

Montana FOOD STAR™ Award

Cross Contamination Risk Reduction Component Application

Date _____

Food Purveyors License # _____

Establishment Name: _____

Address: _____
(City) (Zip Code)

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

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

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