



Public Health
Prevent. Promote. Protect.

Mercer County Health Department

305 NW 7th Street
Aledo, Illinois 61231
(309) 582-3759
FAX (309) 582-3793
www.mercercountyil.org

Dear Facility Owner and Managers:

I have provided a packet for you to complete and submit back to Mercer County Health Department, no later than December 29, 2025. Your Food Service/Retail Food Establishment License expires on December 31, 2025. According to Mercer County Food Sanitation Ordinance, no person shall operate a food service establishment or retail food store within Mercer County, without a license issued by the Mercer County Health Department. **A \$50 late fee will be charged to all facilities that do not renew their license prior to expiration.** Fill out the application completely, I know many of you have taken the CFPM course through MCHD, I do know that you possess it but I need you to put your license number on the application. Please attach the needed forms, such as proof of Food Handler training and allergen training. MCHD is also requesting a copy of your menu to place in your file.

The packet includes:

2026 Retail Food Service Establishment Permit Application
Certified Food Sanitation Manager Employment Verification Form
Food Handler Form and Allergen training verification form
Allergy Fact Sheet-
Allergy template, post notifying your customers that you do have an allergy ingredient list for all provided food items on your menu.
Allergen/food handler approved online course sites
Vomit and Diarrhea Clean up kit guidance (must show proof of having a kit at inspection)
Employee wellness Form (all staff must sign and documentation shown at inspection)
Self-Inspection Checklists

This information will be mailed to you and you may also access info at <https://mchdil.com>

The Certified Food Protection Managers (Persons in Charge) are responsible for actively managing the kitchen. Train and educate your staff as needed. Primary goal is to prevent Foodborne Illness. Avoid FDA Code Violations by conducting daily self-assessments.

Mercer County Board of Health approved the following:

Late Fee: \$50

Opening without permit \$100 per day

Reinspection fee for P and PF violations: #1 \$75, #2 \$100, #3 \$150 per each violation

Please call 309-582-3759 or email kyle.lloyd@mchdept.org with any questions or concerns. I sincerely appreciate your efforts in managing a food safe, clean kitchen!

Sincerely,

Kyle Lloyd, MS, REHS/RS
Director of Environmental Health
Mercer County Health Department

MERCER COUNTY HEALTH DEPARTMENT
305 NW 7TH STREET ALEDO, IL 61231
PHONE 309-582-3759 FAX 309-582-3793

RETAIL FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION 2026

Name of Establishment: _____

Address: _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____ Emergency Contact/Phone _____

Mailing/ Billing Address _____

Owner _____ Phone _____

(If firm or partnership, attach a list of all names and addresses of all members thereof. If a corporation attach a list of names of offices held).

Address _____

City _____ State _____ Zip _____

Operating Days & Hours: Monday _____ Tuesday _____ Wednesday _____ Thursday _____
Friday _____ Saturday _____ Sunday _____

State of Illinois Food Service Sanitation Managers, Full name(s), certificate ID number(s), and expiration dates. If necessary attach a list with certified food handler

NAME	CERTIFICATE #	EXPIRATION DATE
------	---------------	-----------------

1. _____

2. _____

3. _____

In order to determine risk category, please check all that apply

Category I

_____ Complex preparation including cooking, cooling, and reheating for hot holding involving time/temperature control for safety food.

_____ Processes requiring hot and cold holding of time/temperature control for safety foods

_____ Conducting specialized processes as described in 1-201.10 of the FDA Food Code.

_____ Serving a highly susceptible population as defined in 10201.10 of the FDA Food Code

\$300

Mobile License: \$200 (food prepared on mobile unit)

Category II

_____ Most products are prepared or cooked and served immediately.

_____ May involve hot and cold holding of time/temperature control for safety foods after preparation or cooking; or

_____ As approved by the regulatory authority, preparation of time/temperature control for safety foods requiring cooking, cooling, and reheating for hot holding limited to 2 or fewer same items or processes with approved procedures.

\$150

Category III

_____ Heating only commercially processed time/temperature control for safety foods for immediate service with no hot holding or assembly

_____ Only time/temperature control for safety foods commercially prepackaged in an approved processing plant are available or served at the facility

_____ Only limited preparation of non-time/temperature control for safety foods and beverages, such as snack foods and carbonated beverages, occurs at the facility; or

_____ Only beverages (alcoholic and nonalcoholic) and garnishes that are non-time/temperature control for safety are served at the facility

\$100

By signing this application, I affirm that all information is accurate to the best of my knowledge and belief. Also, that upon presenting appropriate credentials to the owner, operator, agent or most responsible person in charge, a representative of the Mercer County Health Department may inspect the above-mentioned facility at my reasonable time.

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY

Risk _____ Permit Number _____ Date Issued _____ Fee Paid _____

**FOOD SERVICE SANITATION MANAGER
EMPLOYMENT VERIFICATION**

Establishment #: _____

Establishment Name: _____

Address: _____

City, State, Zip: _____ IL _____

Hours of Food Preparation: _____

Food Service Sanitation

Manager's Name

Certificate #

1. _____
Expiration Date ____/____/____

2. _____
Expiration Date ____/____/____

3. _____
Expiration Date ____/____/____

4. _____
Expiration Date ____/____/____

5. _____
Expiration Date ____/____/____

6. _____
Expiration Date ____/____/____

Manager/Owner Date ____/____/____

Please complete this form and return to MCHD in the included envelope. Please list **all** IDPH Foodservice Sanitation Manager's employed at your establishment as well as **all employees that are employed at your establishment**. Mark yes/no for those who have completed the required foodhandler training.

Foodservice Sanitation Manager's:

Name:	License Number:	Expiration Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employees/Licensed FoodHandlers:

Name:	Date Issued:	Yes	No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employee/Licensed Allergen Trained:

Name: _____ Date Issued: _____

Name: _____ Date Issued: _____

- Foodhandler course is required for all employees who handle food and/or clean equipment. (This does not include cashier's and hostesses) Must be completed within 30 days of employment.

FOOD ALLERGIES

HOW TO KEEP GUESTS SAFE AND INCLUDED!

EVERY 10 SECONDS, A FOOD ALLERGY REACTION SENDS A PATIENT TO THE EMERGENCY ROOM.

THE TOP 9 COMMON FOOD ALLERGENS



PEANUT



TREE NUT



WHEAT



MILK



EGG



SOY



FISH



SHELLFISH



SESAME

Food allergies are serious. AN ALLERGIC REACTION TO FOOD CAN CAUSE DEATH.
When you are serving a person with a food allergy:



BE KIND TO GUESTS WHO HAVE FOOD ALLERGIES.

They may feel uneasy about dining outside their home.



GIVE OPEN, HONEST ANSWERS WHEN GUESTS ASK YOU QUESTIONS.

This can help them make safe decisions.



CREATE A SAFE SPACE FOR FOOD HANDLING SO THAT SAFE FOODS AND ALLERGENS DO NOT TOUCH.

All food equipment that is used in the production of allergy-safe foods must be properly cleaned and sanitized before use.



GIVE YOUR GUESTS MANY CHANCES TO TELL YOU ABOUT THEIR ALLERGIES.



MAKE SURE THE INFORMATION YOU SHARE WITH GUESTS IS SIMPLE AND ACCURATE.

Menus, signs, and labels must be up to date.



KEEP YOUR FOOD ALLERGY TRAINING UP TO DATE.

Knowing how to recognize and respond to a food allergy reaction can save a life!



**CALL 911 AT
THE FIRST SIGN
OF A REACTION!**



FARE.

Food Allergy Research & Education

foodallergy.org



State of Illinois
Illinois Department of Public Health

NOTICE TO CONSUMERS

Please communicate any food allergies to an employee of this establishment and that employee shall communicate that food allergy information to the Person In Charge or Certified Food Protection Manager on duty at this establishment.



*This notice is mandated by PA 101-0495 (HB3018) 410 ILCS 625/3.08 effective 08/23/19

Certificate Issuers - Accreditation Directory

Certificate Accreditation Program (Accredited)

#	Organization	ID
1	1AAA Food Handler Food Handler Training	8952
2	123 Premier Food Safety Food Handler Training Certificate Program	1021
3	A Plus Food Training L.L.C. Allergen Awareness Food Handler	1241
4	ACE Food Handler Food Handler Training	1234
5	Certus/StateFoodSafety Food Safety Educators: IL eFoodcard StateFoodSafety: IL Food Allergens Training StateFoodSafety: IL Food Handler Training Certificate Program StateFoodSafety: IL Food Safety Essentials	1020
6	Cogneti LLC Safe Food Handler Certificate	1243
7	DSBWorldWide, Inc (DBA: EduClasses®) Food Handler Classes	1135
8	eFoodTrainer Inc. Mobile App and Online Food Handler Certificate	1273
9	Food Handler Solutions LLC Food Handler Certificate	1210
10	Food Service Prep Food Handler Certificate	9052
11	FoodSafePal Food Handler	9176
CO		

12	Green Flower Cannabis Handler's Certificate (CHC)	9140
13	Home of Training, Inc. Food Handler Certificate Program	8892
14	Institute of Food Safety, Health, & Hygiene, Inc. Food Allergen Training Program Food Handler Training Certificate Program	1059
15	Learn2Serve Food Handler Training Course	0975
16	MenuTrinfo, LLC AllerTrain AllerTrain Lite Food Handler	1142
17	National Environmental Health Association Food Handler Training Certificate	1031
18	National Registry of Food Safety Professionals® Food Safety First Principles for Food Handlers	1039
19	National Restaurant Association Solutions Food Allergen ServSafe Food Handler Program	0655
20	Relish Works, Inc. (DBA: Trust20) Allergen Training Food Handler Training Certificate	9065
21	Responsible Training / Safeway Certifications, LLC Responsible Training Food Safety Program	1042
22	Rserving Food Safety for Handlers	1185
23	TAP Series Allergen Awareness Food Handler Course and Assessment	1022
24	The Always Food Safe Company, LLC Allergy Awareness The Level 2 Award in Food Safety for Food Handlers	1203
25	Userve Userve Food Handler	9064

CLEAN UP AND DISINFECTION

THESE DIRECTIONS SHOULD BE USED TO RESPOND TO ANY VOMITING OR DIARRHEA ACCIDENT

Note: Anything that has been in contact with vomit and diarrhea should be discarded or disinfected.

1 Clean up

- Remove vomit or diarrhea right away!**
 - Wearing protective clothing, such as disposable gloves, apron and/or mask, wipe up vomit or diarrhea with paper towels
 - Use kitty litter, baking soda or other absorbent material on carpets and upholstery to absorb liquid; do not vacuum material; pick up using paper towels
 - Dispose of gloves, paper towel/waste in a plastic trash bag or biohazard bag
- Wash hands with warm water and soap for 20 seconds. Dry with a disposable paper towel and put on a pair of new disposable gloves prior to cleaning.**
- Use soapy water to wash surfaces that contacted vomit or diarrhea and all nearby high-touch surfaces, such as door knobs and toilet handle**
- Rinse thoroughly with plain water**
- Wipe dry with paper towels**

IF CLOTHING OR OTHER FABRICS ARE AFFECTED...

- Remove and wash all clothing or fabric that may have touched vomit or diarrhea
- Machine wash these items with detergent, hot water and bleach if recommended, choosing the longest wash cycle
- Machine dry



DON'T STOP HERE: GERMS CAN REMAIN ON SURFACES EVEN AFTER CLEANING!

2 Disinfect surfaces by applying a chlorine bleach solution

Steam cleaning may be preferable for carpets and upholstery. Chlorine bleach could permanently stain these. Mixing directions are based on EPA-registered bleach product directions to be effective against norovirus. For best results, consult label directions on the bleach product you are using.

- Prepare a chlorine bleach solution**
 - Make bleach solutions fresh daily; keep out of reach of children; never mix bleach solution with other cleaners.



IF HARD SURFACES ARE AFFECTED...

e.g., non-porous surfaces, vinyl, ceramic tile,
sealed counter-tops, sinks, toilets

**3/4
CUP OF
CONCENTRATED
BLEACH**

+

**1
GALLON
WATER**



CONCENTRATION - 3500 ppm

IF USING REGULAR STRENGTH BLEACH (5.25%), INCREASE THE AMOUNT OF BLEACH TO 1 CUP.

- Leave surface wet for at least 5 minutes**
- Rinse all surfaces intended for food or mouth contact with plain water before use**

3 Wash your hands thoroughly with soap and water

Hand sanitizers may not be effective against norovirus.

Scientific experts from the U.S. Centers for Disease Control and Prevention (CDC) helped to develop this poster. For more information on norovirus prevention, please see <http://www.cdc.gov/norovirus/preventing-infection.html>.

disinfect-for-health.org

Environmental Health Services
Food Protection Program
(630) 682-7400



**DUPAGE COUNTY
HEALTH DEPARTMENT**
www.dupagehealth.org

Servicios de Salud Ambiental
Programa Para Protección
de Alimentos



IDPH Form 1-A

Conditional Employee and Food Employee Interview

Preventing Transmission of Diseases through Food by Infected Food Employees or Conditional Employees with Emphasis on Illness due to Norovirus, Salmonella Typhi (S. Typhi), Shigella spp., Enterohemorrhagic (EHEC) or Shiga Toxin-producing Escherichia coli (STEC), or Hepatitis A Virus.

The purpose of this interview is to inform conditional employees / food employees to advise the person in charge of past and current conditions described so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

Date _____

Employee Information

Conditional Employee Name (print) _____

Food Employee Name (print) _____

Address _____

Telephone _____ Email _____

Are you suffering from any of the following symptoms? (Circle one)

If YES, Date of Onset?

- | | | |
|---|----------|-------|
| a. Diarrhea? | YES / NO | _____ |
| b. Vomiting? | YES / NO | _____ |
| c. Jaundice? | YES / NO | _____ |
| d. Sore throat with fever? | YES / NO | _____ |
| e. Infected cut or wound that is open and draining, or lesions containing pus on the hand, wrist, an exposed body part, or other body part, and the cut, wound, or lesion is not properly covered? (Examples: boils and infected wounds, however small) | YES / NO | _____ |

In the Past

- | | |
|--|----------|
| a. Have you ever been diagnosed as being ill with typhoid fever (S. Typhi) | YES / NO |
| i. If you have, what was the date of the diagnosis? _____ | |
| b. If within the past three months, did you take antibiotics for S. Typhi? | YES / NO |
| i. If so, how many days did you take the antibiotics? _____ | |
| c. If you took antibiotics, did you finish the prescription? | YES / NO |

History of Exposure

1. Have you been suspected of causing, or have you been exposed to, a recently confirmed foodborne disease outbreak?

YES / NO

- a. If YES, date of outbreak _____
- b. If YES, what was the cause of the illness, and did it meet the following criteria?

Cause: _____ Date of illness outbreak _____

- | | |
|--|-------|
| i. Norovirus (exposure within past 48 hours) | _____ |
| ii. E. coli O157:H7 infection (exposure within past 3 days) IAC 77 § 690.400 | _____ |
| iii. Hepatitis A virus (exposure within past 30 days) IAC 77 § 690.450 | _____ |
| iv. Typhoid fever (exposure within past 14 days) IAC 77 § 690.730 | _____ |
| v. Shigellosis (exposure within past 3 days) IAC 77 § 690.640 | _____ |

Form 1-A

History of Exposure (continued)

- c. If YES, did you:
- i. Consume food implicated in the outbreak? _____
 - ii. Work in a food establishment that was the source of the outbreak? _____
 - ii. Consume food at an event that was prepared by person who is ill? _____
2. Did you attend an event or work in a setting recently where there was a confirmed disease outbreak?
YES / NO _____
- a. If so, what was the cause of the confirmed disease outbreak? _____
- b. If the cause was one of the following five pathogens, did exposure to the pathogen meet the following criteria?
- | | |
|--|----------|
| i. Norovirus (last exposure within the past 48 hours) | YES / NO |
| ii. <i>E. coli</i> O157:H7 (or other STEC (exposure within the past 3 days)) <u>IAC 77 § 690.400</u> | YES / NO |
| iii. <i>Shigella</i> spp. (exposure within the past 3 days) <u>IAC 77 § 690.640</u> | YES / NO |
| iv. <i>S. Typhi</i> (exposure within the past 14 days) <u>IAC 77 § 690.730</u> | YES / NO |
| v. Hepatitis A virus (exposure within the past 30 days) <u>IAC 77 § 690.450</u> | YES / NO |
3. Do you live in the same household as a person diagnosed with Norovirus, shigellosis, typhoid fever, hepatitis A, or illness due to *E. coli* O157:H7 or other STEC?
YES / NO Date of onset of illness _____
4. Do you have a household member attending or working in a setting where there is a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, STEC infection, or hepatitis A?
YES / NO Date of onset of illness _____

Health Practitioner / Doctor Information

Name _____

Address _____

Telephone _____

Signatures

Conditional Employee _____ Date _____

Food Employee _____ Date _____

Permit Holder/Representative _____ Date _____

This form has been adapted from the U.S. Food and Drug Administration's Employee Health and Personal Hygiene Handbook (2020) to include references to the state of Illinois' Control of Notifiable Diseases and Conditions Code (Illinois Administrative Code 77 § 690).

FORM 1-B Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, *Salmonella* Typhi, *Shigella* spp., or Shiga toxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* or Hepatitis A Virus

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella* Typhi), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other STEC infection, nontyphoidal *Salmonella* or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ Date _____

Food Employee Name (please print) _____

Signature of Food Employee _____ Date _____

Signature of Permit Holder or Representative _____ Date _____

FORM 1-C Conditional Employee or Food Employee Medical Referral

Preventing Transmission of Diseases through Food by Infected Food Employees with Emphasis on Illness due to Norovirus, Typhoid fever (*Salmonella Typhi*), Shigellosis (*Shigella* spp.), *Escherichia coli* O157:H7 or other Shiga Toxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* and Hepatitis A Virus

The Food Code specifies, under **Part 2-2 Employee Health Subpart 2-201 Disease or Medical Condition**, that Conditional Employees and Food Employees obtain medical clearance from a health practitioner licensed to practice medicine, unless the Food Employees have complied with the provisions specified as an alternative to providing medical documentation, whenever the individual:

1. Is chronically suffering from a symptom such as diarrhea; or
2. Has a **current illness** involving Norovirus, typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp.) *E. coli* O157:H7 infection (or other STEC), nontyphoidal *Salmonella* or hepatitis A virus (hepatitis A), or
3. Reports **past illness** involving typhoid fever (*S. Typhi*) within the past three months (while salmonellosis is fairly common in U.S., typhoid fever, caused by infection with *S. Typhi*, is rare).

Conditional Employee being referred: (Name, please print) _____

Food Employee being referred: (Name, please print) _____

4. Is the employee assigned to a food establishment that serves a population that meets the Food Code definition of a **highly susceptible population** such as a day care center with preschool-age children, a hospital kitchen with immunocompromised persons, or an assisted living facility or nursing home with older adults?

YES ☐ NO ☐

Reason for Medical Referral: The reason for this referral is checked below:

- ☐ Is chronically suffering from vomiting or diarrhea; or (specify) _____
- ☐ Diagnosed or suspected Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 (or other STEC) infection, nontyphoidal *Salmonella* or hepatitis A. (Specify) _____
- ☐ Reported past illness from typhoid fever within the past 3 months. (Date of illness) _____
- ☐ Other medical condition of concern per the following description: _____

Health Practitioner's Conclusion: (Circle the appropriate one; refer to reverse side of form)

- ☐ Food employee is free of Norovirus infection, typhoid fever (*S. Typhi* infection), *Shigella* spp. infection, *E. coli* O157:H7 (or other STEC infection), nontyphoidal *Salmonella* infection or hepatitis A virus infection, and may work as a food employee without restrictions.
- ☐ Food employee is an asymptomatic shedder of *E. coli* O157:H7 (or other STEC), *Shigella* spp., or Norovirus, and is restricted from working with exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles in food establishments that do not serve highly susceptible populations.
- ☐ Food employee is not ill but continues as an asymptomatic shedder of *E. coli* O157:H7 (or other STEC), *Shigella* spp. and should be excluded from food establishments that serve highly susceptible populations such as those who are preschool-age, immunocompromised, or older adults and in a facility that provides preschool custodial care, health care, or assisted living.
- ☐ Food employee is an asymptomatic shedder of hepatitis A virus and should be excluded from working in a food establishment until medically cleared.
- ☐ Food employee is an asymptomatic shedder of Norovirus and should be excluded from working in a food establishment until medically cleared, or for at least 24 hours from the date of the diagnosis.
- ☐ Food employee is suffering from Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 (or other STEC infection), or hepatitis A and should be excluded from working in a food establishment.
- ☐ Food employee is diagnosed with an infection from nontyphoidal *Salmonella* and is asymptomatic and should be restricted from working in food establishments serving a highly susceptible population and food

Quick Food Safety Self-Inspection Checklist

Employees

- ☐ Person In Charge (PIC) is a Certified Food Protection Manager
- ☐ Employees have all completed Food Handler Training
- ☐ Employees know when and to whom to report any illness or injury
- ☐ Employees that are sick (vomiting, diarrhea, jaundice) are sent home
- ☐ There are written procedure for responding to vomiting and diarrhea events
- ☐ Employees do not eat, drink, or smoke while preparing food (except cups with lid & straw)
- ☐ Employees are washing their hands thoroughly when beginning each new task and after using restroom
- ☐ All hand sinks are accessible and have hot water, soap, and paper towels or hand drying device
- ☐ Employees are using disposable gloves or appropriate utensils (tongs, deli paper, scoops, etc) when handling ready-to-eat foods

Food Receiving & Storage

- ☐ All foods are obtained from an approved source
- ☐ All foods are in good condition when received
- ☐ Temperatures of refrigerated foods are checked when they are received and are below 41°F
- ☐ Foods are stored so that they are protected from contamination
- ☐ Foods with different required cooking temperatures are appropriately separated
- ☐ Refrigerators are all maintaining foods below 41°F
- ☐ Freezers are all maintaining foods frozen (preferably below 0°F)

Cleaning, Sanitization, & Storage of Toxics

- ☐ All parts of the facility are clean to sight and touch
- ☐ All food contact surfaces (cutting boards, utensils, knives, slicers, prep tables, interior of reach-in refrigerators, tables in eating area, etc) are cleaned and sanitized regularly
- ☐ Sanitizer concentration in 3-bay sink, dishwasher, and buckets for wiping cloths is correct
- ☐ Wiping cloths are stored in a sanitizer solution
- ☐ Vermin (flies, roaches, rodents) are controlled
- ☐ Cleaning products and toxic chemicals are stored where they can't contaminate food, tableware, food equipment, or single-use items

Cooking, Cooling, Reheating, & Date Marking

- ☐ Time-Temperature Control for Safety (TCS) foods are cooked to the proper temperature:
 - 145°F – whole muscle meat (beef, pork, lamb, etc), fish, eggs cooked to order
 - 158°F – ground meat or fish, tenderized or injected meats, eggs not cooked to order
 - 165°F – poultry, stuffed meat or fish, stuffed pasta, stuffing containing meat/fish/poultry
- ☐ Cooked foods are hot held at 135°F or above
- ☐ When hot foods are cooled for service or storage, they are cooled to 41°F within 4 hours (or to 70°F within 2 hours **and** 41°F within 6 hours)
- ☐ Cold TCS foods are held at 41°F or below
- ☐ All TCS foods that are reheated after cooling are reheated to 165°F
- ☐ TCS foods not served within 24 hours are date marked and refrigerated
- ☐ TCS foods are discarded if not used within 7 days

Food Service Manager Self-Inspection Checklist



Page - 1

Date _____

Observer _____

Use this checklist once a week to determine areas in your operation requiring corrective action. Record corrective action taken and keep completed records in a notebook for future reference.

Personal Dress and Hygiene

	Yes	No	Corrective Action		Yes	No	Corrective Action
Employees wear proper uniform including proper shoes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hands are washed thoroughly using proper hand-washing procedures at critical points	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hair restraint is worn	<input type="checkbox"/>	<input type="checkbox"/>	_____	Smoking is observed only in designated areas away from preparation, service, storage, and warewashing areas	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fingernails are short, unpolished, and clean	<input type="checkbox"/>	<input type="checkbox"/>	_____	Eating, Drinking, or chewing gum are observed only in designated areas away from work areas	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jewelry is limited to watch, simple earrings, and plain ring	<input type="checkbox"/>	<input type="checkbox"/>	_____	Employees take appropriate action when coughing or sneezing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hands are washed or gloves are changed at critical points	<input type="checkbox"/>	<input type="checkbox"/>	_____	Disposable tissues are used and disposed of When coughing/blowing nose	<input type="checkbox"/>	<input type="checkbox"/>	_____
Open sores, cuts, or splints and bandages on hands are completely covered while handling food	<input type="checkbox"/>	<input type="checkbox"/>	_____				

Food Storage and Dry Storage

	Yes	No	Corrective Action		Yes	No	Corrective Action
Temperature is between 50° F and 70° F	<input type="checkbox"/>	<input type="checkbox"/>	_____	There is no bulging or leaking canned goods in storage	<input type="checkbox"/>	<input type="checkbox"/>	_____
All food and paper supplies are 6 to 8 inches off the floor	<input type="checkbox"/>	<input type="checkbox"/>	_____	Food is protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	_____
All food is labeled with name and delivery date	<input type="checkbox"/>	<input type="checkbox"/>	_____	All surfaces and floors are clean	<input type="checkbox"/>	<input type="checkbox"/>	_____
The FIFO (First In, First Out) method of inventory is being practiced	<input type="checkbox"/>	<input type="checkbox"/>	_____	Chemicals are stored away from food and other food-related supplies	<input type="checkbox"/>	<input type="checkbox"/>	_____

Large Equipment

	Yes	No	Corrective Action		Yes	No	Corrective Action
Food slicer is clean to sight and touch	<input type="checkbox"/>	<input type="checkbox"/>	_____	All other pieces of equipment are clean to sight and touch – equipment on serving lines, storage shelves, cabinets, ovens, ranges, fryers, and steam equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food slicer is sanitized between uses when used with potentially hazardous foods	<input type="checkbox"/>	<input type="checkbox"/>	_____	Exhaust hood and filters are clean	<input type="checkbox"/>	<input type="checkbox"/>	_____

Refrigerator, Freezer, and Milk Cooler

	Yes	No	Corrective Action		Yes	No	Corrective Action
Thermometer is conspicuous and accurate	<input type="checkbox"/>	<input type="checkbox"/>	_____	Proper procedures have been practiced	<input type="checkbox"/>	<input type="checkbox"/>	_____
Temperature is accurate for piece of equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____	All food is properly wrapped, labeled, and dated	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is stored 6 inches off floor in walk-ins	<input type="checkbox"/>	<input type="checkbox"/>	_____	The FIFO (First In, First Out) method of inventory is being practiced	<input type="checkbox"/>	<input type="checkbox"/>	_____

Unit is clean.....

Food Handling

	Yes	No	Corrective Action
Frozen food is thawed under refrigeration or in cold running water.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is not allowed to be in the "temperature danger zone" for more than 4 hours.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is tasted using proper method.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is not allowed to become cross-contaminated.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Food is handled with utensils, clean gloved hands, or clean hands.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Utensils are handled to avoid touching parts that will be in direct contact with food.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reusable towels are used only for sanitizing Equipment surfaces and not for drying hands, Utensils, floor, etc.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Utensils and Equipment

	Yes	No	Corrective Action
All small equipment and utensils, including cutting boards, are sanitized between uses.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Small equipment and utensils are air dried.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work surfaces are clean to sight and touch.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work surfaces are washed and sanitized between uses.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Thermometers are washed and sanitized between each use.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Can opener is clean to sight and touch.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drawers and racks are clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Small equipment is inverted, covered, or otherwise protected from dust or contamination when stored.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Hot Holding

	Yes	No	Corrective Action
Unit is clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is heating to 165° F before placing in hot holding.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Temperature of food being held is above 140° F.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is protected from contamination.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Cleaning and Sanitizing

	Yes	No	Corrective Action
Three-compartment sink is used.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Three-compartment sink is properly set up for warewashing (wash, rinse, sanitize).....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chlorine test kit or thermometer is used to check sanitizing rinse.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
The water temperatures are accurate.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
If heat sanitizing, the utensils are allowed to remain immersed in 170° F water for 30 seconds.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
If using chemical sanitizer, it is the proper dilution.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
The water is clean and free of grease and food particles.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
The utensils are allowed to dry.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wiping cloths are stored in sanitizing Solution while in use.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Garbage Storage and Disposal

	Yes	No	Corrective Action
Kitchen garbage cans are clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Garbage cans are emptied as necessary.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boxes and containers are removed from site.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Loading dock and area around dumpster are clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dumpster is closed.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Pest Control

	Yes	No	Corrective Action
Screens are on open windows and doors are in good repair.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
No evidence of pests is present.....	<input type="checkbox"/>	<input type="checkbox"/>	_____