State Standardized Food Program Training Officer Maintenance Form

Note: Maintenance is only required on odd-numbered years (2015, 2017, etc…)

Name: _____

Agency: _____

OHA Standardization Issue Date: _____

OHA Standardization Expiration Date: _____

To Maintain Your Standardization:

1.   Attend at least one FDA or OHA food-related training

Examples of appropriate training include: New EHS Orientation, OHA Fall Food Conference, OHA Regional Meetings, OR-Epi, FDA Regional Conference and OEHA AEC. If a training is not on this list, please submit the agenda to Valerie Aliski for approval.

Name of Training: _____

Date Attended: _____

Location: _____

2.   Conduct and document Standardization exercises

Each State Standardized Training Officer is required to standardize at least one uncertified FOOD program inspector; or conduct at least two STANDARDIZATION exercises with another county STANDARD, alternating the lead role for the PIC interview and exercise in the facility.

List all new and re-standardizations in chart below.

Name	Agency	Date Completed / Location

3.   Provides food safety training and/or conducts Risk Control Plans

Accomplishes and documents at least 1 of the following activities; assists FOOD ESTABLISHMENTS in the development of RISK CONTROL PLANS (RCP) and/or conducts or coordinates training courses related to the FOOD protection program. Two examples of appropriate training courses would be food handler or food manager courses. A class type can only be used once for this requirement, even if the classes are offered and taught frequently.

List training courses given and/or Risk Control Plans conducted in past year:

Class/Facility Name	Agency	Date / Location

If necessary, provide additional information on any other activities that would demonstrate a routine engagement in retail food protection program work. Information might include activities such as consultative, technical assistance or coordination services provided to consumers, private industry or city/county regulatory authorities.

Type of Activity	Consumer/Industry/Agency	Date / Location

See Chapter 3, part 4 in the Certification Procedures for more details.

--Enclose all completed standardization field exercise forms and risk control plans--

Date submitted: _____

Signature: _____

-------------------------------**FOR OFFICE USE ONLY**--------------------------------

Date received: _____

Standardization Correctly Maintained?   ☐ **Yes**   ☐ **No**

Signature of OHA Standard: _____

Printed Name of OHA Standard: _____