

THIRD PARTY OBSERVATION

| | |
|---|--|
| Report for: | Food Safety Supervisor Training |
| Student: | |
| Workplace: | |
| Trainer: | |
| Contact: | 5481 2486 |
| <p>This Third-Party Observation report is a record of your practical competencies to support classroom training</p> <p>Please complete and return to Regional Training Services Qld</p> <p>37 Nash St, Gympie</p> <p>admin@regionaltrainingqld.com.au www.regionaltraining.qld.edu.au</p> | |

OBSERVER REPORT – SITXFSA002 PARTICIPATE IN SAFE FOOD HANDLING PROCEDURES

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Instructions to the observer:

To help us determine whether the student can carry out duties to the expected standard in a workplace and in accordance with this unit, we require a range of supporting evidence to be compiled. This observation report will form part of the assessment process for the student. By completing this document, you will provide us with evidence of the practical food safety tasks the student has performed.

These tasks must be **observed on multiple occasions** (at least 3 separate occasions) and may have been observed during completion of work tasks or through simulated activities.

Please add any additional comments as you proceed through this report as this will help our Trainer/Assessor with the assessment process.

Who is a suitable observer?

The most appropriate person to observe and report on the performance of the student is usually a workplace supervisor. However, if a workplace supervisor is not available, any person with at least one of the following qualifications will be considered suitable:

- A manager of a food business; OR
- A person with at least 5 years' commercial food preparation experience; OR
- A Food Safety Supervisor or Head Chef; OR
- A person with any of the following food safety qualifications:
 - Participate in safe food handling practices (SITXFSA002)
 - Handle food safely in a retail environment (SIRRFSA001)
 - Or equivalent.

How to complete this form:

1. Please complete the sections based only on the tasks you have observed the student undertaking the training.
2. Do not leave any sections blank or questions unanswered. If the question doesn't apply, please put N/A.
3. When the question asks for you to 'Select One', select the most relevant example you have observed.
4. We don't expect you to select all examples. Simply use N/A if the question doesn't apply in the workplace or simulated environment where the observation is taking place.

What is a suitable preparation area?

It is extremely important the observation is conducted in an 'industry-realistic, food preparation environment'. This can either be a workplace or a simulated environment.

The venue should have all the necessary equipment, including large and small equipment, organisation food safety programs, policies and procedures for food safety, hygiene and sanitation, hazard control measures, food safety incident reports, cleaning and maintenance schedules, PPP such as aprons, gloves, correct head and foot wear, a range of food products and food handling implements along with food storage and display equipment.

A simulated environment is one which imitates a real-life working environment where the skills and knowledge contained in this unit would typically be performed.

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OBSERVER TO COMPLETE

| | |
|--|--|
| Student Information – <i>Please provide information on the student being observed</i> | |
| First Name | |
| Last Name | |
| Contact Phone | |

Observer Information – *Please provide your information*

| | |
|-----------------|--|
| First Name | |
| Last Name | |
| Business Name | |
| Role / Position | |
| Contact Phone | |
| Email Address | |

Observer Criteria

| | |
|--|---|
| Please acknowledge you meet the following requirements before you complete this form | |
| <input type="checkbox"/> | I am currently or have been in a role related to food handling |
| <input type="checkbox"/> | I have or have had a minimum of 12 months of food industry experience or part-time equivalent |
| <input type="checkbox"/> | The student has been provided with the necessary equipment and information to perform their work safely |
| <input type="checkbox"/> | I understand my role as an observer including when and how to collect the evidence required |
| If you have any questions in relation to the above observer criteria, please telephone Regional Training Services Qld on 5481 2486 | |

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Relationship to Student and Environment

| | |
|---|--|
| Please describe your professional relationship with the student | |
| Describe your relationship | |

OBSERVATION ENVIRONMENT

What type of environment was the student observed in?

- ☐ Workplace
☐ Simulated Environment

| | |
|---|---|
| Observation 1 Date | ____ / ____ / ____ |
| Observation 2 Date | ____ / ____ / ____ |
| Observation 3 Date | ____ / ____ / ____ |
| Observer confirms the evidence supplied is student's own work | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Observer agrees to participate in the gathering of evidence | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Observer confirms they fully understand when and how to collect evidence | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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Observer to complete the following whilst observing the student undertaking the following tasks.

1. Safe food handling

Please indicate you have observed the student demonstrating safe food handling practices in food handling work functions on **three (3)** separate occasions with **date entries** (on previous page). Complete Observation task 1, 2 and 3 to evidence the three occasions.

Observation Task 1: Select observed tasks from the list below

| | |
|--------------------------|---|
| <input type="checkbox"/> | Washing hands before and after handling food |
| <input type="checkbox"/> | Cleaning and sanitising equipment and utensils |
| <input type="checkbox"/> | Cleaning and sanitising work area |
| <input type="checkbox"/> | Storing food correctly |
| <input type="checkbox"/> | Wearing disposable gloves for handling food |
| <input type="checkbox"/> | Keeping food handling areas free of pests |
| <input type="checkbox"/> | Checking and adhering to use-by-dates |
| <input type="checkbox"/> | Defrosting frozen food in refrigerator or microwave |
| <input type="checkbox"/> | Checking temperature of food |
| <input type="checkbox"/> | Supervising food displays to prevent contamination by customers |
| <input type="checkbox"/> | Providing separate serving utensils for each dish |

Indicate which personal protective clothing the student wore when performing the task

Select all that apply:

| | |
|--------------------------|--------------------|
| <input type="checkbox"/> | Covered shoes |
| <input type="checkbox"/> | Single use gloves |
| <input type="checkbox"/> | Protective goggles |
| <input type="checkbox"/> | Face mask |
| <input type="checkbox"/> | Hair net |
| <input type="checkbox"/> | Apron |

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Please add any comments or supporting information: (example: describe the scenario in which the student was being observed.)

Observation Task 2: Select observed tasks from the list below

| | |
|--------------------------|---|
| <input type="checkbox"/> | Washing hands before and after handling food |
| <input type="checkbox"/> | Cleaning and sanitising equipment and utensils |
| <input type="checkbox"/> | Cleaning and sanitising work area |
| <input type="checkbox"/> | Storing food correctly |
| <input type="checkbox"/> | Wearing disposable gloves for handling food |
| <input type="checkbox"/> | Keeping food handling areas free of pests |
| <input type="checkbox"/> | Checking and adhering to use-by-dates |
| <input type="checkbox"/> | Defrosting frozen food in refrigerator or microwave |
| <input type="checkbox"/> | Checking temperature of food |
| <input type="checkbox"/> | Supervising food displays to prevent contamination by customers |
| <input type="checkbox"/> | Providing separate serving utensils for each dish |

Indicate which personal protective clothing the student wore when performing the task

Select all that apply:

| | |
|--------------------------|--------------------|
| <input type="checkbox"/> | Covered shoes |
| <input type="checkbox"/> | Single use gloves |
| <input type="checkbox"/> | Protective goggles |
| <input type="checkbox"/> | Face mask |
| <input type="checkbox"/> | Hair net |
| <input type="checkbox"/> | Apron |

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Please add any comments or supporting information: (example: describe the scenario in which the student was being observed.)

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Observation Task 3: Select observed tasks from the list below

| | |
|--------------------------|---|
| <input type="checkbox"/> | Washing hands before and after handling food |
| <input type="checkbox"/> | Cleaning and sanitising equipment and utensils |
| <input type="checkbox"/> | Cleaning and sanitising work area |
| <input type="checkbox"/> | Storing food correctly |
| <input type="checkbox"/> | Wearing disposable gloves for handling food |
| <input type="checkbox"/> | Keeping food handling areas free of pests |
| <input type="checkbox"/> | Checking and adhering to use-by-dates |
| <input type="checkbox"/> | Defrosting frozen food in refrigerator or microwave |
| <input type="checkbox"/> | Checking temperature of food |
| <input type="checkbox"/> | Supervising food displays to prevent contamination by customers |
| <input type="checkbox"/> | Providing separate serving utensils for each dish |

Indicate which personal protective clothing the student wore when performing the task

Select all that apply:

| | |
|--------------------------|--------------------|
| <input type="checkbox"/> | Covered shoes |
| <input type="checkbox"/> | Single use gloves |
| <input type="checkbox"/> | Protective goggles |
| <input type="checkbox"/> | Face mask |
| <input type="checkbox"/> | Hair net |
| <input type="checkbox"/> | Apron |

Please add any comments or supporting information: (example: describe the scenario in which the student was being observed.)

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2. Receiving goods

Please indicate you have observed the student demonstrating the correct methods of controlling food hazards at the following point – RECEIVING

****TICK the types of goods you have seen the student receive

Select all that apply:

| | |
|--------------------------|----------------------|
| <input type="checkbox"/> | Dairy |
| <input type="checkbox"/> | Eggs |
| <input type="checkbox"/> | Dried goods |
| <input type="checkbox"/> | Frozen goods |
| <input type="checkbox"/> | Fruit and vegetables |
| <input type="checkbox"/> | Meat and fish |

Indicate which actions you observed the student demonstrating when receiving goods

Select all that apply:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Temperature checking goods |
| <input type="checkbox"/> | Temperature checking delivery vehicle |
| <input type="checkbox"/> | Checking use-by-dates and stamps (eggs) |
| <input type="checkbox"/> | Checking packaging for damage |
| <input type="checkbox"/> | Checking for signs of pests |
| <input type="checkbox"/> | Rejecting non-conforming goods |
| <input type="checkbox"/> | Signing goods receivable paperwork |
| <input type="checkbox"/> | Transporting goods to correct storage location |

Please add any comments or supporting information:

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3. Safe food storage

Please indicate you have observed the student demonstrating the correct methods of controlling food hazards at the following point – STORAGE

****Indicate which goods storage methods you observed the student demonstrating

Select all that apply:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Storing goods at correct temperature |
| <input type="checkbox"/> | Storing goods to maintain freshness, quality and appearance |
| <input type="checkbox"/> | Ensuring storage units are not overloaded |
| <input type="checkbox"/> | Ensuring storage units are in good working order |
| <input type="checkbox"/> | Ensuring goods are protected from damage or contamination |
| <input type="checkbox"/> | Ensuring stock is rotated – FIFO (first in, first out) |

Please add any comments or supporting information:

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4. Food preparation

Please indicate you have observed the student demonstrating the correct methods of controlling food hazards at the following point – PREPARING

****Indicate the types of food you have observed the student preparing

Select all that apply:

| | |
|--------------------------|----------------------|
| <input type="checkbox"/> | Dairy |
| <input type="checkbox"/> | Eggs |
| <input type="checkbox"/> | Dried goods |
| <input type="checkbox"/> | Frozen goods |
| <input type="checkbox"/> | Fruit and vegetables |
| <input type="checkbox"/> | Meat and fish |

Indicate the hygienic food preparation methods you have observed the student demonstrating.

Select all that apply:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Cooking or reheating foods so all parts reach 70 °C |
| <input type="checkbox"/> | Avoiding contact between raw foods and cooked foods |
| <input type="checkbox"/> | Washing hands prior to food handling |
| <input type="checkbox"/> | Cleaning surfaces and equipment prior to use |
| <input type="checkbox"/> | Using different chopping boards for different food types |
| <input type="checkbox"/> | Cleaning and sanitising equipment after use |

Please add any comments or supporting information:

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5. Food display and serving

Please indicate you have observed the student demonstrating the correct methods of controlling food hazards at the following point – DISPLAYING AND/OR SERVING

****Indicate which hygienic food display practices you have observed the student demonstrating

Select all that apply:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Providing separate utensils for different food items |
| <input type="checkbox"/> | Adhering to 2 hour 4 hour rule |
| <input type="checkbox"/> | Ensuring customers do not touch displayed food |
| <input type="checkbox"/> | Ensuring single use items are disposed of after use |
| <input type="checkbox"/> | Labelling food packaging |

Please add any comments or supporting information:

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6. Safe food disposal practices

Please indicate you have observed the student demonstrating the correct methods of controlling food hazards at the following point – DISPOSING

***Indicate the types of food you have observed the student separate or dispose of

Select all that apply:

| | |
|--------------------------|----------------------|
| <input type="checkbox"/> | Dairy |
| <input type="checkbox"/> | Eggs |
| <input type="checkbox"/> | Dried goods |
| <input type="checkbox"/> | Frozen goods |
| <input type="checkbox"/> | Fruit and vegetables |
| <input type="checkbox"/> | Meat and fish |

Indicate which food disposal methods you have observed the student demonstrating

Select all that apply:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Separating contaminated food |
| <input type="checkbox"/> | Marking contaminated food for disposal |
| <input type="checkbox"/> | Disposing of food promptly |
| <input type="checkbox"/> | Completing food disposal documents |

Please add any comments or supporting information:

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7. Food monitoring

Please indicate you have observed the student demonstrating the correct methods of FOOD MONITORING

****Indicate the types of food you have observed the student checking

Select all that apply:

| | |
|--------------------------|----------------------|
| <input type="checkbox"/> | Dairy |
| <input type="checkbox"/> | Eggs |
| <input type="checkbox"/> | Dried goods |
| <input type="checkbox"/> | Frozen goods |
| <input type="checkbox"/> | Fruit and vegetables |
| <input type="checkbox"/> | Meat and fish |

Indicate the checking methods you have observed the student demonstrating

Select all that apply:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Adhering to the 2 hour 4 hour rule |
| <input type="checkbox"/> | Bacterial swabs and counts |
| <input type="checkbox"/> | Probe thermometer temperature checking |
| <input type="checkbox"/> | Laser thermometer temperature checking |
| <input type="checkbox"/> | Chemical testing |
| <input type="checkbox"/> | Visual examination |
| <input type="checkbox"/> | Cold or hot storage equipment temperature checking |
| <input type="checkbox"/> | Completing required documentation |

Please add any comments or supporting information:

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8. Reporting unsafe work practices

Please indicate you have observed the student demonstrating the correct methods of REPORTING UNSAFE WORK PRACTICES

****Indicate the nature of an unsafe work practice identified and reported by the student

Select all that apply:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Food stored on the floor |
| <input type="checkbox"/> | Food handled incorrectly |
| <input type="checkbox"/> | Staff not washing hands when necessary |
| <input type="checkbox"/> | Staff not adhering to organisational procedures |
| <input type="checkbox"/> | Staff not conforming to food safety requirements |
| <input type="checkbox"/> | Staff handling food whilst sick |
| <input type="checkbox"/> | Other – please specify: |

Indicate the action taken by the student

Select all that apply:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Providing training to the person concerned |
| <input type="checkbox"/> | Discussed and corrected the unsafe work practice |
| <input type="checkbox"/> | Removed the hazard immediately |

Indicate the method of reporting used by the student

Select all that apply:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Reported verbally to management, supervisor or Food Safety Supervisor |
| <input type="checkbox"/> | Discussed unsafe work practice with staff member concerned |
| <input type="checkbox"/> | Completed an incident report |

Please add any comments or supporting information:

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9. Reporting food or hygiene hazards

Please indicate you have observed the student demonstrating the correct methods of REPORTING FOOD OR HYGIENE HAZARDS

****Indicate the nature of a food or hygiene hazard identified and reported by the student

Select all that apply:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Contaminated or unsafe food items |
| <input type="checkbox"/> | Waste which may contaminate food items |
| <input type="checkbox"/> | Dirty equipment or utensils |
| <input type="checkbox"/> | Equipment not working properly |
| <input type="checkbox"/> | Pests |
| <input type="checkbox"/> | Other – please specify: |

Indicate the action taken by the student

Select all that apply:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Took appropriate action to correct the issue |
| <input type="checkbox"/> | Separate non-conforming products |
| <input type="checkbox"/> | Removed contaminated food without delay |
| <input type="checkbox"/> | Disposed of faulty equipment or utensils |
| <input type="checkbox"/> | Took pest control measures |
| <input type="checkbox"/> | Reported chipped, broken or cracked utensils |

Indicate the method of reporting used by the student

Select all that apply:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Reported verbally to management, supervisor or Food Safety Supervisor |
| <input type="checkbox"/> | Discussed food or hygiene hazard with staff member concerned |
| <input type="checkbox"/> | Completed an incident report |

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Please add any comments or supporting information:

10. Reporting personal health issues

Please indicate you have observed the student demonstrating the correct methods of REPORTING PERSONAL HEALTH ISSUES

****Indicate the nature of a personal health issued identified and reported by the student

Select all that apply:

| | |
|--------------------------|-------------------------|
| <input type="checkbox"/> | Cold |
| <input type="checkbox"/> | Gastroenteritis |
| <input type="checkbox"/> | Vomiting |
| <input type="checkbox"/> | Diarrhoea |
| <input type="checkbox"/> | Fever |
| <input type="checkbox"/> | Cuts and infected skin |
| <input type="checkbox"/> | Other – please specify: |

Indicate the action taken by the student

Select all that apply:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Refrained from food handling tasks |
| <input type="checkbox"/> | Sought Doctors medical advice |
| <input type="checkbox"/> | Did not return to work until free from symptoms of illness |
| <input type="checkbox"/> | Disposed of contaminated food items |
| <input type="checkbox"/> | Cleaned and sanitised work area to prevent contamination |

Indicate the method of reporting used by the student

Select all that apply:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Called work to inform of illness and absence |
| <input type="checkbox"/> | Sent staff member home due to illness |

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| | |
|--------------------------|---|
| <input type="checkbox"/> | Reported verbally to management, supervisor or Food Safety Supervisor |
| <input type="checkbox"/> | Reported incidents of food contamination as a result of personal health issue |

Please add any comments or supporting information:

11. Personal hygiene

Please indicate you have observed the student demonstrating the correct methods of PERSONAL HYGIENE PRACTICES

****Indicate which personal hygiene practices you have observed the student demonstrating to prevent food contamination

Select all that apply:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Keeping hands and nails clean |
| <input type="checkbox"/> | Tying back their hair (if applicable) |
| <input type="checkbox"/> | Using a head covering when required |
| <input type="checkbox"/> | Covering cuts with organisation-approved bandages and dressings when required |
| <input type="checkbox"/> | Wearing clean and appropriate shoes and uniform |
| <input type="checkbox"/> | Not wearing jewellery in food preparation areas |
| <input type="checkbox"/> | Not wearing nail polish in food preparation areas |
| <input type="checkbox"/> | Not wearing hair accessories in food preparation areas |

Please add any comments or supporting information:

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12. Maintaining display units

Please indicate you have observed the student demonstrating the correct methods of controlling food hazards at the following point – DISPLAYING

****Indicate which methods the student demonstrated to ensure display units were not overloaded, and coils and air vents were not blocked.

Select all that apply:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Stacking products on appropriate display/storage shelves |
| <input type="checkbox"/> | Ensuring door were not blocked |

Indicate which methods the student demonstrated to ensure the temperature chain was not broken

Select all that apply:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Closing cool room doors on exit |
| <input type="checkbox"/> | Regularly checking the cool room temperature |
| <input type="checkbox"/> | Ensuring the cool room is in good working order |
| <input type="checkbox"/> | Ensuring the cool room was not overcrowded |

Please add any comments or supporting information:

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13. Cleaning practices

Please indicate you have observed the student demonstrating the correct methods of CLEANING PRACTICES

****Indicate an item you have observed the student clean in order to prevent food contamination and maintain a clean environment

Select all that apply:

| | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | Work bench |
| <input type="checkbox"/> | Blender |
| <input type="checkbox"/> | Meat slicer |
| <input type="checkbox"/> | Chopping board |
| <input type="checkbox"/> | Refrigerator |
| <input type="checkbox"/> | Pots and pans |
| <input type="checkbox"/> | Crockery, cutlery or glassware |
| <input type="checkbox"/> | Small utensils |
| <input type="checkbox"/> | Floor |

Indicate what was removed from the area or equipment

Select all that apply:

| | |
|--------------------------|--------------|
| <input type="checkbox"/> | Dirt |
| <input type="checkbox"/> | Food waste |
| <input type="checkbox"/> | Grease |
| <input type="checkbox"/> | Vermin waste |

Please indicate which personal protective clothing the student wore when performing the cleaning task

Select all that apply:

| | |
|--------------------------|--------------------|
| <input type="checkbox"/> | Covered shoes |
| <input type="checkbox"/> | Single use gloves |
| <input type="checkbox"/> | Apron |
| <input type="checkbox"/> | Hair net |
| <input type="checkbox"/> | Face mask |
| <input type="checkbox"/> | Protective goggles |

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Did the student use suitable cleaning products when cleaning, rinsing and sanitising the item?

☐

Yes

☐

No

Did the student follow dilution requirements and calculate ratios correctly to make up cleaning products?

☐

Yes

☐

No

Please add any comments or supporting information:

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14. Single use items

Please indicate you have observed the student demonstrating the correct methods of USE OF SINGLE USE ITEMS INCLUDING PACKAGING, DISPLAY AND DISPOSAL

****Indicate the single use items you have observed the student discard after use.

Select all that apply:

| | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | Disposable cutlery, plates or cups |
| <input type="checkbox"/> | Sachets |
| <input type="checkbox"/> | Napkins |
| <input type="checkbox"/> | Gloves |
| <input type="checkbox"/> | Hair nets |
| <input type="checkbox"/> | Wipes |

Please add any comments or supporting information:

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15. Thermometer use

Please indicate you have observed the student demonstrating the correct methods of THERMOMETER USE

****Indicate which methods for thermometer use you have observed the student demonstrating

Select all that apply:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Temperature checking goods on delivery |
| <input type="checkbox"/> | Temperature checking food being prepared |
| <input type="checkbox"/> | Temperature checking food on display |
| <input type="checkbox"/> | Temperature checking equipment |
| <input type="checkbox"/> | Cleaning and sanitising the thermometer prior to use |

Indicate which thermometer calibration method you have observed the student demonstrating

Select all that apply:

| | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Boiling water method (99 to 101 °C) |
| <input type="checkbox"/> | Ice method (-1 to 1 °C) |

Please add any comments or supporting information:

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16. Packaging and transporting goods

Please indicate you have observed the student demonstrating the correct methods of controlling food hazards at the following point – PACKING AND TRANSPORTING

****Indicate which methods for packaging and transporting goods you have observed the student demonstrating.

Select all that apply:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Checking packaging for damage and disposing of damaged products |
| <input type="checkbox"/> | Transporting goods safely from a delivery vehicle to storage |
| <input type="checkbox"/> | Packaging food in materials suitable for transporting |
| <input type="checkbox"/> | Disposing of foods due to damaged packaging |

Please add any comments or supporting information:

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17. Reading skills for food safety program documents

Please indicate which food safety program documents the student read and completed

Select all that apply:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Cleaning checklist |
| <input type="checkbox"/> | Temperature checklist |
| <input type="checkbox"/> | Incident report |
| <input type="checkbox"/> | Food delivery record |
| <input type="checkbox"/> | Hazard analysis or identification documents |
| <input type="checkbox"/> | Critical control point flow chart |

Please add any comments or supporting information:

18. Reading skills for food safety procedures

Indicate which food safety procedure documents the student read and followed

Select all that apply:

| | |
|--------------------------|------------------------------|
| <input type="checkbox"/> | Cleaning procedures |
| <input type="checkbox"/> | Safe food storage procedures |
| <input type="checkbox"/> | Hand washing procedures |
| <input type="checkbox"/> | Health and safety procedures |

Please add any comments or supporting information:

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Physical resources

Please confirm the student had access to the following physical resources during the time of observation:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Relevant documentation: <ul style="list-style-type: none"> ▪ Current plain English regulatory documents distributed by the national, state, territory or local government food safety authority ▪ Australia New Zealand Food Standards Code ▪ Current organisational food safety programs, policies and procedures used for managing food safety |
| <input type="checkbox"/> | Food ingredients and ready to eat food items |
| <input type="checkbox"/> | Fixtures: <ul style="list-style-type: none"> ▪ Commercial grade work benches ▪ Refrigeration unit ▪ Sink ▪ Storage facilities |
| <input type="checkbox"/> | Small equipment: <ul style="list-style-type: none"> ▪ Assorted pots and pans ▪ Containers for hot and cold storage ▪ Crockery ▪ Cutting boards ▪ Food handler gloves ▪ Knives ▪ Packaging materials ▪ Receptacles for presentation and display purposes ▪ Small utensils <ul style="list-style-type: none"> ○ Tongs ○ Serving utensils ▪ Temperature monitoring device |
| <input type="checkbox"/> | Appropriate facilities for handwashing: <ul style="list-style-type: none"> ▪ Designated hand washing sink ▪ Antiseptic liquid soap ▪ Single use towels ▪ Warm running water |

OBSERVER REPORT – SITXFSA002 PARTICIPATE IN SAFE FOOD HANDLING PROCEDURES

| | |
|---------------------------------|--|
| Observer Declaration | |
| I hereby declare the following: | |
| <input type="checkbox"/> | I confirm I have observed this individual completing the tasks listed in a work capacity or simulated environment as defined at the beginning of this form |
| <input type="checkbox"/> | I understand I may be contacted to authenticate and verify my responses |
| Date: | |
| Signature: | |

Final Instructions

Please give the completed document to the student for handing in to our Trainer / Assessor team.

We would like to thank you for your co-operation.

Please contact Regional Training Services Qld for support if required on (07) 5481 2486.