FOOD ESTABLISHMENT TRAINING: Date Marking	Establishment #	McHenry County Dept of Health 815-334-4585	
Establishment Name:	**Risk** 1 2	**Time:**	**Date:**

Training Objective: **Identify, evaluate and review facility date marking procedures.**

DATE MARKING:

Does your facility use an approved date marking system? **YES NO** Are procedures maintained onsite? **YES NO**

- ☐ **Mark date and time of preparation, day/date container is opened and max Use-By date using label(s).**
- ☐ **Mark date/day of preparation with procedure to discard the food on or before last date/day the food must be consumed, sold, or discarded.**
- ☐ **Mark date/day the original container is opened with procedure to discard the food on or before last date/day the food must be consumed, sold, or discarded.**
- ☐ **Use calendar dates, days of week, color-coded marks or other marking methods.** **Max refrigeration time: _____ days**
- ☐ **None of the above** **Re-inspection required on _____ to confirm compliant date marking**

Does your facility…	√	Compliant Direction
Label previously prepared potentially hazardous food with date and time of prep?		
Onsite examples:		
Ensure max 7 day refrigeration at 41°F or less for all potentially hazardous, ready-to-eat foods refrigerated > 24 hours that were prepared onsite?		
Onsite examples:		
Ensure max 7 day refrigeration at 41°F or less for all potentially hazardous, ready-to-eat foods refrigerated > 24 hours that were prepared and packaged in a food processing plant?		
Onsite examples:		

Discard Provisions	√	Compliant Direction
Ready-to-eat, potentially hazardous foods refrigerated > 24 hours shall be discarded if it: • **Is unlabeled** • **Exceeds (7) day max refrigeration time** ***(the date of prep or opening counts as day 1)***		

Exempt Food Review	

Training received by: _____ _____
Signature of Person in Charge Position

Training given by: _____
Signature of Environmental Health Practitioner

Date: _____

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