East Side Health District

Food Certification Verification Acknowledgement

Date:						
Food Facility:		-				
Days and Hours of Operation:						
A Certified Food Service Manager is preser	nt at all times	the facility	is handling PH	IFs: YES_	_NO	
At least one full time Certified Food Service	e Manager is e	employed a	nt this establis	hment: YES_	_ NO	
Certified Food Manager (C	CFPM)	Cent	idication #		ion Dati	e
						:
				V/388		
Food Handler		Cert	ification #	r/Expirat	IOII Dat	
			·c: .:			
Allergen		Cert	ification #	r/Expirat	lon Pat	e
						· · · · · · · · · · · · · · · · · · ·
(Additional space provided on back)						
Name:		Date: _				

Food Certification Verification Acknowledgement

Certified Food Manager (CFPM)	Certification #/Expiration Date
Food Handler	Certification #/Expiration Date
Allergen	Certification #/Expiration Date