

PELAKSANAAN PENILAIAN PRESTASI MENGIKUT CU

NAMA PB / KOD PB	:	
TAJUK NOSS	:	PENYEDIAAN & PEMBUATAN MAKANAN
KOD NOSS	:	HT-012-3:2012

BIL	DILENGKAPKAN OLEH PUSAT BERTAULIAH (PB)					PENILAIAN PANEL	
	Nama CU	Nama WA	Tindakan / bagi WA Yang Hendak Dilaksanakan Secara Dalam Talian	Performance Criteria	Assessment Criteria	Setuju (/) Tidak Setuju (X)	Catatan (Jika Tidak Bersetuju)
1	Hygiene, Safety and Food Handling Verification	1. Verify hygiene activities in the kitchen.		1. Hygiene activities in the kitchen adhered in accordance with Health Ministry, local authorities' requirements and company Standard Operating Procedure (SOP). 2. Types and method of hygiene activities checklist inspection determined. 3. Hygiene activities in the kitchen inspected. 4. Immediate feedback provided.	1. HACCP application in the kitchen determined. 2. Steps in implementing and verifying hygiene activities identified. 3. Hygiene requirements are checked and executed. 4. The hygiene records are updated, kept in order and confirmed.		
		2. Verify safety activities in the kitchen		1. Safety activities in the kitchen adhered in accordance with Health Ministry requirement, company Standard Operating Procedure (SOP) and Industrial Ministry rules and regulation. 2. Types and method of safety activities checklist inspection determined. 3. Safety activities in the kitchen inspected. 4. Immediate feedback provided.	1. Criteria of safe work place identified. 2. Steps in preventing cuts applied. 3. Steps in preventing burns and dealing with fire adhere. 4. Steps in preventing injuries from machine and equipment applied. 5. Steps in preventing falls adhered. 6. Steps in preventing strains and injury from lifting applied.		
		3. Verify hygiene and safety in food handling production activities		1. Hygiene and safety in food handling production activities in the kitchen adhered in accordance with Health Ministry requirement and company Standard Operating Procedure (SOP) 2. Types and method of hygiene and safety in food handling production activities checklist inspection determined. 3. Hygiene and safety in food handling production activities inspected. 4. Immediate feedback provided.	1. Importance of records on hygiene and safety in food handling production activities identified. 2. Hygiene and safety steps, process and procedures in food handling production activities identified. 3. Types of forms, checklists and documentation for record keeping determined. 4. Suitable filing system used for record keeping chosen. 5. Record keeping update for hygiene and safety in food handling applied.		

		4. Carry out hygiene, safety and food handling corrective action		1. Corrective action performed to rectify any unconformity to the standard set in accordance with Health Ministry requirement and company Standard Operating Procedure (SOP). 2. Types of hygiene, safety and food handling production corrective action determined. 3. Hygiene, safety and food handling production activities inspected and immediate feedback provided. 4. Corrective action for hygiene, safety and food handling production proposed.	1. Food items classification determined. 2. Faults in hygiene, safety and food handling production applied. 3. Hygiene, safety and food handling corrective action carried out. 4. Documentations and checklist update on hygiene, safety and food handling corrective actions applied.		
		5. Maintain Hygiene, Safety and Food handling verification document		1. Documentation updated in accordance with company Standard Operating Procedure (SOP). 2. Types of daily and monthly verification summary report determined. 3. Daily and monthly verification summary report filled, updated and compiled. 4. Daily and monthly verification summary report submitted to superior	1. Types of forms, checklists and documentation for record keeping identified. 2. Suitable filing system used for record keeping interpreted. 3. Record keeping, updates and maintaining are executed.		
2	Food Production Quantity and Quantity Control						
3	Catering Coordination						
4	Supervisory Administrative Function						

Sila gunakan helaian tambahan jika ruangan yang disediakan tidak mencukupi.

ULASAN KESELURUHAN PANEL PENILAI		
ULASAN PANEL 1	ULASAN PANEL 2	ULASAN PANEL 3
<p>.....</p> <p>Nama : No.KP : Tarikh</p>	<p>.....</p> <p>Nama : No.KP : Tarikh :</p>	<p>.....</p> <p>Nama : No.KP : Tarikh :</p>

CATATAN URUSETIA (JIKA ADA)
<p>Bilangan WA yang dipersetujui Panel :</p> <p>Bilangan WA yang tidak dipersetujui Panel :</p>