



Working with our community
to ensure a safe and healthy environment



Environmental Services
Department

Maricopa County Environmental Services Department

Environmental Health Division

1001 N. Central Ave. Ste. 300

Phoenix, AZ 85004 Phone:

Cutting Edge Program Application

Provide all requested information below (please print)

Business Name (e.g. Name on the building): _____

Business Address: _____

City: _____

Zip Code: _____

Business Phone: _____

Business Fax: _____

Person in Charge: _____

Phone (if different from above): _____

Email: _____

Please list all the establishments and permit numbers that you would like to be included under this program (please use the back or a separate sheet if necessary):

Name of Establishment	Address	MCESD Permit Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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Please check all of the policies that apply to your facility and agree that the policies have been reviewed to include a policy that addresses minimum code requirements for all of the applicable areas, a training component on the policies, and a verification component. Please refer to the Cutting Edge Questionnaire if you have any questions.

RISK FACTORS	Is risk factor applicable? Y/N	Is there a <u>Written Policy</u> related to risk factor? Y/N	Has staff been <u>Trained</u> on policies? Y/N	Are procedures <u>Verified</u> ? Y/N	FDA Food Codes (References to write your policy)
Time / Temperature Control					
Cooking Temperatures					3-401.11
Cooling					3-501.14
Reheating					3-403.11
Cold Holding					3-501.16 A(2)
Hot Holding					3-501.16 A(1)
Personal Hygiene					
Employee Health					2-201
Hand washing / Bare Hand Contact					2-301 3-301.11
Cross Contaminated Equipment / Cross Contamination					
Food Contact Surfaces					4-601
Cross Contamination					3-302.11
Food Source					
Approved Source					3-201
Special Processes					see food code

By signing below I agree that all of the submitted policies are valid at the time of submittal and agree to maintain copies of these policies on hand for review during Verification Visit inspections:

Signature of Person In Charge: _____ Date: _____

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