



## Session 5

### Participant Outcomes

#### Chapter 6 – No Action Plan.

1. The participant will explain the purpose of HACCP.
2. The participant will determine corrective actions to be taken to improve food safety in the foodservice operation.

### MATERIALS NEEDED FOR EACH PARTICIPANT

- Table tent with the participant's name on it to assign seating
- *Serving It Safe* for each participant
- A copy of the "Food Safety Checklist" (*Serving It Safe* pages 86-89)
- A copy of the Session Feedback Form (see *Instructor Guide* page 49)
- Pen or pencil for each participant

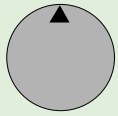
**Place a set of the materials at each assigned place before the session begins.**

### MATERIALS NEEDED FOR THE INSTRUCTOR

- *Serving It Safe* and *Instructor Guide*

## NOTES

## Time Schedule for Session 5



Approximately 1 hour

### Serving It Safe

Section Title	Page(s)	Time Estimate
Introduction	No page numbers	<10 minutes
<b>Chapter 6</b>	<b>91-101</b>	<b>35 minutes</b>
What is HACCP?	92-93	10 minutes
How can the HACCP principles	93-100	20 minutes
How can employees be trained	100	<5 minutes
<b>Closing Activity-Food Safety Checklist</b>	<b>86-89</b>	<b>15 minutes</b>

## NOTES

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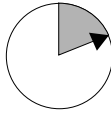






## NOTES

## Chapter 6 Closing Activity



10-15 minutes

## Participant Outcomes

1. The participant will explain the purpose of HACCP.
  2. The participant will determine corrective actions to be taken to improve food safety in the foodservice operation.
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1. Objective 1: Pair participants together and ask them to come up with a short explanation of HACCP that they could use if asked by another professional to explain it. Allow participants to discuss their explanation and then call on several participants to share their explanation.
  2. Objective 2: Ask participants to turn to their completed “Food Safety Checklist” handout (*Serving It Safe* pages 86-89). Everyone should have the completed form and should have already determined *corrective actions* that should be taken. Lead a discussion to facilitate participants using their new knowledge and skills as they discuss problems identified and the appropriate corrective actions that should be used.
 

Some school districts may collect the completed “Food Safety Checklists” and use them for documentation of participation in the training session. If this is done, the completed “Food Safety Checklists” should be returned to the participants to allow them to implement corrective actions. Implementation will be enhanced if the school district director or another person can use the “Food Safety Checklists” and work with each participant to provide follow-up after the session.
  3. **Summary** – Bring the discussion of Chapter 6 and the entire training program to a close using the summary comments.
  4. **Session Feedback Form** (*Instructor Guide* page 49) – Distribute a Session Feedback Form to each participant. Read aloud each item, explaining the response options. Allow participants to complete the form independently. Designate a table where participants place their completed forms as they leave.

## Serving It Safe SESSION FEEDBACK FORM

Date \_\_\_\_\_ School \_\_\_\_\_

**Part 1.** Please respond to items 1-5 below. Circle the number to indicate your level of agreement with each item. If you **Completely Disagree**, circle 1, on the left. If you **Completely Agree**, circle 4, on the right. If your opinion is somewhere in between, circle 2 or 3.

	Completely Disagree	Disagree	Agree	Completely Agree
1. What I learned will be useful to me.	1	2	3	4
2. The Instructor presented the material in a way I could understand.	1	2	3	4
3. The practice activities helped me to understand the material.	1	2	3	4
4. I have completed the Action Plan for the lesson(s) and will use it to make changes in my foodservice facility.	1	2	3	4
5. I learned some ways to improve food safety in my facility.	1	2	3	4

**Part 2.** Please answer the following questions.

6. What information discussed in this session will be most useful in your own foodservice?

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7. Are there food safety topics you would like to know more about? Please describe in the space below.

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After completing this form, place it on the table designated by the Instructor.  
*Thank you for participating in this training session.*