

**ServSafe – Post Survey**

Instructor/Proctor: \_\_\_\_\_

County: \_\_\_\_\_

Date of Training/Exam (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Exam Session #: \_\_\_\_\_

Did you attend a Purdue Extension ServSafe Training before taking the ServSafe Proctored Exam?

\_\_\_ Yes (continue to question #1)

\_\_\_ No (please skip ahead to question #4)

 1. As a result of this training, how much **NEW** information did you learn?

	None at all	A little	A moderate amount	A lot	A great deal
Foodborne illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forms of contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal hygiene (handwashing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring time and temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchasing and receiving principles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The flow of food: Preparation (prep, cooking, cooling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The flow of food: Service (holding and serving)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety management systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe facilities and pest management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning and sanitizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. As a result of this training, do you intend to apply the following practices to your work?

	Yes	No	I already do this
Recommended handwashing practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take steps to reduce cross contamination risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use proper time and temperature controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess areas for activities that risk microbial contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. We will be sending a short follow-up survey in three months to see how you are applying some of today's concepts.

What is a good email address for us to send that survey to you? \_\_\_\_\_@\_\_\_\_\_

4. What is your gender?

- Male  
 Female  
 Not Listed: \_\_\_\_\_  
 Prefer not to answer

6. What is your race?

- White  
 Black or African American  
 American Indian or Alaskan Native  
 Asian  
 Native Hawaiian or Other Pacific Islander  
 Some other race  
 Two or more races  
 Prefer not to answer

7. What is your age?

- Under 18  
 18 – 29  
 30 – 39  
 40 – 49  
 50 – 59  
 60 – 69  
 70+ years  
 Prefer not to answer

5. What is your ethnicity?

- Hispanic  
 Non-Hispanic  
 Prefer not to answer

8. Is this your first experience with ServSafe? (select all that apply)

- First time attending training   
  First time taking exam   
  No, I have completed training and/or exam before

Thank you for completing the survey. Your feedback is greatly appreciated.