

# East Side Health District

## Food Certification Verification Acknowledgement

Date: \_\_\_\_\_

Food Facility: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

A Certified Food Service Manager is present at all times the facility is handling PHFs: YES\_\_ NO\_\_

At least one full time Certified Food Service Manager is employed at this establishment: YES\_\_ NO\_\_

Certified Food Manager (CFPM)	Certification #/Expiration Date

Food Handler	Certification #/Expiration Date

Allergen	Certification #/Expiration Date

(Additional space provided on back)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

