

TIME IN:	TIME OUT:	SERVICE: 618	RESULT:	FUTURE :
TRAVEL TIME:	EH#	SR#	PR#	

**SOUTHERN NEVADA HEALTH DISTRICT
FOOD SAFETY ASSESSMENT MEETING QUESTIONNAIRE:**

Per SNHD Regulation 2-101.11 Responsibility, The Permit Holder shall be the Person in Charge (PIC), or shall designate a Person in Charge, and shall ensure that a Person in Charge is present at the Food Establishment during all hours of operation.

Date: _____ New Permit Change of Owner Other _____

CONTACT INFORMATION:

Business Name			
Operating Address		Suite Number	
Risk Category		Type of Establishment	
Name of Owner/PIC			
Contact Phone Number		E-mail Address	

OPERATING INFORMATION:

Operating Hours		Number of Shifts per Day		Number of Staff per Shift	
Number of Seats		Total Square Feet of Facility			
Number of Restrooms		Numbers of PIC's			

MATERIALS CHECKLIST: Please bring the following documents to the scheduled SNHD operational appointment: If you do not have an appointment then please schedule one by calling 702-759-1110.

Proposed menu YES NO
Floor plan of food establishment YES NO

DO YOU KNOW ABOUT THE SNHD REGULATIONS GOVERNING THE SANITATION OF FOOD ESTABLISHMENTS? YES NO

FOOD MANAGER KNOWLEDGE:

Food Safety certification number: _____
Food Safety Consultant: _____

FACILITY REPRESENTATIVES (NAME AND TITLE):

Translator (if provided): _____

STOP – THE FOLLOWING SECTIONS WILL BE COMPLETED DURING THE MEETING

TO BE COMPLETED BY PERMIT APPLICANT

COLD STORAGE:

Refrigerators	YES <input type="checkbox"/>	NO <input type="checkbox"/>	# units	Walk-in Box	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Remote storage	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Location		
Freezer storage	YES <input type="checkbox"/>	NO <input type="checkbox"/>	# units	ADEQUATE COLD STORAGE: YES <input type="checkbox"/> NO <input type="checkbox"/>		

HOT HOLD:

LIST FOODS HELD HOT	
LIST EQUIPMENT USED	ADEQUATE HOT HOLD: YES <input type="checkbox"/> NO <input type="checkbox"/>

ICE MAKER: YES NO

SINKS:

Dishwasher	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hand sink	#sinks	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3 comp sink	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Mop sink		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Prep sink	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

PROCEDURES: Will you be doing any of the following: Smoking, ROP, game processing, curing, pH/Aw test for rice or jerky, sprouting seeds, adding preservatives, unpasteurized juicing, operating a molluscan- shellfish tank? YES NO

If so, do you have a HACCP plan for the special processes? YES NO

ACTIVE MANAGERIAL CONTROLS FOR ALL 5 AREAS OF RISK:

Are you familiar with the foodborne illness risk factors? YES NO

What are PHF's/TCS foods? Provide examples.

EMPLOYEES:

How do you wash your hands? PASS [] FAIL []
 How do you avoid touching RTE foods with your bare hands? PASS [] FAIL []
 What barrier are you providing? (Circle one): Tongs, utensils, gloves, other
 What are the 5 symptoms of employee illness? PASS [] FAIL []
 How will you train employees on hand washing and glove use? PASS [] FAIL []
(Example: staff meetings, monthly checks, demonstrate, train upon hiring, signage, logs, etc.)

How will you monitor the employees' hand wash, not touching RTE, or working while sick?
(Example: by observing staff, by asking them "how do you wash your hands", demonstration, etc.)

FOODS FROM UNSAFE SOURCES:

Will you be storing foods in another location? YES NO Don't Know

Will you bring foods from home? YES NO Don't Know

Will you check your deliveries? YES NO Don't Know

(Examples: temperature, date, and dents)

Where do you purchase your foods? _____

COOKING / REHEATING:

List examples of foods that will be cooked in your facility and the final cooked temperatures	1.	3.
	2.	4.

What temperatures do you **cook** foods to? PASS () FAIL ()
 What temperatures do you **reheat** foods to? PASS () FAIL ()
 Are thermometers provided to staff? YES NO
 Do you calibrate the thermometers and how? PASS () FAIL ()
 How will you actively monitor staff to see if they are properly cooking and reheating foods?
(Example: take temps with staff, verify temp logs, etc.)

What do you do if foods aren't cooked/ reheated to proper temperatures?
(Example: continue cooking, reheat to 165°F, discard, etc.)

(Per menu if applicable) Do you have a consumer advisory on menu to notify customers that specific animal-based foods (such as eggs, meat, or seafood) when served raw or undercooked, are not processed to eliminate pathogens? YES NO NA

(Per Menu if applicable) PARASITE DESTRUCTION: YES NO
 If yes, describe method(s): _____

COLD/HOT HOLDING:

What temperatures do you hold **cold** PHF/TCS? PASS () FAIL ()
 What temperatures do you hold **hot** PHF/TCS? PASS () FAIL ()
 How will you train employees on hot and cold holding? PASS () FAIL ()
 How will you actively monitor food temperatures? PASS () FAIL ()
(Examples: take temperatures, calibrate thermometers, logs etc.)

What do you do if you find foods at improper temperatures? PASS () FAIL ()

Do you use TCS-TIME AS A CONTROL FOR SAFETY? YES NO

If yes, then answer the following;

Which foods are subject to TCS? _____

Do you have a written plan for TCS? YES NO

Do you train employees on this plan? YES NO

Do you provide time labels on TCS for 4 hour discard? YES NO

How will you verify that TCS aren't being held longer than 4 hours?

(Example: check time labels, timers, logs, etc.) _____

What do you do if you find that foods are being held longer than 4 hours?

(Example: discard is the only answer after 6 hours held below 70°F) _____

(Per menu) COOLING:

How will you cool foods? PASS () FAIL ()

Circle all cooling methods to be used	Shallow pans Reduced volumes Metal Containers	Rapid chill equipment Ice Baths Ice Paddles	Ice
List the foods that will be cooling			

How will you monitor cooling?

(Example: observe procedures, logs, ask questions, etc.) _____

What do you do if you find that foods didn't meet the cooling steps? PASS () FAIL ()

(Example: reheat to 165°F within 1st two hours, change cooling methods, discard, etc.)

CONTAMINATION:

How do you prevent cross contamination in your facility?

How do you wash your dishes? PASS () FAIL ()

How do you store chemicals? PASS () FAIL ()

What sanitizer are you using? _____

Do you have test strips? YES NO

Are you familiar with integrated pest control? PASS () FAIL ()

Name of pest control company: _____

FOOD PREPARATION:

Will you wash your own produce? YES NO Unknown

Will you thaw raw animal products? How? YES NO Unknown

Is there a separate preparation sink for raw animal products? YES NO Unknown

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Health Authority may impact final approval of my permit.

Signature(s): _____

Date: _____

Permit Holder **and/or** **Person In Charge**

Signature(s): _____

Date: _____

Permit Holder **and/or** **Person In Charge**

INSTRUCTIONS TO OPERATOR:

Approval of this knowledge assessment by this Health Authority does not indicate compliance with any other code, law or regulation that may be required by federal, state, or local agencies. It further does not constitute endorsement or acceptance of the completed establishment (structure, equipment, or operational plans).

A plan review inspection of the establishment with equipment installed and operational is required prior to commencing operations.

- Schedule facility plan review inspection with SNHD Facility Design Assessment and Permit; for appointment call _____
- Obtain Certified Food Safety Manager and schedule facility inspection
- Review food safety practices and SNHD Regulations for Food Establishments, then reschedule Food Safety Assessment Meeting. Call 702-759-1258 to schedule.

For Staff Use Only

PASS: Based on the food safety information and plans provided today, the facility **has** demonstrated sufficient knowledge to receive a health permit. The PIC's agree to apply the above food safety practices and control the 5 food borne illness risk factors in the facility at all times. Failure to do so will result in downgrades, fees, or suspension of permit.

FAILED: Based on the food safety information and plans provided today, the facility **has not** demonstrated sufficient knowledge to receive a health permit. The facility may reschedule an additional Food Safety Assessment meeting when sufficient knowledge has been obtained. Outlined below are uncontrolled risks for foodborne illness.

Circle uncontrolled risks:

Poor personal hygiene	Improper cooking	Contamination
Foods from unsafe source	Improper holding/ time and temperatures/ cooling	

Reviewer: San# _____

Signature: _____

APPROVAL / DISAPPROVAL / REFERRED TO SUPERVISOR (circle): Date: _____

Reason for disapproval: _____