



MONROE COUNTY

HEALTH DEPARTMENT

Business Name: _____ Responsible Manager: _____

Business Address: _____

Business Phone Number: _____ Fax Number: _____

Email Address: _____ Owners Name(s): _____

Hours of Operation (AM/PM) S _____ M _____ T _____ W _____ TH _____ F _____ S _____

***Are you a daycare that consists of 50% or more children ages 4 years and younger? YES NO**

***Do you have a Certified Food Protection Manager on duty at all times? YES NO**

CERTIFIED FOOD PROTECTION MANAGERS (CFPM)

Name	CFPM ID #/Exp. date	Allergen ID #/Exp. date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

NOTE:** IL Certified Food Protection Managers (CFPM) **Category 1 *restaurants must undergo accredited **Allergen Awareness Training** within 30 days of being hired, with recertification required every three years. **Also, at least one CFPM manager who has received the allergen training shall always be on site while the restaurant is open.**

***Certified Food Handlers (CFH ~ NOT CFPM)**

For approved courses, go to: www.dph.illinois.gov/topics-services/food-safety see "ANSI Accredited Food Handler Training Programs" on right side of page.

Certified Food Handlers:

Name:	ID#:	Expiration Date:
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2.		
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