Aging and Disability Services Division (ADSD) Food Safety Tutorial Exam – Answer Sheet

Please Pri	nt C	learl	y													
Name (First/Last):					Date:											
Organization:																
Mailing Address:																
Manager's	Nam	ie:														
Fill in the circle that corresponds to your answer for each question of the ADSD Food Safety Tutorial. Each question has an answer that is most correct.																
	Α	В	С	D	ļ.,		Α	В	С	D	1		Α	В	С	D
1	0	0	0	0		16	0	0	0	0		31	0	0	0	0
2	0	0	0	0		17	0	0	0	0		32	0	0	0	0
3	0	0	0	0		18	0	0	0	0		33	0	0	0	0
4	0	0	0	0		19	0	0	0	0		34	0	0	0	0
5	0	0	0	0		20	0	0	0	0		35	0	0	0	0
6	0	0	0	0		21	0	0	0	0		36	0	0	0	0
7	0	0	0	0		22	0	0	0	0		37	0	0	0	0
8	0	0	0	0		23	0	0	0	0		38	0	0		
9	0	0	0	0		24	0	0	0	0		39	0	0		
10	0	0	0	0		25	0	0	0	0		40	0	0		
11	0	0	0	0		26	0	0	0	0		41	0	0		
12	0	0	0	0		27	0	0	0	0		42	0	0		
13	0	0	0	0		28	0	0	0	0		43	0	0		
14	0	0	0	0		29	0	0	0	0		44	0	0		
15	0	0	0	0		30	0	0	0	0		45	0	0		
E-mail the	E-mail the completed answer sheet to the ADSD Nutrition Program Coordinator:															
	LIXII	LRiley@adsd.nv.gov									Revised 1/7/2022					
ADSD Use Date Receiv			Score: upletion Mailed (if applicable):									: 🗆	Yes		No	