



Please print clearly

Date:	Name: _____	Provider #: _____ <small>(if applicable)</small>
	Center Name: _____	Center #: _____ <small>(3 digits)</small>
	Address: _____	
	City: _____	State: _____ Zip: _____

Please fill out the test by hand.

1. Does a salami sandwich that can cause illness always taste bad?
 YES or NO

2. List 4 causes of food-borne illnesses.

1) _____

2) _____

3) _____

4) _____

3. When should the growth of germs be controlled?

4. At what temperature should cold foods be stored?

Cold Foods: _____

Hot Foods: _____

5. Frozen foods can be thawed safely on the kitchen counter.

 TRUE or FALSE



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6. What bleach solution can be used for sanitizing and what is the procedure?

 7. Using plastic gloves ensures that food will not become contaminated.
TRUE or FALSE

 8. Where should raw materials be stored in the refrigerator?

 9. Pork should be cooked to what temperature?

 10. Chicken should be cooked to what temperature?

By signing and dating this form, you are agreeing that you have filled out this test to the best of your ability.

Signature

Date

Do not write below this line

DATE CREDIT IS ASSIGNED

PROGRAM REPRESENTATIVE

CREDIT HOURS