BUCKS COUNTY DEPARTMENT OF HEALTH

# APPLICATION FOR CERTIFIED FOOD SAFETY MANAGER EXEMPTION

## TO BE COMPLETED BY FOOD FACILITY LICENSEE

Name of Food Facility: _____

Address: _____
Street City/Town Zip

Name of Licensee: _____

Food Facility I.D. # _____ Phone # _____

Description of food operation, foods sold and in what form (prepackaged or not):

_____

_____

_____

**CHECK THE APPROPRIATE ANSWER TO EACH QUESTION**:

1. You are aware that the Bucks County Department of Health encourages your voluntary employment of a Certified Food Safety Manager even if you qualify for this exemption?

   ☐ Yes ☐ No

2. If you sell potentially hazardous foods are they all commercially prepackaged by the manufacturer?

   ☐ Yes ☐ No

3. If you sell unpackaged foods are they all non-potentially hazardous?

   ☐ Yes ☐ No

4. You are aware that if you change your method of food operation other than described above, this voids this exemption and you must first employ a Certified Food Safety Manager before being approved by the Department for this change in food operation or procedures?

   ☐ Yes ☐ No

_____ _____
Signature of Licensee or Corporate Officer: Date

If answers to questions 2-4 are answered "NO", you do not qualify to apply for a Certified Food Safety Manager exemption.

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## TO BE COMPLETED BY THE BUCKS COUNTY DEPARTMENT OF HEALTH

This Licensed Food Facility is/is not presently exempt from the Certified Food Safety Manager requirement (Section 103 of the Bucks County Department of Health Rules and Regulations for Conducting and Operating Food Facilities). All other requirements of the Rules and Regulations must be met (see conditional license).

_____ _____ _____
Approval Date Disapproval Date Bucks County Department of Health Representative

Reason: (Continue on back side)