

FOOD SAFETY EMPLOYEE – LEVEL 1

Date _____

Please take a moment to tell us about your experience:

How did you hear about the Program?

___ Work/Supervisor

___ Flyer, Brochure, Website

___ Health Department

___ Other, _____

☐ Work/Supervisor
☐ Flyer, Brochure, Website
☐ Health Department
☐ Other, _____

Tell about something new you learned in the program.

What are you willing to be vocal about with respect to food safety in your workplace?

| | | | | | | | | | |
|---|---|---|---------|---|---|---|-------------|---|----|
| Please circle the number that reflects your overall experience. | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Low | | | Average | | | | Outstanding | | |

| | | | | | | | | | |
|-----|---|---|---|---------|---|---|-------------|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Low | | | | Average | | | Outstanding | | |



Participant Evaluation

TM

What is your Race?
(Please select all that apply)

☐ American Indian or
Alaska Native

☐ Asian

☐ Black/African American

☐ Native Hawaiian/Pacific
Islander

☐ White/Caucasian

☐ Other, _____

☐ American Indian or
Alaska Native
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Pacific
Islander
☐ White/Caucasian
☐ Other, _____

What is your Ethnicity?

_____ Hispanic/Latino

_____ Non-Hispanic/Non-Latino

____ Hispanic/Latino
____ Non-Hispanic/Non-Latino

Sex: _____Female
 _____Male



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES

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INSTRUCTOR'S NAME:

Food Safety Employee – Level 1

| Please circle the number that best describes your agreement with each statement. | Strongly Disagree | Disagree | Agree | Strongly Agree |
|--|-------------------|----------|-------|----------------|
| I learned new information from this program. | 1 | 2 | 3 | 4 |
| I plan to use the information I learned in this program. | 1 | 2 | 3 | 4 |
| I am confident I can make changes recommended in this program. | 1 | 2 | 3 | 4 |
| I plan to make a change within 1 month. <i>Please describe the changes you plan to make (if any) within the next month.</i> | 1 | 2 | 3 | 4 |
| I plan to make a change within 6 months. <i>Please describe the changes you plan to make (if any) within the next 6 months.</i> | 1 | 2 | 3 | 4 |

| The following statements are about the instructor. The instructor: | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|--|-------------------|----------|---------|-------|----------------|
| 1. Was well prepared. | 1 | 2 | 3 | 4 | 5 |
| 2. Was interested in helping me. | 1 | 2 | 3 | 4 | 5 |
| 3. Showed respect for all persons attending the program. | 1 | 2 | 3 | 4 | 5 |
| 4. Stimulated me in wanting to learn. | 1 | 2 | 3 | 4 | 5 |
| 5. Answered questions clearly. | 1 | 2 | 3 | 4 | 5 |
| 6. Related program content to real-life situations. | 1 | 2 | 3 | 4 | 5 |
| 7. Gave clear explanations. | 1 | 2 | 3 | 4 | 5 |
| 8. Held my attention. | 1 | 2 | 3 | 4 | 5 |
| 9. Presented information that will help me. | 1 | 2 | 3 | 4 | 5 |

Please share any other comments about the class or instruction:

Thank you!