

# Galveston County Health District



## Gold Ribbon Self Nomination Form

Year Reviewed: January 20\_\_\_\_ thru December 20\_\_\_\_

Name of Establishment : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ GCHD Permit Number: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Types of Food Prepared: \_\_\_\_\_

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### NOMINATION CRITERIA

(Nominee must have been operating for at least one year and must actually prepare food rather than simply provide just prepackaged food. Use additional pages for justifications if needed.)

- 1. Have you had any significant food temperature violations in the last year?  
( May have no more than one Item 1-5 Food Inspection Form violation over the last year.)**

Comments: \_\_\_\_\_

- 2. Have there been any confirmed foodborne illness complaints over the last year?**

Comments: \_\_\_\_\_

- 3. Do you have at least one trained food service manager employed by the establishment?(List manager name and certification)**

Justification: \_\_\_\_\_

- 4. Have you demonstrated knowledge of the Texas Food Establishment Rules by having a demerit score average of no more than 5 demerits over the last year?**

Comments: \_\_\_\_\_

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- 5. Do you have a good cleaning and maintenance program that prevents non-demeritable violations such as floor, wall and ceiling issues, or other non-critical violations from recurring on repeated food service inspections?**

Justification: \_\_\_\_\_

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- 6. Do you have an on-going food safety training program for the establishment staff? (Attach samples of evidence which might include staff meeting agendas or evidence of attendance at outside training programs.)**

Justification: \_\_\_\_\_

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- 7. Do you show special effort to comply with the regulations? (Management uses, documented self inspections, refrigerator/freezer logs, operations manuals, HACCP plans, etc. to help comply with the food service regulations. Plans and manuals are used by on-site personnel as intended.)**

Justification(List tools used): \_\_\_\_\_

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Nomination Completed by:

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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