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 facilities 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 can not 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 roll 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. A representative of the establishment must attend at least one Food Safety Forum meeting in a calendar year.

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

Jefferson County Public Health
Attn: Matthew Garcia
1801 19th St.
Golden, CO 80401
Email: msgarcia@jeffco.us
Fax: (303) 271-5762

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 facility 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.*

Application

Name of Facility: _____

Address: _____ Suite / Unit #: _____

City: _____County: _____State: _____ Zip Code: _____

Facility 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

Application reviewed: _____ Date: _____

Approved _____ Not Approved_____

Needs to be approved: _____

_____

Follow-up notification: _____ Date: _____

Approved _____ Not Approved _____

Letter: _____ Decal: _____