench</div></div> <div><b>Minimised risk of food contamination</b><div><input type="checkbox"/> Correct use of colour coded equipment e.g. chopping boards / tongs</div><div><input type="checkbox"/> High risk food handled correctly <i>detail in comments</i> <i>Examples</i></div></div> <div><input type="checkbox"/> Displayed food covered / wrapped</div> <div><input type="checkbox"/> Marked &amp; separated foodstuffs identified for disposal<input type="checkbox"/> N/A</div> <div><input type="checkbox"/> Disposed of or reported broken utensils<input type="checkbox"/> N/A</div> <div><input type="checkbox"/> Working practices would minimise risk of pests</div> <div><input type="checkbox"/> Reported incidents of food contamination arising from personal health issues e.g. cuts / sneezing<input type="checkbox"/> N/A</div> <div><i>Comment</i></div>



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Task to be observed	YES/NO	Training Specialist's Comments
		<p><b>Organisation HACCP requirements met</b> <i>Tick if assessed during observation and record outcome</i></p> <p><input type="checkbox"/> Storage Unit - <i>Detail</i> _____</p> <p><input type="checkbox"/> Temperature within critical limit <input type="checkbox"/> Yes <input type="checkbox"/> No Temperature recorded: _____</p> <p><input type="checkbox"/> Chilled product - <i>Detail</i> _____ Detail: _____</p> <p><input type="checkbox"/> Temperature within critical limit <input type="checkbox"/> Yes <input type="checkbox"/> No Temperature recorded: _____</p> <p><input type="checkbox"/> Prepared food products to company standards and guest requests (allergens etc) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Comment</i></p> <p><input type="checkbox"/> Food prepared to meet customer and organisation requirements – meeting any dietary and allergen requests. Explain – what requests were covered</p> <p><input type="checkbox"/> Served food products <i>please reference in comment</i></p> <p><input type="checkbox"/> Minimised risk of cross contamination <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Comment</i></p> <p><input type="checkbox"/> Packaged products <i>please reference in comment</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Packaging checked for cleanliness / damage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Packaging correctly labelled <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single use items checked - not reused <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Disposal of food waste and complete wastage report – provide a copy or complete template provided at the bottom of the observation tool <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Comment</i></p> <p><input type="checkbox"/> Food transported according to HACCP plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Minimised risk of cross contamination <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Comment (use Q&amp;A if not a service offered in organisation)</i></p>



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Task to be observed	YES/NO	Training Specialist's Comments
		<p><b>Identified and reported hygiene and / or food hazards</b> (roleplay provided must be undertaken at least once)</p> <p style="text-align: right;"><input type="checkbox"/> N/A</p> <p> <input type="checkbox"/> Type and location of hazard clearly explained  <input type="checkbox"/> Corrective action taken within scope of job responsibility  <input type="checkbox"/> Reported according to organisation procedure  <i>Provide detail on hazards identified and action taken</i> </p>
<p><b>Task 2 - Use of safe and hygienic food handling practices</b></p> <p><b>Observation 3</b></p> <p>Date: _____</p>	<p><input type="checkbox"/> Workplace in real time</p> <p><input type="checkbox"/> Simulation in workplace</p> <p><input type="checkbox"/> Third Party representative:</p> <p><b>Name:</b></p> <p><b>Position:</b></p> <p><b>Signature:</b></p>	<p><b>Please tick and comment:</b> <i>Comment to be provided for each section that state comment.</i></p> <p><i>Description of preparation undertaken:</i></p> <p><b>Hygienic personal contact</b></p> <p><input type="checkbox"/> Hygienic work practices and personal hygiene standards demonstrated</p> <p> <input type="checkbox"/> clean uniform  <input type="checkbox"/> Unhygienic personal contact avoided  <input type="checkbox"/> Use of approved dressings for cuts / skin conditions <input type="checkbox"/> N/A  <input type="checkbox"/> PPE worn         <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Single use gloves  <input type="checkbox"/> Hat  <input type="checkbox"/> Other             </div> <div> <input type="checkbox"/> Hairnet  <input type="checkbox"/> Cut proof gloves  </div> <div> <input type="checkbox"/> Beard net  <input type="checkbox"/> Heat proof gloves             </div> <div> <input type="checkbox"/> Apron             </div> </div> </p> <p><input type="checkbox"/> Check for contamination &amp; adjustment made <i>please give example in comment</i></p> <p> <input type="checkbox"/> hands <span style="float: right;"><input type="checkbox"/> N/A</span>  <input type="checkbox"/> Uniform / clothing <span style="float: right;"><input type="checkbox"/> N/A</span>  <input type="checkbox"/> PPE <span style="float: right;"><input type="checkbox"/> N/A</span> </p> <p> <input type="checkbox"/> Reported personal health issues prior to shift <span style="float: right;"><input type="checkbox"/> N/A</span>  <input type="checkbox"/> Other – <i>please reference in comment</i> </p> <p><i>Comment</i></p> <p><b>Followed hygiene procedures to prevent hygiene risks</b></p> <p> <input type="checkbox"/> Wash hands consistently and at appropriate times  <input type="checkbox"/> Followed correct handwashing procedures:         <div style="margin-left: 20px;"> <input type="checkbox"/> Washed hands in designated sink  <input type="checkbox"/> Washed hands (soap, palms fingers, thumbs, nails, wrists, rinse, dry paper towel or air)  <input type="checkbox"/> <i>Prior to starting to work with food</i> </div> </p>



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Task to be observed	YES/NO	Training Specialist's Comments
		<div> <input type="checkbox"/> Immediately after handling raw food <input type="checkbox"/> N/A           <input type="checkbox"/> Immediately after touching hair, scalp, wound <input type="checkbox"/> N/A           <input type="checkbox"/> Immediately after using the toilet <input type="checkbox"/> N/A           <input type="checkbox"/> Changed gloves after change of task         </div> <div> <input type="checkbox"/> Followed chemical or heat sanitisation procedures           <input type="checkbox"/> Cleaned and sanitised work area and equipment e.g. bench         </div> <p><b>Minimised risk of food contamination</b></p> <div> <input type="checkbox"/> Correct use of colour coded equipment e.g. chopping boards / tongs           <input type="checkbox"/> High risk food handled correctly <i>detail in comments</i> </div> <p><i>Examples</i></p> <div> <input type="checkbox"/> Displayed food covered / wrapped           <input type="checkbox"/> Marked &amp; separated foodstuffs identified for disposal <input type="checkbox"/> N/A           <input type="checkbox"/> Disposed of or reported broken utensils <input type="checkbox"/> N/A           <input type="checkbox"/> Working practices would minimise risk of pests           <input type="checkbox"/> Reported incidents of food contamination arising from personal health issues e.g. cuts / sneezing <input type="checkbox"/> N/A         </div> <p><i>Comment</i></p> <p><b>Organisation HACCP requirements met</b>  <i>Tick if assessed during observation and record outcome</i></p> <div> <input type="checkbox"/> Storage Unit - <i>Detail</i> _____           <input type="checkbox"/> Temperature within critical limit <input type="checkbox"/> Yes <input type="checkbox"/> No            Temperature recorded: _____         </div> <div> <input type="checkbox"/> Chilled product - <i>Detail</i> _____            Detail: _____           <input type="checkbox"/> Temperature within critical limit <input type="checkbox"/> Yes <input type="checkbox"/> No            Temperature recorded: _____         </div> <div> <input type="checkbox"/> Prepared food products to company standards and guest requests (allergens etc) <input type="checkbox"/> Yes <input type="checkbox"/> No         </div> <p><i>Comment</i></p> <div> <input type="checkbox"/> Food prepared to meet customer and organisation requirements – meeting any dietary and allergen requests.            Explain – what requests were covered         </div>



## Food Safety Supervisor | Observation/Demonstration

Task to be observed	YES/NO	Training Specialist's Comments
		<p><input type="checkbox"/> Served food products <i>please reference in comment</i></p> <p><input type="checkbox"/> Minimised risk of cross contamination <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Comment</i></p> <p><input type="checkbox"/> Packaged products <i>please reference in comment</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Packaging checked for cleanliness / damage <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Packaging correctly labelled <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Single use items checked - not reused <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Disposal of food waste and complete wastage report – provide a copy or complete template provided at the bottom of the observation tool</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Comment</i></p> <p><input type="checkbox"/> Food transported according to HACCP plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Minimised risk of cross contamination <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Comment (use Q&amp;A if not a service offered in organisation)</i></p> <p><b>Identified and reported hygiene and / or food hazards</b> (roleplay provided must be undertaken at least once)</p> <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Type and location of hazard clearly explained</p> <p><input type="checkbox"/> Corrective action taken within scope of job responsibility</p> <p><input type="checkbox"/> Reported according to organisation procedure</p> <p><i>Provide detail on hazards identified and action taken</i></p>



## Food Safety Supervisor | Observation/Demonstration

### Scenario/ Role Play – Identify and reported any food and hygiene hazard

#### Instructions to Training Specialist:

- Inform the Student the Role Play will be contextualised to their current workplace
- The role play should be conducted within a response time acceptable for identifying and reporting food and hygiene hazards for the workplace
- Inform the Student you will observe their actions and response to the scenario
- Observe the Student undertaking the Role Play required and record notes and key points as outlined in observation checklist. If throughout the Role Play topics are not addressed, enquire further and coordinate the further scenarios to gather evidence that is required.

#### Scenario/Role Play One

On checking the temperature of the sliced tomatoes, it has come back at 6 degrees Celsius.

#### Instructions to Student:

#### Task: Identifying and reporting food and hygiene hazards

You are required to:

- Demonstrate to your Training Specialist what actions and processes would you follow when you are faced with one of the above scenarios.
- Ensure you follow workplace policies and procedures completely
- Your Training Specialist will take the role of the Food Safety Supervisor/Shift Manager for the scenario.



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Task to be observed	YES/NO	Training Specialist's Comments
<p><b>Task 3 – Cease participation in food handling activities</b></p> <p>Date: _____</p> <p><b>Role play detail</b></p> <p><input type="checkbox"/> Scenario/Role play one provided</p> <p><input type="checkbox"/> Scenario/Role play two provided</p>	<p><input type="checkbox"/> Workplace in real time</p> <p><input type="checkbox"/> Simulation in workplace</p> <p><input type="checkbox"/> Third Party representative:</p> <p><b>Name:</b></p> <p><b>Position:</b></p> <p><b>Signature:</b></p>	<p>Please tick and comment: <i>Comment to be provided for each section</i></p> <p><b>Identified and reported any personal hygiene hazards</b></p> <p><input type="checkbox"/> Identified that the scenario provided was a personal hygiene hazard <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Corrective action taken:</p> <p><input type="checkbox"/> Ceased work</p> <p><input type="checkbox"/> Disposed of food that was being handled</p> <p><input type="checkbox"/> Food safety supervisor/manager on duty informed of personal hygiene hazard</p> <p><input type="checkbox"/> Clock off shift</p> <p>Comments:</p>





## Food Safety Supervisor | Observation/Demonstration Food Waste Sheet

Product	Qty	Reason for the waste	Employee	Manager	Date



## Food Safety Supervisor | Observation/Demonstration

### Scenario/ Role Play – Ceasing participation in food handling activities

#### Instructions to Training Specialist:

- Inform the Student the Role Play will be contextualised to their current workplace
- The role play should be conducted within a response time acceptable for ceasing participation in food handling activities for the workplace
- The role play should be conducted within the time allocated by the business for ceasing participation in food handling activities
- Inform the Student you will observe their actions and response to the scenario
- Observe the Student undertaking the Role Play required and record notes and key points as outlined in observation checklist. If throughout the Role Play topics are not addressed, enquire further and coordinate the further scenarios to gather evidence that is required.

#### Scenario/Role Play One

You notice there is a strong chemical smell in the air and you have started coughing and feel very warm and clammy.

#### Scenario/Role Play Two

You have just been to the bathroom and need to go again, you are not feeling well in your stomach.

#### Instructions to Student:

#### Task: Ceasing participation in food handling activities

You are required to:

- Demonstrate to your Training Specialist what actions and processes would you follow when you are faced with one of the above situations to prevent the hygiene risks which could cause food contamination
- Complete 2 bacterial swabs of different surfaces as monitoring techniques of food hazards.
- Complete 2 chemical tests, using Test Strips as part of the Hungry Jack's Food Safety Program Zenput, on different surfaces and check for chemical spills and sanitizer concentration.
- Ensure you follow and comply with all food safety programs, food safety regulations, workplace policies and procedures completely.

Your Training Specialist will take the role of the Food Safety Supervisor/Shift Manager for the scenario.