



Food Safety First Principles for Food Handlers Candidate Feedback Form

Your feedback will be kept confidential and is used for educational purposes only.

Your Name: _____ Candidate Scantron Barcode Number: _____

Trainer Name: _____

Date of Training/Exam: _____

On a scale from 1-10, with 10 being the best, please rate your satisfaction with the following:

The content was organized and easy to follow:

1 2 3 4 5 6 7 8 9 10

The trainer was knowledgeable about the training topics:

1 2 3 4 5 6 7 8 9 10

Participation and Interaction were encouraged during the training:

1 2 3 4 5 6 7 8 9 10

The trainer was well prepared:

1 2 3 4 5 6 7 8 9 10

Please check YES or NO for the following:

Trainer was present at all times during the exam. YES NO

Trainer allowed the use of notes during the exam. YES NO

Trainer provided answers during the exam/training. YES NO

Examinees were allowed to talk during the exam. YES NO

Please note any other comments and/or suggestions about your trainer and/or exam questions:

Submit your feedback to your Approved Program Provider or to National Registry of Food Safety Professionals via:

Email: ExamSecurity@nrfsp.com

Fax: 407-226-3500