

ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF FOOD SAFETY POLICY AND GUIDELINES

By signing below I acknowledge that I have received notice of Enter Name of Facility's policy regarding bringing in food/beverages brought in from the outside. I have also received education on the following:

- Location of pantry/refrigerator/microwave
- Hand hygiene
- Personal health
- Safe and sanitary food handling and storage
- Labeling requirements
- Safe cooling/reheating processes
- Safe and sanitary use of food thermometer
- Hot/cold holding temperatures
- Preventing cross contamination
- Cleaning requirements
- Monitoring/disposal requirements

Sign in the applicable field below:

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Name of Resident

Signature

Date

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Name of Rep/Other

Name of Resident you Rep

Signature

Date

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Name of Staff Receiving Education

Signature

Date

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Name of Staff Providing Education

Signature

Date