

Q.F.O. Questionnaire

NORTH CENTRAL DISTRICT HEALTH DEPARTMENT

Does Your Establishment Need A Q.F.O.?

(Qualified Food Operator)

Please answer the following questions.

Circle Below:

- Y / N 1. Does your facility prepare potentially hazardous food* by heating?
- Y / N 2. Are potentially hazardous foods* held hot for more than four hours before or during serving?
- Y / N 3. Are the foods prepared or served limited to commercially pre-packaged precooked foods heated in the original container and served within four (4) hours, **OR**, commercially precooked hot dogs, kielbasa and soup, transferred out of the original package and served within four (4) hours?

- If you answered "yes" to Numbers 1 and 2, your establishment is a "Class 4" and per Public Health Code, you **DID** need a Q.F.O. by **August 1, 1997**.
- If you answered "yes" to Number 1, and "no" to Numbers 2 and 3, your establishment is a "Class 3" and per Public Health Code, you **DID** need a Q.F.O. by **August 1, 1997**.
- If you answered "no" to Number 1 and 2, but "yes" to Number 3, you **DID NOT AND DO NOT** need a Q.F.O.

If your menu is limited to hot and cold beverages and commercially packaged, precooked foods, heated in the original container and held less than four (4) hours, you are "Class 1" and no Q.F.O. is required.

If your menu includes the above PLUS cold or ready to eat commercially processed food requiring no heating or cooking (eg., cold sandwiches) and/or commercially precooked hot dogs, kielbasa, or soup transferred directly out of the original package and served within four (4) hours, you are a "Class 2" and no Q.F.O. is required.

* **Potentially Hazardous Foods:** *Any food or ingredient, natural or synthetic, that is in a form capable of supporting the rapid and progressive growth of infectious or toxigenic microorganisms, or the slow growth of Clostridium botulinum.*

Please sign and fill in below:

Your Name: _____ Date: _____

Establishment: _____ Town: _____

My Establishment Class is: _____

If you are a Class 3 or Class 4, please submit your food safety training documentation to our department ASAP. Thank you.

All Class 3 and Class 4 applicants, regardless of previous information supplied, MUST complete this form. Your application for a food service license will not be processed if returned blank or incomplete.

Establishment Name: _____

Establishment Address: _____
(Street) (City) (State)

PRIMARY Qualified Food Operator Information

Full Name: _____
(First) (Last) (Job Title)

Home Street Address: _____

(City) (State) (Zip) (Home Phone No.)

Name of Course Taken: _____ Date on Certificate: _____

A copy of your certificate of course completion must be submitted along with your license application - if not previously submitted.

REQUIRED: ALTERNATE Qualified Food Operator Information

The owner of manager of the food service establishment shall designate an alternate person to be in charge at all times when the qualified food operator cannot be present.

Full Name: _____
(First) (Last) (Job Title)

Home Street Address: _____

(City) (State) (Zip)

Home Tel. No.: _____ Course taken (if applicable) _____

REQUIRED: WRITTEN DOCUMENTATION OF TRAINING

Written documentation of a training program and training records of each employee are maintained and on file on site at this establishment.

YES _____ NO _____ Signed _____
Primary Qualified Food Operator

1. A copy of your certificate of compliance with the qualified food operator requirement must be maintained on file at the food service establishment at all times.
2. The Qualified Food Operator shall maintain written documentation of a training program, and training records of individual employees.
3. ***The state Public Health Code now allows the Director of Health to close an establishment for non-compliance with Section 19-13-B42(u)(4) - QFO Requirements.***