



Germ City Program Delivery Report

Date of Delivery: _____ Hours of Delivery _____

Location: _____

Type of program:

| School: | Fair: | Other: (specify) |
|------------------------------------|---|-------------------------|
| <input type="radio"/> Elementary | <input type="radio"/> Health, Family Resource | |
| <input type="radio"/> Middle | <input type="radio"/> County | |
| <input type="radio"/> Other: _____ | <input type="radio"/> Other: _____ | |

Delivery Team: _____

Number Participants:

| | |
|---------------------|----------------------|
| Youth: _____ | Adults: _____ |
|---------------------|----------------------|

Evaluation tool used? Yes No

Evaluation results

| Time to Wash Hands | Number in Category |
|---------------------------------|---------------------------|
| After coughing and sneezing | |
| After playing/working outside | |
| Before preparing or eating food | |
| After using the restroom | |
| After playing with pets | |
| Nothing | |

Comments about delivery:

Please send report to:

Sandra M. McCurdy
 Extension Food Safety Specialist
 School of Family and Consumer Sciences
 University of Idaho
 PO Box 3183 (103C Niccolls Building)
 Moscow, ID 83844-3183
smccurdy@uidaho.edu
 Phone 208 885-6972; Fax 208 885-5751