



Team Up For Food Safety

Team Up For Food Safety is a cooperative program with the goal of forming a relationship between retail food establishments in Jefferson and Gilpin Counties and Jefferson County Public Health to promote excellent food safety practices and give recognition to establishments that value food safety. The program is voluntary, but it requires that a facility meet all of the criteria listed below to qualify for the program.

Criteria

The establishment must meet all the requirements outlined in the application and listed below:

1. Establishment shall have been in operation for no less than 12 months, or have a minimum of two regular inspections.
2. No more than:
 - a. 2 critical violations cited during a routine inspection.
 - b. 4 non-critical violations cited during a routine inspection.
3. No confirmed foodborne illnesses at establishment for the previous 12 months.
4. The establishment cannot be in the civil penalty process or have a civil penalty issued 12 months prior to application.
5. Establishments' managerial staff must take an active role in monitoring kitchen operations and personnel.
6. The establishment management and/or staff must attend formal food safety training. The curriculum must be recognized by JCPH.
7. An 80 point minimum is required on the Active Managerial Control (AMC) Self-Assessment.

If interested in applying, complete the attached application and submit it to:

Jefferson County Public Health
Attn: Terri Leichtweis
645 Parfet St.
Lakewood, CO 80215
Email: tleicht@jeffco.us
Fax: (303) 271-5760

JCPH staff will notify applicants of results within 30 days from receipt.

Upon approval, the facility will receive written recognition of participation in the Team Up For Food Safety program, a window decal to post at the facility, and a certificate of recognition. In addition, the name of the establishment will be listed on our website as a participant in the program.

** Window decals and certificates are property of Jefferson County Public Health and may be removed if minimum requirements for this program are not maintained.*





Active Managerial Control (AMC) Self-Assessment

Active managerial control (AMC) is about actively managing food handling practices to reduce the occurrence of foodborne illness risk factors in retail food establishments. With an AMC approach, establishments take responsibility for developing and implementing a food safety management system.

Please answer the following questions:

- | | |
|---|---------------------|
| 1. Y N Do managers have current food safety certification?
(e.g. ServSafe, NEHA certificate, NRFSP certificate, www.Statefoodsafety.com) | 10 |
| 2. Y N Do all employees who handle food receive formal food safety training?
(e.g. JCPH Excellence in Food Safety class, food safety video, computer classes, www.Statefoodsafety.com) | 10* |
| 4. Y N Does the establishment have private/corporate self-inspections?* | 10* |
| 5. Y N Does the establishment document hand washing or glove use?* | 10* |
| 6. Y N Does the establishment actively monitor sanitizer concentration? | 10 |
| 7. Y N Does the establishment have a written employee illness policy?
Y N Are employees given paid sick leave?* | 10
5* |
| 8. Y N What types of thermometers are available in the establishment: (5 points each)
() Thermocouple () Digital () Dial
Y N Does the facility have a thin probe thermometer available? | 5, 10, or 15*
10 |
| 9. Y N Does the establishment frequently document food temperatures?
(e.g. receiving, initial cook, hot and cold holding, cooling, and reheating temperatures)
Y N Does the facility document thermometer calibration? | 10
10 |
| 10. Y N Does the establishment have preventive maintenance contracts for: (5 points each)
() Pest control () Dish machine maintenance () Refrigeration maintenance () Hoods | 5, 10, 15 or 20* |

An 80 point minimum is required for retail food establishments. **However, a 30 point minimum is required for any licensed retail food establishment that only sells pre-packaged foods. If your total comes up short, we can help you reach your goal!

Establishment Name and Address

Total Score

Manager/Owner Signature/Date

*Indicates bonus points



Application



Name of Establishment: _____

Address: _____ Suite / Unit #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Establishment Phone: _____ Fax: _____ E-mail: _____ Name
of Owner (individual[s] or corporation): _____

Name of Principal Contact Person: _____

Phone: _____ Fax: _____ E-mail: _____

Explanation of food safety training program: _____

Signature of Applicant _____ Date _____

Office Use Only

Coordinator reviewed: _____ Date: _____

Approved _____ Not Approved _____

Inspector reviewed: _____ Date: _____

Approved _____ Not Approved _____

Needs for approval: _____

Follow-up notification: _____ Date: _____

Approved _____ Not Approved _____

Letter: _____ Decal: _____

Critical Violations: _____
Non-Critical Violations: _____
Date of Inspection: _____