



PUEBLO CITY-COUNTY HEALTH DEPARTMENT
Environmental Health Division
101 W 9th Street
Pueblo, CO 81003
(719) 583-4307

Pueblo Partners in Food Safety

Pueblo Partners in Food Safety is an incentive program recognizing retail food establishments in Pueblo County with exceptional food safety practices. Program enrollment criteria were developed through collaboration of Pueblo City-County Health Department (PCCHD), business owners and food service professionals. Application and participation in the program is voluntary.

Criteria

1. The facility must receive a risk index score between 0-39 on the facility's last PCCHD inspection. If the facility earned a 40 or greater, the facility will need to have another inspection with a rating of 0-39 before they are eligible to be in the program. After achieving a 0-39 point inspection, two consecutive inspections of 40 points or greater will disqualify the facility from the program.
2. The facility must submit a written explanation of an employee training program that ensures all new food handling staff is adequately trained in basic food safety practices within three months of employment.
3. The facility must be in good standing with PCCHD. Facilities in the civil penalties process are not eligible to participate in the program.
4. A score of at least 50 points on the PCCHD Active Managerial Control Self-Assessment. Facilities must include applicable logs, forms, contracts, certificates and policies for existing management policies indicated in the AMC self-assessment.

Instructions

Applications may be mailed or delivered in person to:

Pueblo City-County Health Department
Environmental Health Division
101 W. 9th Street
Pueblo, CO 81003

Or email as a PDF attachment to: pueblofoodforum@gmail.com





PUEBLO CITY-COUNTY HEALTH DEPARTMENT
 Environmental Health Division
 101 W 9th Street
 Pueblo, CO 81003
 (719) 583-4307

Pueblo Partners in Food Safety Program Application

Name of Facility: _____

Address: _____ Suite/Unit # _____

City: _____ State: _____ Zip Code: _____

Facility Phone: _____ Fax: _____

E-mail: _____

Name of Owner (individual(s) or corporation): _____

Name of main facility contact person: _____

Phone: _____ Fax: _____

E-mail: _____

Explain training program that ensures all new food handling staff is adequately trained in food safety practices within 3 months of employment:

Facility shall complete and attach Active Managerial Control (AMC) Self-Assessment. Existing management policies indicated on the self-assessment will be verified during your next routine inspection.

 Signature of Applicant

 Date

