

Food Safety in the Workplace: How to Keep Your Lunch From Being Tossed!

Location: _____

Date: _____

For each statement below, circle the rating that best describes how you feel both before and after the meeting.

	Before the Meeting			After the Meeting		
	Didn't Know	Knew the Basics	Knew Well	Don't Know	Know the Basics	Know Well
Know the signs and symptoms of foodborne illness.	1	2	3	1	2	3
Know how to clean and sanitize the refrigerator, kitchen and break room.	1	2	3	1	2	3
Know how long to store food in the refrigerator.	1	2	3	1	2	3
Know how to store food in the pantry.	1	2	3	1	2	3

Comments and suggestions:

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