

Master Food Safety Advisor Volunteer Activity Record

Send completed form to Ada County Extension, 5880 Glenwood St., Boise, ID 83714, fax to 208-287-5909, or email to smartinez@uidaho.edu

Volunteer Name: _____ County: _____ Activity Month: _____

ACT	Date	Event	Name of Client Address/Phone	Question(s)	Type of Question S/Q/O	# of Participants				Race Totals	Disabled	Method	Resource	Time Spent
						M	F	Y	A					
		Totals												

ACT #: 1. Individual face-to-face consultations
 2. Telephone or other non-face to face
 3. Meeting (conference, workshop, clinic, school)

4. Tours, field days, & demonstrations
 5. Fairs, shows, and exhibits
 6. Planning, preparing, organizing

Type of Question: S – Safety
 Q – Quality
 O – Other

Participants: M – Number of Males Y – Number Youth
 F – Number of Female A – Number of Adults

Race & Ethnicity: A – Asian H – Hispanic
 B – Black N – Native American
 C – Caucasian

Method: P – Pressure Canning
 B – Boiling Water Canning
 D – Dehydration
 FS – Food Storage
 S – Safety
 O – Other