

# Environmental Health Services



## 3-501.19 Time as a Public Health Control Hot or Cold for a *Maximum* of 4 hours

- (A) If time only, rather than time in conjunction with temperature, is used as the public health control for a working supply of potentially hazardous food before cooking, or for ready-to-eat potentially hazardous food that is displayed or held for service for immediate consumption:
1. The food shall be marked or otherwise identified to indicate the time that is 4 hours past the point in time when the food is removed from temperature control,
  2. The food shall be cooked and served, served if ready-to-eat, or discarded, within 4 hours from the point in time when the food is removed from temperature control,
  3. The food in unmarked containers or packages, or marked to exceed a 4 hour limit shall be discarded, and,
  4. Written procedures shall be maintained in the food establishment and made available to the regulatory authority upon request

Facility Name: \_\_\_\_\_ Facility Number: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Food Item:  Pizza  Salad Bar  Sushi  Buffet  Hollandaise  Other: \_\_\_\_\_

- Time monitored by the use of timers, notepad, dry erase board, log sheet, tags, etc.
- a) Set timer for 4 hours and start or ID food item and document time that is 4 hours past the time when it was removed from temperature control (removed from oven, removed from refrigerator, removed from heating equipment, etc.).
  - b) Discard food item(s) after the 4 hours have elapsed.

OR

- Duration of service is less than 4 hours (example: Lunch service 11:00am – 1:00pm)
- a) Food service and length of time that food was removed from temperature control is less than 4 hours.
  - b) Discard food item(s) after the 4 hours have elapsed or after food service is completed.

Describe procedure:


Does this apply to any other facility in Mult. Co? If yes please list name, address and facility number on back side.

Facility Representative Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Representative Email Address: \_\_\_\_\_

Approved by Health Dept Designee: \_\_\_\_\_ Date: \_\_\_\_\_