

<b>OFFICE USE ONLY:</b>	Amount \$ _____ Check # _____	Date Received:	Audit Findings
	Rcvd By: _____ ROW ID _____		



**AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT  
PUBLIC HEALTH AND COMMUNITY SERVICES DIVISION  
Environmental Health Services Division**

PO BOX 142529, Austin, TX 78714 Telephone: (512) 978-0300 Fax: (512) 978-0322



### Food Enterprise Employee List

*Applies ONLY to locations within the CITY OF AUSTIN*

**NOTICE: Employee List submitted after permit expiration date must include \$100 compliance verification fee.**

**Inaccurate or incomplete lists will be returned.** COA Food Enterprises must be 100% Food Handler compliant. All employees are to be listed & information must be complete & accurate to receive credit for each COA registration. Your employee count will be verified in our office by reviewing the number of employees listed at time of permit renewal and the number listed on your most recent food inspection report. **Failure to meet Food Handler Compliance by your permit expiration date will result in additional fees & possible legal action.** Before submitting your employee list please confirm status of employee FH registrations at the COA FH Verification site: [austintexas.gov/health/fh/report.cfm](http://austintexas.gov/health/fh/report.cfm)

For information on FH Compliance Requirements or for appointments call (512) 978-0300. [austintexas.gov/department/food-establishment-requirements](http://austintexas.gov/department/food-establishment-requirements)

<b>1. Identify your Establishment.</b> Complete all blanks. All information should be listed as it appears on your permit or permit renewal notice. Please print clearly.			
Establishment Name:		Permit No.:	
Establishment Address:		Suite/Unit:	Austin, TX Zip Code:
Total number of employees/volunteers/contractors at this establishment:		I certify the information on this list (and all attached pages) is current and correct to the best of my knowledge:  X _____ Date _____	
Total number who <b>do not</b> meet the food handler/food manager requirements: List and circle "NA" below and include Non-Food Handler affidavit (s)			

**2. Provide Food Handler Information.** Use this spreadsheet or attach your own including all requested information. Additional copies available online or in our office.

First Name	Last Name	Date of Birth	(Circle One) Food Manager (FM) Food Handler (FH) NA	City of Austin Verification, Certificate or Registration No.:	Expiration Date	Job Title
		/ /	FM / FH / NA		/ /	
		/ /	FM / FH / NA		/ /	
		/ /	FM / FH / NA		/ /	
		/ /	FM / FH / NA		/ /	
		/ /	FM / FH / NA		/ /	
		/ /	FM / FH / NA		/ /	
		/ /	FM / FH / NA		/ /	
		/ /	FM / FH / NA		/ /	
		/ /	FM / FH / NA		/ /	