College of Agriculture, Food and Environment
Cooperative Extension Service

FSIC Food Systems Innovation Center

We Need Your Feedback

Kentucky Produce Best Practices Producer Evaluation

*Please indicate how useful the training was today by circling **ONE** number for questions 1-11.*

1) The material in **Module 1: Preview of food safety programs and microbiology** section will be

Less useful			Somewhat useful				Very useful	
1	2	3	4	5	6	7	8	9

2) The material in **Module 2: Manure Use** section will be

Less useful			Somewhat useful				Very useful	
1	2	3	4	5	6	7	8	9

3) The material in **Module 3: Water and Wildlife** section will be

Less useful			Somewhat useful				Very useful	
1	2	3	4	5	6	7	8	9

4) The material in **Module 4: Worker Hygiene and Health** section will be

Less useful			Somewhat useful				Very useful	
1	2	3	4	5	6	7	8	9

5) The material in **Module 5: Equipment Sanitation and Post-Harvest Handling** section will be

Less useful			Somewhat useful				Very useful	
1	2	3	4	5	6	7	8	9

6) The material in **Module 6: Farm Food Safety Plan, Records and Traceability** section will be

Less useful			Somewhat useful				Very useful	
1	2	3	4	5	6	7	8	9

7) The material in **Module 7: FSMA Overview** section will be

Less useful			Somewhat useful				Very useful	
1	2	3	4	5	6	7	8	9

8) The overall material in the **Kentucky Produce Best Practices Training** for my plans will be

Less useful			Somewhat useful				Very useful	
1	2	3	4	5	6	7	8	9

9) The **amount of the material** for the time allowed was

Too little			About right				Too much	
1	2	3	4	5	6	7	8	9

10) How **well did your agent/trainer present** the KY Produce Best Practices information?

Poorly				Adequate				Great
1	2	3	4	5	6	7	8	9

Please continue to the other side of the evaluation

11) After attending the training, how **confident do you feel about addressing/reducing** the biggest food safety risk to fresh produce on your farm?

Less Confident			Somewhat Confident				Very Confidetn	
1	2	3	4	5	6	7	8	9

12) The **key resource(s)** I feel I still need is…

13) The **best way(s) to improve** the training would be to…

14) The **things I liked most** about the training were…

Background

We would like to ask for your cooperation as we try and track the food safety growth and development of Kentucky Produce Best Practices graduates. The information you provide will be in confidence.

15) How many times have you contacted **Food Systems Innovation Center** for information in the past 6 months?

_____

16) How many times have you contacted the **Kentucky Health Department** for information in the past 6 months?

_____

17) Please indicate if you had sales to any of these entities last year (*check all that apply*).

☐ Restaurant ☐ Grocery ☐ Wholesale ☐ Food-service

☐ Farmers' Market ☐ Auction ☐ Other _____

18) Are you interested in receiving additional information from the University of Kentucky **Food Systems Innovation Center**? (*Please check either YES or NO*)

☐No ☐Yes

19) Can we send you a **½ page follow-up survey** in about 6 months? (*Please check either YES or NO*)

☐No ☐Yes

20) If you answered **YES** above, please provide the following information:

Name: _____ Phone Number: _____

Email address: _____

Mailing address: _____

Thank you!