

Team Up For Food Safety (TUFFS) Application

Team Up For Food Safety is a voluntary annual recognition program designed to recognize retail food establishments that have a history of working to prevent foodborne illnesses and maintain safe food handling practices. The program is designed to highlight your role in food protection through Active Managerial Control. By observing, measuring and monitoring operational procedures you can provide corrective actions to manage food safety risk factors. Admittance to the TUFFS program is based on the following criteria and there is no fee to apply:

- Establishment's two most recent inspections must document no more than
 - Two Priority or Priority Foundation items cited during a routine inspection
 - Four Core items cited during a routine inspection
- No confirmed foodborne illnesses at establishment for the previous twelve months
- Completed self-assessment of Active Managerial Control (AMC)
- The establishment cannot currently be in the enforcement process or have been in the enforcement process in the preceding twelve months
- The establishment's managerial staff must take an active role in monitoring kitchen operations and personnel
- At a minimum the establishment must have on staff one Certified Food Protection Manager (certification curriculum must be recognized by the 2013 FDA Food Code)

Please find the Team Up For Food Safety application and AMC self-assessment attached to this letter, once you have been admitted to the program your establishment will be re-evaluated annually on the above criteria by our department to maintain membership. If you have any questions or need assistance to reach your goal, please feel free to contact me using the information below, or reach out to your routine inspector directly for more information.

Thank you,

Judith Gonzalez
Environmental Health Specialist
Team Up For Food Safety Program Coordinator
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Jefferson County Public Health

Team Up For Food Safety (TUFFS) Application

Name of Establishment:		
Address:		
Suite/Unit#:	City:	Zip Code:
Establishment Phone#:	Fax #:	E-mail:
Name of Owner(individual/corporation):		
Name of Principal Contact Person:		
Phone#:	Fax#:	E-mail:

Please list formal food safety training (**at least one Certified Food Protection Manager required for admittance into program**), e.g. ServSafe, 360 Training, NRFSP certificate, StateFoodSafety, Prometric

Certification:	Issue Date:	Expiration Date:
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Signature of Applicant

Date

Office Use Only

Date of most recent routine inspection: _____ #P/Pf: _____ # Core: _____

Date of previous routine inspection: _____ #P/Pf: _____ # Core: _____

Coordinator reviewed: _____ Approved: _____ Not approved: _____

Inspector reviewed: _____ Approved: _____ Not approved: _____

Needs for approval: _____



Active Managerial Control Self-Assessment

Active Managerial Control (AMC) is the management of food safety practices focusing on long term food handling behaviors which reduce the occurrence of foodborne illness risk factors. With an AMC approach, establishments work to prevent food safety risk factors by developing and implementing a food safety management system.

Please answer the following questions; the information you provide will be used to determine your establishment's level of active managerial control and subsequent admittance to the program.

Operations

- Do managers have current food safety certification? (e.g. ServSafe, NEHA certificate, NRFSP certificate, www.Statefoodsafety.com) **One certified manager required for admittance to program.** YES NO
- Do all employees who handle food receive formal food safety training? (e.g. JCPH Excellence in Food Safety class, food safety video, online classes, www.Statefoodsafety.com) YES NO
- Do all foods come from approved sources? YES NO
- Are food orders checked upon receipt for receiving temperatures and damage? YES NO
- Do managers perform line checks throughout the day concentrating on food safety risk factors? YES NO
- Do employees perform line checks during their shifts concentrating on food safety risk factors? YES NO
- Do managers set expectations of employees at the beginning of their shifts concentrating on food safety risk factors? YES NO
- Does the establishment have a probe thermometer capable of taking temperatures of foods? YES NO
- Is the probe thermometer calibrated on a regular basis? YES NO
Please briefly describe your method of calibration along with frequency: _____

- Does the establishment maintain thermometer calibration logs? YES NO
- Are temperatures of food (e.g. cook temps, cold holding, hot holding, cooling, reheating, receiving) taken throughout the day? YES NO
- Are logs of the above temperatures maintained? YES NO
If yes please list types of temperature logs that are maintained: _____

- Are equipment temperatures monitored throughout the day? YES NO
- Are logs of equipment temperatures maintained? YES NO
- Do managers monitor employees for signs of illness? YES NO

- Do managers record and maintain incidences of illness? YES NO
- Does the establishment have an outside/corporate company that does private inspections where results are used to educate staff members? YES NO
- Does the establishment do regular self-inspections where the results are used to educate staff members? YES NO

Training

- Are employees trained on expected handwashing/glove use procedures? YES NO
- Are employees trained on proper food storage? (e.g. raw proteins vs. ready to eat foods, protection from contamination) YES NO
- Are employees trained on proper chemical storage? YES NO
- Does the establishment use color coding of equipment to separate raw proteins from ready to eat foods? YES NO
- Do managers actively monitor food preparation, operational steps, and employee hygiene on the cook line? YES NO
- Are employees trained on the establishment's illness policy? YES NO

Please describe illness policy: _____

- Is the establishment's illness policy in written form? YES NO
- Are employees required to sign illness policy, verifying their understanding of policy? YES NO
- Are employees trained on uniform standards/personal hygiene expectations? YES NO

Facilities

- Are sanitizer buckets/spray bottles/three compartment sink sanitizer concentrations monitored throughout the day? YES NO
- Is the warewashing machine tested daily for adequate sanitization, either chemical or high heat? (leave blank if not applicable) YES NO
- Does the establishment have a pest management program? YES NO

Establishment Name and Address

Manager/Owner

Signature/Date