QUALIFIED FOOD OPERATOR
DEMONSTRATED KNOWLEDGE STATEMENT

Pursuant to Public Health Code (PHC) Section: 19 13 B42(s)(6), 19 13 B48(j)(5), 19 13 B49(t)(5), in the absence of documentation that the Qualified Food Operator has passed a test administered by a testing organization approved by the department, a signed statement must be provided by the owner/operator of the food service, itinerant food vending or catering food service establishment (as applicable), attesting that the qualified food operator has demonstrated knowledge of food safety as specified below:

(A) ELEMENTS OF KNOWLEDGE

(i) IDENTIFY FOODBORNE ILLNESS – DEFINE TERMS ASSOCIATED WITH FOODBORNE ILLNESS; RECOGNIZE THE MAJOR MICROORGANISMS AND TOXINS THAT CAN CONTAMINATE FOOD AND THE PROBLEMS THAT CAN BE ASSOCIATED WITH THE CONTAMINATION; DEFINE AND RECOGNIZE POTENTIALLY HAZARDOUS FOODS; DEFINE AND RECOGNIZE ILLNESS THAT CAN BE ASSOCIATED WITH CHEMICAL AND PHYSICAL CONTAMINATION; DEFINE AND RECOGNIZE THE MAJOR CONTRIBUTING FACTORS FOR FOODBORNE ILLNESS; RECOGNIZE HOW MICROORGANISMS CAUSE FOODBORNE DISEASE.

(ii) IDENTIFY TIME/Temperature RELATIONSHIP WITH FOODBORNE ILLNESS RECOGNIZE THE RELATIONSHIP BETWEEN TIME/TEMPERATURE AND MICROORGANISMS (SURVIVAL, GROWTH, AND TOXIN PRODUCTION); DESCRIBE THE USE OF THERMOMETERS IN MONITORING FOOD TEMPERATURES.

(iii) DESCRIBE THE RELATIONSHIP BETWEEN PERSONAL HYGIENE AND FOOD SAFETY RECOGNIZE THE ASSOCIATION BETWEEN HAND CONTACT AND FOODBORNE ILLNESS; RECOGNIZE THE ASSOCIATION BETWEEN PERSONAL HABITS AND BEHAVIORS AND FOODBORNE ILLNESS; RECOGNIZE THE ASSOCIATION BETWEEN HEALTH OF A FOOD HANDLER AND FOODBORNE ILLNESS; RECOGNIZE HOW POLICIES, PROCEDURES AND MANAGEMENT CONTRIBUTE TO IMPROVED FOOD HYGIENE PRACTICES.

(iv) DESCRIBE METHODS FOR PREVENTING FOOD CONTAMINATION FROM PURCHASING TO SERVING – DEFINE TERMS ASSOCIATED WITH CONTAMINATION; IDENTIFY POTENTIAL HAZARDS PRIOR TO DELIVERY AND DURING DELIVERY; IDENTIFY POTENTIAL HAZARDS AND METHODS TO MINIMIZE OR ELIMINATE HAZARDS AFTER DELIVERY.

(v) IDENTIFY AND APPLY CORRECT PROCEDURES FOR CLEANING AND SANITIZING EQUIPMENT AND UTENSILS DEFINE TERMS ASSOCIATED WITH CLEANING AND SANITIZING; APPLY PRINCIPLES OF CLEANING AND SANITIZING; IDENTIFY MATERIALS, EQUIPMENT, DETERGENT, SANITIZER, APPLY APPROPRIATE METHODS OF CLEANING AND SANITIZING; IDENTIFY FREQUENCY OF CLEANING AND SANITIZING.

(vi) RECOGNIZE PROBLEMS AND POTENTIAL SOLUTIONS ASSOCIATED WITH FACILITY, EQUIPMENT, AND LAYOUT IDENTIFY FACILITY, DESIGN, AND CONSTRUCTION SUITABLE FOR FOOD SERVICE ESTABLISHMENTS; IDENTIFY EQUIPMENT AND UTENSIL DESIGN AND LOCATION.

(vii) RECOGNIZE PROBLEMS AND POTENTIAL SOLUTIONS ASSOCIATED WITH, TEMPERATURE CONTROL, PREVENTING CROSS CONTAMINATION, HOUSEKEEPING AND MAINTENANCE IMPLEMENT SELF INSPECTION PROGRAM; IMPLEMENT PEST CONTROL PROGRAM; IMPLEMENT CLEANING SCHEDULES AND PROCEDURES; IMPLEMENT EQUIPMENT AND FACILITY MAINTENANCE PROGRAM.

(B) DEMONSTRABLE ELEMENTS OF COMPETENCY

(i) ASSESS THE POTENTIAL FOR FOODBORNE ILLNESS IN A FOOD SERVICE ESTABLISHMENT PERFORM OPERATIONAL FOOD SAFETY ASSESSMENT; RECOGNIZE AND DEVELOP STANDARDS, POLICIES AND PROCEDURES, SELECT AND TRAIN EMPLOYEES; IMPLEMENT SELF AUDIT/INSPECTION PROGRAM; REVISE POLICY AND PROCEDURE (FEEDBACK LOOP); IMPLEMENT CRISIS MANAGEMENT PROGRAM.
(ii) ASSESS AND MANAGE THE PROCESS FLOW IDENTIFY APPROVED SOURCE; IMPLEMENT AND MAINTAIN A RECEIVING PROGRAM; IMPLEMENT AND MAINTAIN STORAGE PROCEDURES; IMPLEMENT AND MAINTAIN PREPARATION PROCEDURES; IMPLEMENT AND MAINTAIN HOLDING/SERVICE/DISPLAY PROCEDURES; IMPLEMENT AND MAINTAIN COOLING AND POST PREPARATION STORAGE PROCEDURES; IMPLEMENT AND MAINTAIN RE SERVICE PROCEDURES; IMPLEMENT AND MAINTAIN TRANSPORTATION PROCEDURES.

QUALIFIED FOOD OPERATOR
DEMONSTRATED KNOWLEDGE STATEMENT

I________________________ attest that________________________
(Print Name of Owner or Operator) (Print Name of Qualified Food Operator)
is employed in a full time supervisory position and has demonstrated to me the elements of knowledge and demonstrable elements of competency as described in A and B, as listed above.

Signature and Title________________________ Date________________________
(Signed by Owner/Operator of the Establishment)

Signature and Title________________________ Date________________________
(Signed by Qualified Food Operator)

Name of Establishment__________________________________________________________

Address of Establishment__________________________________________________________

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Mail completed form to:

Farmington Valley Health District
95 River Road, Suite C
Canton, CT 06019
FAX (860) 352-2542