



ALTERNATIVE OPERATING PROCEDURE CHECKLIST

Business Name		License Number		
		File Number		
Owner (Corporation, Partnership, Individual, etc.)		Date		
		Month	Day	Year
Street Address of Business				
City	State	Zip Code	E-Mail Address	
Phone No. (include area code)	Alternate Phone No. (include area code)		Fax No. (include area code)	
Type of Establishment: <input type="checkbox"/> Permanent Seating Restaurant (Number of seats: _____) <input type="checkbox"/> Permanent with No Seats <input type="checkbox"/> Catering <input type="checkbox"/> MFDV <input type="checkbox"/> Theme Park Food Cart <input type="checkbox"/> Temporary Food Service				
NOTE: IF EMPLOYEES ARE DIRECTLY TOUCHING READY-TO-EAT (RTE) FOODS WITH BARE HANDS, ASK TO SEE WRITTEN ALTERNATIVE OPERATING PROCEDURES				

Availability & Review of Procedures

1	Written alternative operating procedure available on the premise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Documentation present indicating that the procedure is reviewed annually	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA

Content of Written Procedures

3	Specific work stations identified where bare hand contact occurs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Specific employee positions conducting bare hand contact identified	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Food preparation processes where bare hand contact used identified	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Explanation cross contamination prevention between raw and ready-to-eat	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
7	Employee professional hygiene training provided to identified positions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Proof of employee training provided onsite	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Hand sanitizer provided and used after proper handwashing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Employee hand washing practices routinely monitored by management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Employee health status routinely monitored by management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Employee adherence to AOP provisions routinely monitored by management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Operator corrective actions listed	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Hand Wash Sink Requirements

14	History of hand washing violations documented	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15	Appropriate number of hand wash sinks installed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16	Hand wash sinks conveniently located	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments

Alternative Operating Procedure Approved Denied Previously Approved - Review Only

NOTE: IF THE DIVISION IS NOTIFIED OF A SUSPECTED FOODBORNE ILLNESS OUTBREAK, THE DIVISION MAY TEMPORARILY SUSPEND THE ALTERNATIVE OPERATING PROCEDURE AND ENFORCE NO BARE HAND CONTACT OF READY-TO-EAT FOOD UNTIL THE EXISTENCE AND/OR ORIGIN OF THE OUTBREAK IS VERIFIED.				
Recipient's Name (Please Print)		Title	Inspector's Name (Please Print)	
Recipient's Signature			Inspector's Signature	
Establishment Phone Number	Date	Time	Phone Number	Date