



Standard Operating Procedure (SOP) Cover Sheet

Establishment Name: _____

Address, City: _____

County: _____

√ or NA	
All Food Establishments, except vending locations:	
	Handwashing
	Personal hygiene, including cuts and sores
	Preventing bare hand contact with ready-to-eat food (gloves, utensils, etc.)
	Employee illness
	Purchasing food from approved sources
	Cleaning and sanitizing food contact surfaces
When applicable to the establishment:	
	Cross-contamination prevention
	Warewashing
	Date-marking ready-to-eat, potentially hazardous food
	Using time only (not time and temperature) as a method to control bacterial growth
	Time and temperature control for <u>thawing</u> potentially hazardous food
	Time and temperature control for <u>cooking</u> potentially hazardous food
	Time and temperature control for <u>cooling</u> potentially hazardous food
	Time and temperature control for <u>reheating</u> potentially hazardous food
	Time and temperature control for <u>hot holding</u> potentially hazardous food
	Time and temperature control for <u>cold holding</u> potentially hazardous food
Special transitory food units (SFTU's) only:	
	Menu copy
	Water supply
	Wastewater disposal

The documents noted above were reviewed and found to be technically correct:

Agency Name: _____

The attached
SOP's are
numbered pages:

Agency Representative: _____

Date: _____

Agency Notes:

Note: Attach SOP's to cover sheet, or note if SOP's were in electronic form. Written SOP's are required for STFU's.

August, 2004