

# Team Activity Preparation Rubric

20 points

| <b>INDICATOR</b>                            | <b>Very strong evidence of skill<br/>5-4 points</b>  | <b>Moderate evidence of skill<br/>3-2 points</b>   | <b>Weak evidence of skill<br/>1-0 points</b>  | <b>Points Earned</b> | <b>Total Score</b> |
|---|--|--|---|----------------------|--------------------|
| <b>Effective listening</b>                  | Clearly evident that all team members are listening.   | Listening occurs but distraction is evident.   | Not listening to each other and/or talking over each other.   |                      |                    |
| <b>Oral communication</b>                   | Clearly evident that all team members are discussing the topic.  | Communication occurs but side conversations are occurring or two to three members dominating.  | One member dominating conversation.   |                      |                    |
| <b>Demonstrated cooperation</b>             | Clearly all team members completing tasks, sharing written and oral solutions. Clearly all team members respected the input of other team members.                                       | Tasks primarily completed by two to three members, other members assist occasionally. Most team members respected the input of other team members.                                   | Tasks primarily completed by one member, other members contributing only slightly. The team members did not respect the input of other team members.  |                      |                    |
| <b>Participated in the team preparation</b> | Clearly all team members are engaged, attentive, and making notes for the full term of event. Clearly all team members demonstrate efficient use of his/her time in comprising the plan. | Members are engaged and attentive with two to three making notes, participation fades over time. Most team members demonstrate efficient use of his/her time in comprising the plan. | One to two members form the primary team, other members participate occasionally early, fade over time. One to two team members demonstrate efficient use of his/her time in comprising the plan. |                      |                    |
|   |  |  |   | <b>TOTAL</b>         |                    |

# Food Safety Sanitation Report Form

## 80 points

PLANT

DATE

LOCATION

INSPECTION TEAM MEMBERS STATE

TEAM NUMBER

PLANT CONTACT

CONTACT INFORMATION

| CATEGORY AND OBSERVATION   | Degree of Concern<br>Critical, Major, Minor | Recommendation or Corrective Action |
|--|---|-------------------------------------|
| <ol style="list-style-type: none"> <li>1. General maintenance of physical facilities.</li> <li>2. Cleaning and sanitizing of equipment and utensils.</li> <li>3. Storage and handling of clean equipment and utensils.</li> <li>4. Pest control.</li> <li>5. Proper use and storage of cleaning compounds, sanitizers, and pesticides.</li> <li>6. Employee training.</li> <li>7. Plant design.</li> <li>8. Quality assurance assessment.</li> </ol> |   |                                     |

| <b>CATEGORY</b><br>(20 points) | Observation (20 points) | Degree of Concern (20 points) | Recommendation or Corrective Action (20 points) |
|--------------------------------|-------------------------|-------------------------------|---|
|                                |                         |                               |   |
|                                |                         |                               |   |
|                                |                         |                               |   |
|                                |                         |                               |   |

# Customer Inquiry Rubric

25 points

|   | Points Possible | Points Earned |
|---|-----------------|---------------|
| <b>Scenario # 1:</b> This issue represented in this scenario is a:<br><input type="checkbox"/> Food Quality Issue <input type="checkbox"/> Food Safety Issue                | 2               |               |
| Is the concern or hazard primarily ( <i>Check only one</i> ):<br><input type="checkbox"/> Biological <input type="checkbox"/> Physical<br><input type="checkbox"/> Chemical | 3               |               |
| <b>Scenario # 2:</b> This issue represented in this scenario is a:<br><input type="checkbox"/> Food Quality Issue<br><input type="checkbox"/> Food Safety Issue             | 2               |               |
| Is the concern or hazard primarily ( <i>Check only one</i> ):<br><input type="checkbox"/> Biological <input type="checkbox"/> Physical<br><input type="checkbox"/> Chemical | 3               |               |
| <b>Scenario # 3:</b> This issue represented in this scenario is a:<br><input type="checkbox"/> Food Quality Issue <input type="checkbox"/> Food Safety Issue                | 2               |               |
| Is the concern or hazard primarily ( <i>Check only one</i> ):<br><input type="checkbox"/> Biological <input type="checkbox"/> Physical<br><input type="checkbox"/> Chemical | 3               |               |
| <b>Scenario # 4:</b> This issue represented in this scenario is a:<br><input type="checkbox"/> Food Quality Issue <input type="checkbox"/> Food Safety Issue                | 2               |               |
| Is the concern or hazard primarily ( <i>Check only one</i> ):<br><input type="checkbox"/> Biological <input type="checkbox"/> Physical<br><input type="checkbox"/> Chemical | 3               |               |
| <b>Scenario # 5:</b> This issue represented in this scenario is a:<br><input type="checkbox"/> Food Quality Issue <input type="checkbox"/> Food Safety Issue                | 2               |               |
| Is the concern or hazard primarily ( <i>Check only one</i> ):<br><input type="checkbox"/> Biological <input type="checkbox"/> Physical<br><input type="checkbox"/> Chemical | 3               |               |
| <b>TOTAL</b>  | <b>25</b>       |               |

# Aroma Practicum

Name \_\_\_\_\_

Chapter \_\_\_\_\_

For each sample write the correct aroma.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Cinnamon  
Chocolate  
Maple  
Oregano  
Basil  
Lemon  
Lime  
Orange  
Vanilla  
Smoke (liquid)  
Cherry  
Pine  
Onion  
Butter  
Menthol

Grape  
Garlic  
Peppermint  
Clove  
Nutmeg  
Ginger  
Molasses  
Wintergreen  
Banana  
Coconut  
Lilac  
Raspberry  
Strawberry  
Licorice (anise)

# Triangle Test Practicum

Name \_\_\_\_\_

Chapter \_\_\_\_\_

Circle the sample that is different in each set.

1.        A                B                C

2.        A                B                C

3.        A                B                C

4.        A                B                C

5.        A                B                C

6.        A                B                C