



Public Health

North Central District Health Department

215 10th Street
Lewiston, ID 83501
(208) 799-3100
Fax (208) 799-0349

333 E Palouse River Drive
Moscow, ID 83843
(208) 882-7506
Fax (208) 882-3494

105 115th Street
Orofino, ID 83544
(208) 476-7850
Fax (208) 476-7494

903 W. Main Street
Grangeville, ID 83530
(208) 983-2842
Fax (208) 983-2845

132 N Hill Street
P O Box 277
Kamiah, ID 83536
(208) 935-2124
Fax (208) 935-0223

FOOD RISK ASSESSMENT

Business Name: _____ Business Phone #: _____

Mailing Address: _____
(P. O. Box/Street) (City) State (Zip)

Location (if different from mailing address): _____

Name of Owner: _____ Home Phone #: _____

Owner's Mailing Address: _____
(P. O. Box/Street) (City) State (Zip)

Name of Operator/Manager: _____ Home Phone # _____

Type of Business: _____

PLEASE PROVIDE A COMPLETE LIST OF MENU ITEMS (Either below or on a separate page)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Owner/Agent's Signature: _____ Date: _____

NOTE TO OPERATOR: If you intend to serve potentially hazardous food(s) (PHF), you are a regulated food establishment and must meet all the requirements of IDAHO FOOD CODE regulations. Basically, a PHF is any food capable of supporting the rapid and progressive growth of infectious or toxigenic microorganisms. Refer to the Idaho food Code for a complete definition.

-- FOR OFFICE USE ONLY --

Risk Assessment

1. Low Risk
2. Medium Risk
3. High Risk

Action

1. Regulated under IDAHO FOOD CODE
2. Non-Regulated under IDAHO FOOD CODE

Environmental Health Specialist: _____ Date: _____

Comments: _____