

Establishment Name: _____

Fixed Food Establishment Standard Operating Procedure (SOP) Cover Sheet

Address, City:
County:
√ or NA
All Food Establishments, except vending locations:
Handwashing
Personal Hygiene
Bare Hand Contact with Ready-to-Eat Food
Employee Health
Food from Approved Sources
Cleaning and Sanitizing Food Contact Surfaces (i.e. Warewashing)
Protecting Food from Contamination When applicable to the establishment:
Date Marking Ready-to-Eat, TCS Food
Time as a Public Health Control
Thawing_TCS Food
Cooking TCS Food
Cooking TCS Food Cooling TCS Food
Reheating TCS food
Hot holding TCS food
Cold holding TCS food
Cold floiding 1CS food Catering /Off-Site/Satellite Food Service
Outdoor Exposed Dining/Food Preparation
The documents noted above were reviewed and found to be technically correct:
Agency Name:
Agency Representative:
Date:
Attached SOPs are numbered pages: to
Agency Notes:

Note: Attach SOP's to cover sheet or note if SOPs were in electronic form.