**DATA SHEET**

**For Extramural Food Hygiene Training - Semester 11**

|  |  |
| --- | --- |
| **Student’s name:** |  |

|  |  |  |
| --- | --- | --- |
| I (the undersigned), |  | practice supervisor certify |
| that the student has completed the task at the indicated time during my supervision. |

|  |  |  |
| --- | --- | --- |
| ***Task*** | **Place of training** | **Period/Time of training** |
| 1 | Meat inspection at slaughterhouse |
| 1.1. Swine and/or cattle |  |  |
| 1.2. Any other slaughter animal |  |  |
| 2 | Food safety control of a site of primary production (farm) |  |  |
| 3 | Registration and approval of a food processing establishment and the official control of it |  |  |
| 4 | Official control of the transport and wholesale storage of foodstuffs |  |  |
| 5 | Official control of the retail marketing of foodstuffs  |  |  |
| 6 | Official control of catering establishments |  |  |
| 7 | Official control of small-scale food production, processing, and marketing |  |  |

1. The fulfilment of point 1 is obligatory according to the following schedule. The respective training period is at least one week, out of which minimum 3 days must be accomplished in a pig and/or cattle slaughterhouse.

2. Tasks indicated under points 2-7 are selectable, but it is compulsory to cover at least 70% of those tasks (means minimum of 4 tasks).

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  |  |  |
|  |  |  | Supervisor’s signature |

**Certificate**

I ………………………………………………………………… (name of supervisor) hereby certify that ……………………………………………………………...(name), 11th semester student of veterinary medicine has completed his/her

* farm animal medicine
* equine medicine
* small animal medicine
* laboratory diagnostics
* food hygiene / state veterinary medicine practice\*

at…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….. (name and address of institution) from …………………………202… to ……………………..202… (date) fulfilling at least the 70% of the requirement list.

Suggested practical grade: …..

Personal comments (optional):

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Date: ……………………………….. ………………………………………

supervisor’s signature

*\* please underline*