

FOODSAFE Excellence Application/Checklist

Facility Name: _____

Address: _____

Phone Number: _____

Contact Person: _____

1. Premises Inspection

_____ Date Completed

_____ EHO Signature

Comments: _____

(Status) _____

2. Food Safety Plans

_____ Date Completed

_____ EHO Signature

Comments: _____

(Status) _____

3. Sanitation Plan

_____ Date Completed

_____ EHO Signature

Comments: _____

(Status) _____

4. Staff FOODSAFE Training

_____ Date Completed

_____ EHO Signature

Comments: _____

(Status) _____

The undersigned agrees to follow and maintain the requirements of **FOODSAFE Excellence**.

_____ Date

_____ Operator Signature

OFFICE USE:

Obtained Excellence Status ____yes ____no Date _____ EHO Signature _____