APPLICATION FOR
GRADE A
FOOD SAFETY AWARD

Complete and mail to:
Stark County Health Department
Attn: Paul DePasquale
3951 Convenience Circle
Canton, Ohio 44718
330-493-9904

Date _____

Name of Facility _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Risk Level (1-4) _____ Commercial _____ Non-Commercial _____

Names of ServSafe Certified Employees Hours/Week

_____ _____

_____ _____

_____ _____

I certify that all information supplied is factual and that the Health Commissioner or Environmental Director may remove the certificate should the facility operate contrary to the terms of the designation.

Signed _____ Title _____

Remainder to be filled out by Health Department personnel

Date Received _____ Sanitarian _____

Critical Violations _____ # Non-Critical Violations _____

Food Training Procedures Submitted _____

Employee ServSafe Certified 30 Hours A Week ☐ Yes ☐ No

Criteria Met ☐ Yes ☐ No