



PREVENT. PROMOTE. PROTECT.

# Application for the Clean Kitchen Award

- INSTRUCTIONS:**
1. Read and meet the qualifications listed below.
  2. Complete application below.
  3. Ensure that application has signature and date.
  4. Mail or fax the application to:

**Fax: 513-946-7891**

**Hamilton County Public Health, EH  
250 William Howard Taft Road, 2nd Fl  
Cincinnati, Ohio 45219**

To achieve the Clean Kitchen Award designation, the following criteria must be met:

1. Facility must have less than 3 violations in the previous two years prior to making application.
2. Facility must have no critical or repeat violations in the previous two years prior to making application.
3. Facility must meet one of the following food education criteria and include documentation with application:
  - 2 staff members must have a valid Level 1 Food Handler Certificate within the previous 2 year period; or
  - 1 staff member must have a current ServSafe Certificate.
4. Facility must submit an application to HCPH office including documentation showing that they have met the food education criteria listed above. Applications are available on our website for download.
5. Facility must have two years minimum of inspection data.

**PLEASE PRINT**

Facility Name:	
Facility Address (include city, state, zip):	Today's Date:
Application / Contact Name:	Applicants Phone #:
Employee(s) with Level 2/ ServSafe Certification	ServSafe Number
Two Employees With Level 1 Food Safety Training	Certificate Number/ Date Taken

The Clean Kitchen Award reflects the inspection data from the previous two years and does not imply current conditions within the facility. For most recent inspection data, please visit our website at [www.hamiltoncountyhealth.org](http://www.hamiltoncountyhealth.org).

\*\*\*\*Hamilton County Public Health reserves the right to void or remove the designation of Clean Kitchen Award from a facility based on violations or conditions that would invalidate the qualifications for this award.

Signed: \_\_\_\_\_

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

For Office use only:

\_\_\_\_\_  
Denied

- 1    2    3a    3b    4    5

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

1/10/11 HCPH