

# 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. \_\_\_\_\_

|           |                  |                |
|-----------|------------------|----------------|
| Apple     | Garlic           | Orange         |
| Banana    | Ginger           | Oregano        |
| Basil     | Grape            | Peach          |
| Butter    | Lemon            | Peppermint     |
| Cherry    | Licorice (anise) | Raspberry      |
| Chocolate | Lime             | Sage           |
| Cinnamon  | Maple            | Smoke (liquid) |
| Clove     | Molasses         | Strawberry     |
| Coconut   | Nutmeg           | Vanilla        |
| Coffee    | Onion            | Watermelon     |
|           |                  | Wintergreen    |

# 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