

Egyptian Health Department

Annual Food Service Information Update

(Please fill out and return with application and fee.)

Manager: _____
Certified Food Handler's I.D. # (if required): _____
Exp. Date: _____

List other Certified Food Handlers with I.D. # and Exp. Date:

Owner of property: _____

Phone #: _____

Hours of Operation: Su _____ M _____ Tu _____ We _____
Th _____ F _____ Sa _____

Emergency Contact: _____ Phone #: _____
(in case of boil order, power outage, etc.)

Have you added any menu items over the past year?

Have you changed any food handling practices over the past year?

Do you do any catering off your premises? _____

List any other changes or items of concern. _____

List any information or training the Egyptian Health Dept could assist you with.
