

MONROE COUNTY HEALTH DEPARTMENT

Certificate of Compliance Application

Date: **January 1, 2019**

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**
Category 1 & 2 (high & medium risk) establishments

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(high risk) *restaurants* shall 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.**

***NOTE: Category 2(medium risk) establishments shall maintain a Person in Charge (PIC) that is on duty at all times. That PIC is also required to be a Certified Food Protection Manager (CFPM).**

For questions, contact: Vickie Kehrer at 939-3871 ext. 218 or vkehrer@monroecountyhealth.org

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***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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