



Public Health
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Peoria City/County
Health Department
www.pcchd.org

Food Safety Excellence Award Application

Date: ___/___/___

The Food Safety Excellence Award is awarded to eligible* establishments that demonstrate a commitment to food safety. The award takes into account not only food inspections, but also dedication to food safety through the on-going development of voluntary food safety practices.

New in 2020! Establishments now have the option of applying electronically.

Completed applications can be submitted to EH@peoriacounty.org.

Additionally, the application deadline has been extended to **December 1st!**

Establishment Name: _____ **Address:** _____
Permit # _____ **Contact Name:** _____
Phone Number: _____ **Email:** _____

The Food Safety Excellence award program runs from January 1st to December 31st each year. Establishments must meet all mandatory criteria and **submit this application (along with three supporting documents from the list below)** by **December 1st** of the award year.

Supporting Documents: (write initials next to the **three (3) supporting documents** from the list below that are being submitted with this application—*items must be different every year*)

Written Water Emergency Procedure	Proof of Attendance at a Department Hosted and/or Approved Workshop/Training
Written Power Outage Procedure	Proof that Temperature Logs are Maintained
Written Handwashing Standard Operating Procedure (SOP)	Proof that Cooling Logs are Maintained
Written Food Defense Plan	Proof of an Internal Training Program (NOT Food Handlers)
Written Employee Health Agreement/SOP	Proof that Thermometer Calibration Logs are Maintained
Written Glove Use SOP	Proof of ANSI approved Allergen Training for Establishments that are NOT Required by Law to have Allergen Training
Two (2) Written HACCP Plans Developed for Menu Items (<i>this counts as one (1) item</i>)	Written Essay Response (Min. 500 Words) Answering (With Examples), "How has your establishment promoted a culture of food safety excellence this year?"
Written Dress Code SOP (Specific to Food Code)	Completed Self-Inspection Form (http://www.pcchd.org/149/Forms)

Photograph Release Form: I hereby authorize and consent to have photographs made of me and/or a person on whose behalf I can consent, if my establishment is chosen as a recipient of the Food Safety Excellence Award. The purpose of these images is for public relations (photos of the awards ceremony may be posted on the Health Department website and/or the Health Department social media sites such as Facebook and Twitter). I hereby waive compensation, financial or otherwise, for the use or duplication of the above-mentioned photographic recordings. (Please check one option below)

I agree that my photo can be used by the Peoria City/County Health Department:

I do not want my photo being used by the Peoria City/County Health Department:

I have read and understand the requirements for the Food Safety Excellence Award and affirm that my food establishment has met all of the mandatory criteria, including **providing three (3) additional supporting documents** from the above supporting documents list.

Printed Name: _____ **Signature:** _____ **Date:** ___/___/___

***Only Category I & II food establishments are eligible for this award.** Those who are not eligible to receive this award are: *Pushcarts, Modified Mobiles, Street and Sidewalk Vendors, Category III Establishments, or Seasonal Food Establishments that operate less than 6 months out of the year.*

Establishment Name: _____ Date Received: ____/____/____
Permit # _____ Address: _____
Risk Category: _____ EHS/P Conducting Review: _____

Mandatory Criteria (Verify and Initial Each Item):

- ____: Establishment has possessed a valid license for the entire year
- ____: Establishment was under the same ownership/licensee for the entire year
- ____: Establishment's license was renewed and paid before becoming delinquent
- ____: Establishment's license has not been suspended or revoked during the application year
- ____: Establishment is a Cat I or II and is NOT a seasonal establishment (Cat III, SSV, seasonals, etc. not eligible)
- ____: Establishment has been under the operational control of a CFPM for the entire year
- ____: Establishment has provided proof that all food handlers have completed food handler training (review inspections for this information)
- ____: Establishment has been inspected in accordance with department frequency of inspection requirements
- ____: Establishment has not received any Priority or Priority Foundation violations in the past year
- ____: Establishment has had no more than one (1) repeat violation in the past year

Routine Inspections (Date)	# of Priority and/or Priority Foundation Violations
_____	_____
_____	_____
_____	_____

Supporting Documents:

- ____: Verify that three (3) supporting documents have been submitted and ensure that the three (3) supporting documents meet the criteria outlined on the application and/or current flyer.
- ____: Verify that the three (3) supporting documents submitted are different than what was submitted by the establishment the previous year (See: prior year's Food Safety Excellence Award folder)

---- **Final Approval Granted for Award: Yes / No** ----

Reason(s) why final approval is not granted

Signature: _____ **Printed Name:** _____ **Date:** ____/____/____