

STUDENT NUMBER           Letter

# VCE VET HOSPITALITY: KITCHEN OPERATIONS

## Written examination

Tuesday 31 October 2023

Reading time: 9.00 am to 9.15 am (15 minutes)

Writing time: 9.15 am to 10.45 am (1 hour 30 minutes)

### QUESTION AND ANSWER BOOK

#### Structure of book

Section	Number of questions	Number of questions to be answered	Number of marks
A	25	25	25
B	17	17	95
			Total 120

- Students are permitted to bring into the examination room: pens, pencils, highlighters, erasers, sharpeners, rulers and one scientific calculator.
- Students are NOT permitted to bring into the examination room: blank sheets of paper and/or correction fluid/tape.

#### Materials supplied

- Question and answer book of 15 pages
- Answer sheet for multiple-choice questions

#### Instructions

- Write your **student number** in the space provided above on this page.
- Check that your **name** and **student number** as printed on your answer sheet for multiple-choice questions are correct, **and** sign your name in the space provided to verify this.
- All written responses must be in English.

#### At the end of the examination

- Place the answer sheet for multiple-choice questions inside the front cover of this book.

**Students are NOT permitted to bring mobile phones and/or any other unauthorised electronic devices into the examination room.**

## SECTION A – Multiple-choice questions

### Instructions for Section A

Answer **all** questions in pencil on the answer sheet provided for multiple-choice questions.

Choose the response that is **correct** or that **best answers** the question.

A correct answer scores 1; an incorrect answer scores 0.

Marks will **not** be deducted for incorrect answers.

No marks will be given if more than one answer is completed for any question.

## SECTION B

### Instructions for Section B

Answer **all** questions in the spaces provided.

**SAMPLE**  
Number of questions and mark allocations  
may vary from the information indicated.



STUDENT NAME:

JOHN STUDENT

STUDENT NUMBER

9	9	1	2	3	4	5	6	A
0	0	0	0	0	0	0	0	
1	1		1	1	1	1	1	E
2	2	2		2	2	2	2	F
3	3	3	3		3	3	3	G
4	4	4	4	4		4	4	J
5	5	5	5	5	5		5	L
6	6	6	6	6	6	6		R
7	7	7	7	7	7	7	7	T
8	8	8	8	8	8	8	8	W
		9	9	9	9	9	9	X

INSTRUCTIONS:



SIGN HERE IF YOUR NAME AND NUMBER ARE PRINTED CORRECTLY.

SIGNATURE: *J. Student*

If your name or number on this sheet is incorrect, notify the Supervisor.  
 Use a **PENCIL** for **ALL** entries. For each question, shade the box which indicates your answer.  
 All answers must be completed like **THIS** example: 

A		C	D
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 Marks will **NOT** be deducted for incorrect answers.  
**NO MARK** will be given if more than **ONE** answer is completed for any question.  
 If you make a mistake, **ERASE** the incorrect answer – **DO NOT** cross it out.

SUPERVISOR USE ONLY



Shade the **"ABSENT"** box if the student was absent from the examination.

ABSENT

SUPERVISOR'S INITIALS

OFFICE USE ONLY

ONE ANSWER PER LINE

ONE ANSWER PER LINE

ONE ANSWER PER LINE

1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	11	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	21	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	12	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	22	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	13	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	23	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	14	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	24	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	15	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	25	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	16	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D					
7	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	17	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D					
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	18	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D					
9	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	19	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D					
10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	20	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D					