



Facility Name: _____ Date: _____

Facility Address: _____

Contact Name: _____

Contact Phone: _____

Active Managerial Control Self-Assessment

Does your facility:

			Points
1 Provide formal (facility specific) food safety education?	N	Y	10
2 Are kitchen/shift managers certified food safety managers?	N	Y	10
<ul style="list-style-type: none"> • ServSafe®, Food Protection Manager Certification Program • Mesa County online manager course • NEHA Certified Professional-Food Safety 			
3 Conduct and document daily food safety self-evaluations?	N	Y	10
4 Have private/corporate self-inspections?	N	Y	5
5 Have a written policy to prevent cross-contamination in your facility?	N	Y	10
6 Have a written policy for handwashing including when and where to wash hands?	N	Y	5
Have a written glove use policy including how to prevent bare-hand contact with ready-to-eat foods?	N	Y	5
7 Document sanitizer concentration and usage?	N	Y	5
Have a written policy for wash/rinse/sanitizing food contact surfaces every 4 hours?	N	Y	5
8 Have a call-off log to document employees' leave including the reason, date and time?	N	Y	5
Have staff sign a sick employee agreement?	N	Y	5
Monitor and document wounds on hands? Is there a policy for managing wounds?	N	Y	5
9 Document thermometer calibration?	N	Y	5
What types of thermometers are available in the facility?			
___ Thermocouple ___ Digital ___ Dial probe			
10 Document food temperatures daily? (Receiving, hot/cold holding, cooling and reheating)	N	Y	5
Have a written procedure for cooling/reheating that includes using temp logs?	N	Y	5
11 Does the facility have preventative maintenance contracts for:			
Pest Control ___ Equipment ___ (need at least one for total 5 pts)	N	Y	5
TOTAL			_____



For additional information and food safety resources go to
www.health.mesacounty.us/environment
 (970) 248-6960