

# Montana FOOD STAR™ Award Application

Date \_\_\_\_\_

Food Purveyors License # \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (Zip Code)

Owner (s): \_\_\_\_\_  
(Name) (Phone Number)

Manager (s): \_\_\_\_\_  
(Name) (Phone Number)

## I. Employee Training Component

### Certified Food Protection Manager

Employee Name

Certification Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Employee Education

Type of Documentation:       Certificates       Cards       Sign-in Sheets

Type of Training:

When is Training Provided?

- In-house training
- Health Department Training
- Online Training/Education

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## II. Employee Health and Personal Hygiene Component

### Employee Health Policy

1. The written employee health policy includes an employee illness reporting procedure:  Yes  No
2. The written employee health policy includes symptoms of illness that warrant exclusion or restriction from work:  Yes  No
3. The written employee health policy includes exclusion from work procedures:  Yes  No
4. The written employee health policy includes return to work procedures:  Yes  No
5. The written employee health policy includes documentation procedures:  Yes  No

### Employee Personal Hygiene Policy

1. The written personal hygiene policy includes acceptable hygiene practices:  Yes  No
2. The written personal hygiene policy includes unacceptable hygiene practices:  Yes  No

### Handwashing Plan

Employee training is provided for the following situations regarding handwashing:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| When  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Where   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Why   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Handwashing signage is provided at all approved handwashing sinks:      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employee compliance with the handwashing plan is periodically reviewed: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### III. Time and Temperature Control Component

#### Identification

- 1. Identification of all potentially hazardous foods used:  Yes  No
- 2. Identification of all points in the flow of food where time and temperature abuse may occur:  Yes  No
- 3. Identification of critical limits:  Yes  No
- 4. Identification of control measures for critical limits:  Yes  No

#### Monitoring

- 1. Monitoring procedures, record-keeping and evaluation systems are established:  Yes  No
- 2. Monitoring procedures, record-keeping and evaluation systems have been implemented:  Yes  No

#### Consumer Advisory

Raw or undercooked foods of animal origin served:  Yes  No

If raw or undercooked foods of animal origin are served, what type of disclosure is utilized:

Menu notification  Yes  No

Table “tent” notification  Yes  No

Wait staff notification  Yes  No

Other (please specify) : \_\_\_\_\_

## IV. Cross Contamination Risk Reduction Component

### Identification

Points in the flow of food where foods may be contaminated by personnel, other foods or foreign substances are identified:

Yes  No

### Controls

1. Controls established to prevent cross contamination at the identified points in the flow of food:

Yes  No

2. Procedures implemented to eliminate bare hand contact with ready-to-eat foods where practical;

Yes  No

### Corrective Action

1. Criteria for corrective action is established:

Yes  No

2. Corrective action plans are established:

Yes  No

3. Corrective action plans implemented as necessary:

Yes  No

### Monitoring

1. Monitoring and evaluation systems are established:

Yes  No

2. Monitoring and evaluation systems have been implemented:

Yes  No

## V. Cleaning and Sanitizing Component

### Methods

1. Acceptable methods of cleaning and sanitizing in all areas identified:

Yes  No

2. Acceptable methods of cleaning and sanitizing in all areas established:

Yes  No

## Schedule

Cleaning and sanitizing of equipment and utensils is completed on a schedule:

Yes       No

## Corrective Action

**1.** Criteria for corrective action is established:

Yes       No

**2.** Corrective action plans are established:

Yes       No

**3.** Corrective action plans implemented as necessary:

Yes       No

## Monitoring

**1.** Monitoring, record-keeping and evaluation systems are established:

Yes       No

**2.** Monitoring, record-keeping and evaluation systems have been implemented:

Yes       No