

STANDARD OPERATING PROCEDURE [SOP] WORKSHEET

Facility Name:

Instructions: Answer all questions. Use additional pages if needed. If a question does not apply, mark the section as "N/A".

1. *Personal Hygiene*

A. Complete the following – Initial to verify agreement to comply:

Employees will report to work clean and in clean clothes:	
Employees will use proper hair restraints (describe restraint used.)	
Employees will not eat in the food areas.	
Employees will drink only from covered cups with a straw, or equivalent, in the food area.	
Employees will cover all cuts with waterproof bandages.	
Employees will cover cuts on hands with a bandage and a proper glove.	
Employees will not wear nail polish/artificial nails or will cover the nails with gloves. Nails will be kept trimmed and clean.	
Employees will not wear hand/wrist jewelry, with the exception of a plain wedding band.	
Soap, paper towels, waste receptacle and a reminder notice will be provided at each hand washing location	

B. Hand Washing: Indicate how employees will wash their hands, and when:

C. Employee Health: Describe the method of complying with the below requirements. *(Note: Guidance documents, including posters and forms, are available from the local licensing agency.)*

Employee health information collection, such as using FDA-provided forms or equivalent:	
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Employees with a “Big Five” Illness – Norovirus, E. coli, Salmonella Typhii, Shigella, Hepatitis A – will be excluded from the food service and that the exclusion will be reported to the licensing agency.	
Employees with conditions that can be transmitted to food that are not Big 5 related will be restricted to non-food handling duties.	
Employees who experience vomiting or diarrhea will be excluded from the facility for at least 24 hours after they are symptom free.	
Describe the procedures for reinstating restricted and excluded employees.	

2. Food

(Note: Any major changes to the menu must be submitted and approved by the licensing local agency prior to their service. Approval documents may be required during inspections.)

A. Menu: Attach a menu or list of all foods to be served in the facility.

B. Food Source: List all suppliers.

_____ The use or sale of home-prepared foods or foods prepared under the Cottage Food Law is prohibited. Indicate by initialing the line provided that these foods will not be served.

C. Thawing: List foods that will be thawed by the following approved methods.

Method	Food
Under Refrigeration:	
During Cooking:	
In a Microwave Oven followed by Cooking:	
Under Cold Running Water:	

D. Preparation: The handling of ready-to-eat foods with bare hands is prohibited. Indicate what ready-to-eat foods will be served and how bare hand contact will be avoided (gloves, utensils, deli papers).

Food Type	Barrier Used

E. Cross Contamination Prevention: Raw animal products and unwashed fruits/vegetables must be handled and stored in a manner that prevents cross-contamination of cooked/ready-to-eat foods. Indicate how and where storage and handling will take place.

Unwashed fruits & vegetables:	Eggs:
Whole meat cuts:	Fish/Seafood:
Ground meat products:	Ready-to-eat food

Poultry/stuffing/stuffing containing meats, etc.:	Other:
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F. Cooking: Indicate how all foods will be cooked. (NOTE: Please mark foods that are cooked to order with an * and include a copy of the Consumer Advisory.)

Food	Cooking Method/Equipment Used	Final Cooking Temperature

G. Cooling: Indicate what foods will be cooled and how they will be cooled.

Food	Cooling Method	Time to 70°F	Time to 41°F

K. Reheating: Indicate all foods that will be reheated and the reheating method.

Food	Individual (I) or Bulk (B)	Equipment Used	Reheat Temperature	Reheat Time

L. Hot Holding: Indicate what foods will be held at 135°F or higher and the equipment that will be used.

Food	Equipment Used

M. Cold Holding: Indicate the foods/food groups that will be held at 41°F and the equipment used.

Food	Equipment Used

N. Temperature Monitoring: Indicate how cold and hot food temperatures will be monitored during events.

Food	Thermometer Type	Monitoring Intervals	Calibration Method and Frequency	Cleaning/Sanitizing of Thermometer
Hot Foods:				
Cold Foods:				
Cooked Foods:				

O. Time Alone as a Control: List foods where only time, and not temperature, will be used to control the safety of potentially hazardous/TCS food items. Explain the time control for each food item (Note: Foods must be marked when time control is going to expire and foods have to be discarded.)

Food	Initial Temp	Maximum Time out of Temperature	Marking Method	Monitoring Method (Thermometer Type)

P. Date marking: Ready-to-eat potentially hazardous/TCS foods must have adequate date marking as outlined in section 3-501.17 of the Food Code. Describe your date marking method.

3. Food Contact Surface Cleaning and Sanitizing

A. Warewashing: Describe how all utensils and equipment (include all clean-in-place equipment) will be cleaned. Include the frequency of cleaning, the facilities used, the procedures used and the chemicals used. *(NOTE: In-use utensils for potentially hazardous foods must be washed, rinsed and sanitized at least every four hours)*

Equipment	Frequency	Location	Procedure	Sanitizer/Concentration

___ Test strips must be provided to monitor concentrations of each type of sanitizer used on site. Indicate by initialing the line provided that test strips will be provided and used.

B. Prep and Cooking Surface cleaning: Describe how food contact preparation surfaces and cooking surfaces will be cleaned and sanitized.

Surface	Frequency	Location	Procedure	Sanitizer/Concentration

C. Chemical Storage: Describe where sanitizers and other chemical will be stored in the facility, including spray bottles in work areas.

4. Water Supply

A. Municipal or Type II Well? _____

B. Backflow Prevention: List equipment that will require backflow prevention and what method of backflow prevention will be provided (*examples: carbonator with screened/vented double check valve; pressurized hose on mop sink*).

Equipment	Backflow Prevention Method

5. Sewage Disposal

A. Municipal or On-site system? _____

B. Backflow Prevention: List equipment that will require backflow prevention and what method of backflow prevention will be provided (*examples: ice machine with an air gap*).

Equipment	Backflow Prevention Method

6. Environmental Hazards

A. Pest Control: Will a pest control company be used? _____

Company Name:

B. Drive Thru Service Window method of pest control: _____

Signature of Operator

Date

Below for Agency Use Only:

_____ The SOPs have been reviewed and determined to be complete and technically-accurate. The SOPs are approved.

_____ The SOPs have been reviewed and have been approved, subject to the following conditions:

_____ The SOP's have been reviewed and determined to be unacceptable. Refer to the attached guidance information for required changes.

Sanitarian/Inspector

Date