

Montana FOOD STAR™ Award

Cleaning & Sanitizing Component Application

Date _____

Food Purveyors License # _____

Establishment Name: _____

Address: _____
(City) (Zip Code)

Owner (s): _____
(Name) (Phone Number)

Manager (s): _____
(Name) (Phone Number)

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