

Cooking Merit Badge: Troop 451 Workbook

2017 requirements. Modified from the USScouts.Org workbook.

1. Health and Safety. Do the following:

a. Explain to your counselor the most likely hazards you may encounter while participating in cooking activities and what you should do to anticipate, help prevent, mitigate, and respond to these hazards.

| Hazard | How to anticipate, help prevent, mitigate, and respond |
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b. Show that you know first aid for and how to prevent injuries or illnesses that could occur while preparing meals and eating, including burns and scalds, cuts, choking, and allergic reactions.

Burns and Scalds

Cuts

Choking

Allergic Reactions

c. Describe how meat, fish, chicken, eggs, dairy products, and fresh vegetables should be stored, transported, and properly prepared for cooking.

| | Where/what temp for storage | How transported? | How Prepared; How Cooked and to What Temp? |
|------------------|-----------------------------|------------------|--|
| Meat | | | |
| Fish | | | |
| Chicken | | | |
| Eggs | | | |
| Dairy Products | | | |
| Fresh Vegetables | | | |

c. (cont.) Explain how to prevent cross-contamination.

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d. Discuss with your counselor food allergies, food intolerance, and food-related illnesses and diseases. Explain why someone who handles or prepares food needs to be aware of these concerns.

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|------------------------|--|
| Food allergies | |
| Food Intolerances | |
| Food-related Illnesses | |
| Food-related Diseases | |

e. Discuss with your counselor why reading food labels is important.

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Explain how to identify common allergens such as peanuts, tree nuts, milk, eggs, wheat, soy, and shellfish.

Potential Allergen

Alternate names and foods which generally contain these allergens

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|-----------|--|
| Peanuts | |
| Tree nuts | |
| Milk | |
| Eggs | |
| Wheat | |
| Soy | |
| Shellfish | |

2. Nutrition. Do the following:

a. Using the MyPlate food guide or the current USDA nutrition model, give five examples for EACH of the following food groups, the recommended number of daily servings, and the recommended serving size:

1. Fruits. Recommended # of daily servings: _____

Five Examples and Serving sizes: _____

2. Vegetables. Recommended # of daily servings: _____

Five Examples and Serving sizes: _____

3. Grains. Recommended # of daily servings: _____

Five Examples and Serving sizes: _____

4. Proteins. Recommended # of daily servings: _____

Five Examples and Serving sizes: _____

5. Dairy. Recommended # of daily servings: _____

Five Examples and Serving sizes: _____

b. Explain why you should limit your intake of oils and sugars.

c. Determine your daily level of activity and your caloric need based on your activity level.

| AGE | Cal for Sedentary Male | Daily Cal for Moderately Active Male |
|-----|------------------------|--------------------------------------|
| 11 | 1800 | 2000 |
| 12 | 1800 | 2200 |
| 13 | 2000 | 2200 |
| 14 | 2000 | 2400 |
| 15 | 2200 | 2600 |
| 16 | 2400 | 2800 |
| 17 | 2400 | 2800 |

(table from health.gov/dietaryguidelines/2015)

Or use: <https://www.active.com/fitness/calculators/calories> or a similar website.

Age: _____ Daily activity _____ # Calories Needed _____

Then, based on the MyPlate food guide, discuss with your counselor an appropriate meal plan for yourself for one day.

d. Discuss your current eating habits with your counselor and what you can do to eat healthier, based on the MyPlate food guide.

e. Discuss the following food label terms:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Calorie | <input type="checkbox"/> Fat | <input type="checkbox"/> Saturated Fat |
| <input type="checkbox"/> Trans Fat | <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Sodium |
| <input type="checkbox"/> Carbohydrate | <input type="checkbox"/> Dietary Fiber | <input type="checkbox"/> Sugar |
| <input type="checkbox"/> Protein | | |

Explain how to calculate total carbohydrates and nutritional values for two servings, based on the serving size specified on the label.

3. Cooking Basics. Do the following:

a. Discuss EACH of the following cooking methods. For each one, describe the equipment needed, how temperature control is maintained, and name at least one food that can be cooked using that method: baking, boiling, broiling, pan frying, simmering, steaming, microwaving, grilling, foil cooking, and use of a Dutch Oven.

| Method | Equip. Needed | Food Example | How is temp. control maintained? |
|--------------|---------------|--------------|----------------------------------|
| Baking | | | |
| Boiling | | | |
| Broiling | | | |
| Pan Frying | | | |
| Simmering | | | |
| Steaming | | | |
| Microwaving | | | |
| Grilling | | | |
| Foil Cooking | | | |
| Dutch Oven | | | |

b. Discuss the benefits of using a camp stove on an outing vs. a charcoal or wood fire.

c. Describe for your counselor how to manage your time when preparing a meal so components for each course are ready to serve at the correct time.

| Day 1 Dinner: | Menu Item | Amt. Needed | Equipment/utensils needed |
|----------------------|-----------|-------------|---------------------------|
| Fruits | | | |
| Vegetables | | | |
| Grains | | | |
| Proteins | | | |
| Dairy | | | |
| Fats/Oils | | | |
| | | | |

| Food to purchase | Amt. Needed | Cost |
|------------------|-------------|------|
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| Day 2 Breakfast: | Menu Item | Amt. Needed | Equipment/utensils needed |
|-------------------------|-----------|-------------|---------------------------|
| Fruits | | | |
| Vegetables | | | |
| Grains | | | |
| Proteins | | | |
| Dairy | | | |
| Fats/Oils | | | |
| | | | |

| Food to purchase | Amt. Needed | Cost |
|------------------|-------------|------|
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| | | |

| Day 2 Lunch: | Menu Item | Amt. Needed | Equipment/utensils needed |
|---------------------|-----------|-------------|---------------------------|
| Fruits | | | |
| Vegetables | | | |
| Grains | | | |
| Proteins | | | |
| Dairy | | | |
| Fats/Oils | | | |
| | | | |

| Day 3 Lunch: | Menu Item | Amt. Needed | Equipment/utensils needed |
|---------------------|-----------|-------------|---------------------------|
| Fruits | | | |
| Vegetables | | | |
| Grains | | | |
| Proteins | | | |
| Dairy | | | |
| Fats/Oils | | | |
| | | | |

| Food to purchase | Amt. Needed | Cost |
|------------------|-------------|------|
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| Day 3 Dinner: | Menu Item | Amt. Needed | Equipment/utensils needed |
|----------------------|-----------|-------------|---------------------------|
| Fruits | | | |
| Vegetables | | | |
| Grains | | | |
| Proteins | | | |
| Dairy | | | |
| Fats/Oils | | | |
| | | | |

| Food to purchase | Amt. Needed | Cost |
|------------------|-------------|------|
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- b. Share and discuss your meal plan and shopping list with your counselor.
- c. Using at least five of the 10 cooking methods from requirement 3, prepare and serve yourself and at least one adult (parent, family member, guardian, or other responsible adult) one breakfast, one lunch, one dinner, and one dessert from the meals you planned. (Record this on the next page.)
- Cooking methods used: Baking Boiling Broiling Pan Frying Simmering
 Steaming Microwaving Grilling Foil Cooking Dutch Oven

d. Time your cooking to have each meal ready to serve at the proper time. Have an adult verify the preparation of the meal to your counselor.

e. After each meal, ask a person you served to evaluate the meal on presentation and taste, then evaluate your own meal.

Breakfast # _____ Date: _____ Signature: _____

| Evaluation by those served | | Self Evaluation | |
|----------------------------|-------|-----------------|-------|
| Presentation | Taste | Presentation | Taste |
| | | | |

Lunch # _____ Date: _____ Signature: _____

| Evaluation by those served | | Self Evaluation | |
|----------------------------|-------|-----------------|-------|
| Presentation | Taste | Presentation | Taste |
| | | | |

Dinner # _____ Date: _____ Signature: _____

| Evaluation by those served | | Self Evaluation | |
|----------------------------|-------|-----------------|-------|
| Presentation | Taste | Presentation | Taste |
| | | | |

Dessert Date: _____ Signature: _____

| Evaluation by those served | | Self Evaluation | |
|----------------------------|-------|-----------------|-------|
| Presentation | Taste | Presentation | Taste |
| | | | |

Discuss what you learned with your counselor, including any adjustments that could have improved or enhanced your meals. Tell how planning and preparation help ensure a successful meal.

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| Meal 3 Dinner: | Menu Item | Amt. Needed | Equipment/utensils needed |
|-----------------------|-----------|-------------|---------------------------|
| Fruits | | | |
| Vegetables | | | |
| Grains | | | |
| Proteins | | | |
| Dairy | | | |
| Fats/Oils | | | |
| | | | |

| Food to purchase | Amt. Needed | Cost |
|------------------|-------------|------|
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| Meal 4 _____: | Menu Item | Amt. Needed | Equipment/utensils needed |
|----------------------|-----------|-------------|---------------------------|
| Fruits | | | |
| Vegetables | | | |
| Grains | | | |
| Proteins | | | |
| Dairy | | | |
| Fats/Oils | | | |
| | | | |

| Food to purchase | Amt. Needed | Cost |
|------------------|-------------|------|
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Meal 5 _____: Menu Item Amt. Needed Equipment/utensils needed

| | | | |
|------------|--|--|--|
| Fruits | | | |
| Vegetables | | | |
| Grains | | | |
| Proteins | | | |
| Dairy | | | |
| Fats/Oils | | | |
| | | | |

| Food to purchase | Amt. Needed | Cost |
|------------------|-------------|------|
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Dessert or Snack Menu Item Amt. Needed Equipment/utensils needed

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| Food to purchase | Amt. Needed | Cost |
|------------------|-------------|------|
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c. Share and discuss your meal plan and shopping list with your counselor.

d. In the outdoors, using your menu plans for this requirement, cook two of the five meals you planned using either a light-weight stove or a low-impact fire. Use a different cooking method from requirement 3 for each meal. You must also cook a third meal using either a Dutch over OR a foil pack OR kabobs. Serve all of these meals to your patrol or a group of youth.

e. In the outdoors, prepare a dessert OR a snack and serve it to your patrol or a group of youth.

f. After each meal, have those you served evaluate the meal on presentation and taste, and then evaluate your own meal.

Meal # _____ Date: _____ Cooking Method: _____

Evaluation by those served

Self Evaluation

| | | | |
|--------------|-------|--------------|-------|
| Presentation | Taste | Presentation | Taste |
| | | | |

Meal # _____ Date: _____ Cooking Method: _____

Evaluation by those served

Self Evaluation

| | | | |
|--------------|-------|--------------|-------|
| Presentation | Taste | Presentation | Taste |
|--------------|-------|--------------|-------|

Meal # _____ Date: _____ Cooking Method: _____

Evaluation by those served

Self Evaluation

| | | | |
|--------------|-------|--------------|-------|
| Presentation | Taste | Presentation | Taste |
|--------------|-------|--------------|-------|

Dessert or snack Date: _____

Evaluation by those served

Self Evaluation

| | | | |
|--------------|-------|--------------|-------|
| Presentation | Taste | Presentation | Taste |
|--------------|-------|--------------|-------|

Discuss what you learned with your counselor, including any adjustments that could have improved or enhanced your meals. Tell how planning and preparation help ensure successful outdoor cooking.

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g. Explain to your counselor how you cleaned the equipment, utensils, and the cooking site thoroughly after each meal. Explain how you properly disposed of dishwater and of all garbage.

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h. Discuss how you followed the Outdoor Code and no-trace principles when preparing your meals.

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| Dinner: | Menu Item | Amt. Needed | Equipment/utensils needed |
|----------------|-----------|-------------|---------------------------|
| Fruits | | | |
| Vegetables | | | |
| Grains | | | |
| Proteins | | | |
| Dairy | | | |
| Fats/Oils | | | |
| | | | |

| Food to purchase | Amt. Needed | Cost |
|------------------|-------------|------|
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| Snack: | Menu Item | Amt. Needed | Equipment/utensils needed |
|---------------|-----------|-------------|---------------------------|
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| Food to purchase | Amt. Needed | Cost |
|------------------|-------------|------|
| | | |
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| | | |

c. Share and discuss your meal plan and shopping list with your counselor. Your plan must include how to repackage foods for your hike or backpacking trip to eliminate as much bulk, weight, and garbage as possible.

- Discuss meal plan and shopping list.

- Discuss how you plan to repackage foods.

d. While on a trail hike or backpacking trip, prepare and serve two meals and a snack from the menu planned for this requirement. At least one of those meals must be cooked over a fire, or an approved trail stove (with proper supervision).

e. After each meal, have those you served evaluate the meal on presentation and taste, then evaluate your own meal.

Meal # _____ Date: _____ Heat Source: _____

| Evaluation by those served | | Self Evaluation | |
|----------------------------|-------|-----------------|-------|
| Presentation | Taste | Presentation | Taste |
| | | | |

Meal # _____ Date: _____ Heat Source: _____

| Evaluation by those served | | Self Evaluation | |
|----------------------------|-------|-----------------|-------|
| Presentation | Taste | Presentation | Taste |
| | | | |

Snack _____ Date: _____

| Evaluation by those served | | Self Evaluation | |
|----------------------------|-------|-----------------|-------|
| Presentation | Taste | Presentation | Taste |
| | | | |

Discuss what you learned with your counselor, including any adjustments that could have improved or enhanced your meals. Tell how planning and preparation help ensure successful trail hiking or backpacking meals.

f. Discuss how you followed the Outdoor Code and no-trace principles during your outing. Explain to your counselor how you cleaned any equipment, utensils, and the cooking site after each meal. Explain how you properly disposed of any dishwasher and packed out all garbage.

7. Food-related careers.

Find out about three career opportunities in cooking.

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| 1. |
| 2. |
| 3. |

Select one and find out the education, training, and experience required for this profession.

Career: _____

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|------------|
| Education |
| Training |
| Experience |

Discuss this with your counselor, and explain why this profession might interest you.

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