

TIME AS A PUBLIC HEALTH CONTROL APPLICATION

I (we) hereby apply to use Time as a Public Health Control and in support of this application supply the following information. If more space is needed, please attach additional pages. (Please print)

NAME OF FOOD ESTABLISHMENT:	
STREET ADDRESS WHERE FOOD ESTABLISHMENT IS LOCATED:	
	POSTAL CODE:
NAME OF CONTACT PERSON:	
PHONE #: CELL OR PAGER #:	
TYPE OF FOOD (One application per food product):	
DESCRIPTION OF PREPARATION / COOKING / COOLING / DISPLAY OF THIS FOOD	
TIME LARELING PROCEDURES	
TIME LABELING PROCEDURES	
FOOD DISCARD PROCEDURES	
APPLICANT'S SIGNATURE PLEASE PRINT NA	AME DATE
APPLICATION: APPROVED □ REFUSED □	
EXECUTIVE OFFICER	DATE