



Valparaiso Office

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WRITTEN PROCEDURES FOR TIME AS A PUBLIC HEALTH CONTROL

Please fill out and submit this form for approval. Upon approval, leave the form on file at the establishment for employee guidance of procedures for using time-only as a control to hold time/temperature control for safety (potentially hazardous) foods.

Establishment Name:		Date:
Owner:		
Street Address of Establishment:		City, State:
Type of Establishment: <input type="checkbox"/> Annual Permit Holder <input type="checkbox"/> Partial Year Permit Holder <input type="checkbox"/> Temporary Permit Holder <input type="checkbox"/> Limited Permit Holder		

IMPORTANT: Improper time/temperature control is one of two leading causes of foodborne illness in the United States. The Centers for Disease Control (CDC) estimate that 48 million people get sick with 128,000 being hospitalized and 3,000 dying due to foodborne illness annually. Time/temperature control of potentially hazardous foods (PHFs) is an important factor in preventing foodborne illness.

Please review and initial the following regulations regarding Time as a Public Health Control in order to ensure that your procedures meet the regulations:

____ I understand that PHFs held using time-only as a public health control are limited to 4 hours of hold time before they must be discarded.

____ I understand that PHFs held using time-only as a public health control must be marked, either with the time that they leave temperature control (understanding that they will be consumed or discarded within 4 hours) or with the time at which the temperature control expires.

____ I understand that the procedure for marking PHFs held using time-only as a public health control must be documented and followed in the same way on each occasion and that this documentation must be kept at the food establishment for review upon request.

____ I understand that PHFs must be prepared and cooled or prepared and cooked according to section 189 in the Indiana Food Code before time is used as a public health control.

____ I understand that the temperature of the PHFs held using time-only as a public health control will be taken and recorded at the time that the food leaves temperature control and that this record will be kept at the establishment for review upon request.

____ I understand that in an establishment where a susceptible population is served, time-only may not be used as a public health control for raw eggs.

Please review the following locations and select the area(s) where Time-Only will be used as a Public Health Control for Potentially Hazardous Foods (PHFs). In these locations, identify the PHFs that will be held and specify either the maximum time of 4 hours for holding or a lesser time, per your establishment's procedures. Additional information may be attached, if necessary.

Location	PHF(s)	Time Option
Cold Buffet		Other _____ 4 hours _____
Hot Buffet		Other _____ 4 hours _____
Make Line Cooler		Other _____ 4 hours _____
Pizza Make Table		Other _____ 4 hours _____
Expo/Server Line		Other _____ 4 hours _____
Sushi Bar/Area		Other _____ 4 hours _____
Condiment Counter		Other _____ 4 hours _____
Other _____		Other _____ 4 hours _____
Other _____		Other _____ 4 hours _____
Other _____		Other _____ 4 hours _____
Other _____		Other _____ 4 hours _____

Please indicate the manner in which the time will be marked for each food item or group of food items identified above.

___ Time marked on the food container itself.

___ Time marked on a chart on a clip-board or in a binder.

___ Time frames used each day (For Example: 10am-2pm, 2pm-6pm, 6pm-10pm)

*Please list the time frame(s) that will be used here:

___ Other

*If you are submitting an alternative method to time marking or tracking for approval, please attach the proposed method to this form.

FORM COMPLETED BY:

I understand that by filling out, signing, and submitting this form, I am agreeing to operate using these procedures each day that my establishment is open.

Name (print):	Title (print):
Signature:	Date: