



Food Safety Supervisor Portfolio of Evidence

SITXFSA201 Participate in safe food handling practices
 SITXFSA101 Use hygiene practices for food safety

Student name:	
Name of workplace:	
Email:	
Phone number:	

Instructions to the Student:

By completing the assessments tasks in this booklet you should be able to demonstrate the required level of knowledge and skills for the Food Safety Supervisors certificate.

Each of the tasks assess a different part of the Units of competency - SITXFSA201 Participate in safe food handling practices and SITXFSA101 Use hygiene practices for food safety. It is therefore essential that all tasks are completed in full and to the standard required to demonstrate competency.

Please ensure that the following tasks have been completed and included in your portfolio:

Assessment tasks completed <i>(Please tick if you have completed)</i>	
A) <i>Risk management</i>	<input type="checkbox"/>
B) <i>Temperature Control Record</i>	<input type="checkbox"/>
C) <i>Maintenance schedule</i>	<input type="checkbox"/>
D) <i>Self-Assessment checklist and third party report</i>	<input type="checkbox"/>
<i>Attach a copy of the students ID – drivers licence or other</i>	<input type="checkbox"/>
<i>Attach a copy of the observers CV and/or Food Safety Certificate</i>	<input type="checkbox"/>

Instructions to the observer

We are seeking evidence to support the assessment of skills in the workplace. This portfolio of evidence provides documented workplace observations, which have occurred on multiple occasions under a variety of conditions.

Observer Requirements:

You must ensure that the student has been provided with the required equipment to perform these tasks safely.

You must have current food industry skills and knowledge. Please attach a copy of your certificate.

You must have a minimum of 12 months food industry experience.

Observer details

Observers name:	
Relationship to student	
Email:	
Phone number:	
Period of observation	From -----/-----/----- To -----/-----/-----

The information you provide in this report forms as important part of the assessment for this student.

It is critical that the examples provided are accurate and as detailed as possible.

Thank you for your assistance.

Portfolio of Evidence

A portfolio is a collection of materials prepared by students to demonstrate their knowledge, skills and understanding.

Complete each of the 4 documents below – A to D

A. Risk management task

Task - If you use raw eggs in your business complete the Raw Egg Use Inspection Checklist below

Instructions to the student:

- Use the checklist to conduct an inspection of your workplace.
- Read through each process control point and assess whether your workplace does or does not demonstrate each process control.
- If your inspection finds evidence of the control happening in your workplace, tick the 'Yes' box
- If you find evidence that the control is not happening in your workplace, tick the 'No' box.
- If the control is not applicable to your business, tick the 'Not applicable' box.

This checklist will give you a clear picture of where improvements can be made in the purchase, storage and handling of raw egg products

ACTION	Process Control	Yes	No	Not Applicable
ASK a QUESTION	Food preparation staff are aware that using pasteurised egg products is a safer alternative to using raw egg.			
LOOK	Eggs are clean - no visible cracks, dirt, faeces and/or feathers			
LOOK	Egg Suppliers' business details are recorded			
LOOK	The Best Before date is provided by the supplier or stamped on eggs			
LOOK	Each egg is individually stamped with a unique identifier which provides for traceability in the event of an outbreak			
LOOK	Eggs are stored in a cool dry place			
LOOK	Egg cartons are clean and have not been reused			
LOOK	Eggs are stored away from cooked foods			

LOOK	Eggs are stored separately from other raw foods			
LOOK	A designated hand washing facility is available and easily accessed by food handlers.			
LOOK	Food preparation staff wash their hands with warm running water and soap, dry hands with paper towel or air dryer before starting preparation of egg products			
LOOK	Food preparation staff demonstrate good personal hygiene - clean clothes, apron, hair net or cap, staff are in good health, wash hands regularly.			
LOOK	An egg separator is used to separate eggs.			
TEST the ACIDITY	Raw egg dishes are acidified to a pH 4.2 or lower or else discarded within 4hrs.			
CHECK the RECORDS	Raw egg dishes are made fresh daily if acidified or made to order and consumed immediately if not acidified.			
TEST/CHECK the RECORDS	Raw egg dishes are stored and displayed under temperature control or there is documented evidence of compliance with the 4hr/2hr rule.			
TEST the SKILL	Staff can demonstrate the correct use of the thermometer to measure the temperature of potentially hazardous foods being stored or displayed.			
LOOK	Raw egg dishes are dated and stored appropriately to prevent cross contamination.			
LOOK	Premises, fixtures, fittings and equipment are visibly clean.			
LOOK/Check the RECORDS	Surfaces and equipment which come into contact with food are sanitised using: Heat over 77°C OR Chemical OR Heat and Chemical			

LOOK/TEST the SKILL	Staff can demonstrate effective sanitising and the correct dilution, application and use of a chemical sanitiser?			
LOOK/TEST the SKILL	The workplace displays posters or other visual information about the dangers of using raw eggs and the connection with Salmonella poisoning			
Record – the corrective actions you will take to ensure food safety				

B. Temperature Control Record

Complete the following table to record temperatures over a 2 week period. For each area, record the temperature twice each day at times to meet business activity.

Date of Week commencing:										
Area		Temperature (°C)							Corrective action	Initials
		M	T	W	T	F	S	S		
Coolroom/ refrigerator	AM									
	PM									
Freezer	AM									
	PM									
Display/ Serving	AM									
	PM									

Date of Week commencing:										
Area		Temperature (°C)							Corrective action	Initials
		M	T	W	T	F	S	S		
Coolroom/ refrigerator	AM									
	PM									
Freezer	AM									
	PM									
Display/ Serving	AM									
	PM									

Attach a copy of calibration records from your workplace recorded in the last 6 months.

C. Maintenance schedule

Instructions to the student:

1. In your workplace use the Schedule below to assess each item and determine if maintenance is **Satisfactory (S)** or **Unsatisfactory (U)**
2. If an item is found **Unsatisfactory** write in the 'Corrective action' column the action needed to correct the item.

Item	S/U	Corrective action/Comment
Food Preparation Area		
Ceiling, walls and floors free from cracks and other signs of damage		
Food preparation benches free from rust, damage and deterioration		
All equipment free from rust, damage and deterioration – no exposed wood present		
Lights above preparation area covered		
All sinks (including hand washing) accessible and in working order		
Other fitting and fixtures in good condition and in working order		
Coolroom/Fridge/Freezer/Ice Room		
Walls, floors and ceiling clean and in good condition		
Shelving free from rust and kept cleaned		
Lights covered		
Seals clean and in good condition		
Cooling units free from rust and corrosion		
Storage Areas		
Chemicals stored separately to food and packaging material		
All food and packaging material stored in a manner to prevent contamination		

Staff Amenities (e.g. toilets, staff rooms)		
Staff amenities kept clean and tidy, perform waste disposal		
Hand washing facilities accessible and in good order		
Pest Control		
No sign of pest within processing area, storage area or staff amenities		
Rodent and insect bait stations maintained and correctly situated		

D. Self-Assessment Checklist and Third party report

The Self - Assessment Checklist must be completed and signed by yourself and a third party.

The Third Party must be either the proprietor of the business or a person who understands the role of the Food Safety Supervisor and the business you work in. They must be prepared to complete the comment section of the report and provide full contact details as outlined at the bottom of the report.

All sections of the checklist must be completed and signed and submitted as part of your portfolio of evidence.

KEY: Indicate if the following Action is ✓ = occurring, X = not occurring.

Requirements	Occurring/ Not occurring	List 1 or 2 examples of how this requirement is occurring in the workplace (Must be completed for all)	Action taken, if requirement not occurring	Timeframe for action taken
1. I promptly communicate food safety problems and situations and rectify and/or report to relevant staff.				
2. I read and follow all policies, procedures and guidelines to support compliance within food safety practices and identify control points critical to food safety.				

<p>3. I ensure that potentially hazardous food is stored under temperature control: food receipt, storage, display and transport; 5°C or below, 60°C or above. Frozen food is hard frozen</p>				
<p>4. I promptly identify food safety problems or situations to maintain product and raw materials within required time and temperature limits</p>				
<p>5. I encourage staff to take responsibility to manage themselves and others (where required) to ensure safe food practices including personal health issues are followed</p>				
<p>6. I support staff to make appropriate decisions to maintain food compliance within their level of responsibility and where required to inform the FSS to take action</p>				
<p>7. I calibrate, use and clean temperature probe equipment, check for faults and accurately calculate timings</p>				
<p>8. I store, provide and display single use items such as disposable gloves and serviettes in an appropriate manner</p>				
<p>9. I monitor cleaning and sanitising procedures to ensure safe food and avoid cross contamination.</p>				

10. I monitor waste management procedures to avoid cross contamination.				
11. I ensure personal hygiene procedures are followed by all staff including; wearing appropriate PPE, washing hands, wearing organisation approved bandages and wearing gloves as required.				
12. I monitor all staff to ensure they present to and from work in a clean and hygienic manner at all times.				
13. Procedures are followed by all staff to prevent direct contact with food and prevent cross-contamination eg. Staff wear gloves, aprons/uniforms				
14. Equipment such as crockery, eating utensils or food handling equipment that is chipped, broken or cracked is disposed of to ensure it does not re-enter the workplace				
15. Food that is unsuitable or unsafe is isolated and disposed of according to regulation requirements.				
16. I use appropriate language and concepts to communicate with staff and customers about allergen management.				

Observer comments / additional comments

I verify that I have observed this staff member consistently demonstrate satisfactory practice, appropriate to their level of responsibility and in line with store policy.

Observer signature _____ date ____ _

Students signature _____ date ____ _

Note: The CFT trainer/assessor may contact you to clarify aspects of this report.

Assessment result:	Satisfactory	Unsatisfactory	
Feedback to the student:			
Assessor name:		Assessor signature:	
		Date:	

Once you have completed this Portfolio of Evidence please scan and save a copy of your work as a single PDF document, the email to the assessor at support@cft.com.au

For further information or support please contact us at support@cft.com.au or alternatively you can call us on 1300 665 633 during business hours.