



RISK CONTROL PLAN HOT HOLDING TCS FOOD

This "Risk Control Plan" is a pledge by the manager of the food establishment to implement and maintain the actions described below in an effort to gain control over a specific hazard identified at the time of inspection. The plan should remain in effect for at least 14 days as outlined in the time period below. Failure on the part of management to implement and maintain this plan during the specified timeframe may result in enforcement.

PART I: CODE REQUIREMENT [310:257-5-9]

Hot food storage facilities shall be provided to ensure the maintenance of Time/Temperature Control for Safety (TCS) foods at a minimum temperature of 135 °F.

PART II: DAILY CONTROL ACTIONS

- Manager, or designee, will monitor temperature of TCS foods at intervals of time that will allow for corrective action to be taken before the time limit is exceeded. *[Two-hour intervals recommended.]*
- Sanitize and use an appropriate food measuring device to monitor and verify temperatures.
- These temperatures will be recorded on a log for the following hot-holding equipment:
 - _____
 - _____
 - _____
 - _____
- When reheated TCS foods are placed on the hot holding unit, the water must be preheated and food containers immersed in the hot water in the table.
- A re-inspection for compliance will be conducted in approximately two weeks. This monitoring plan and all logs shall be available for review by the Health Department.

PART III: CORRECTIVE ACTIONS WHEN CRITICAL TEMPERATURES ARE NOT MET

- If TCS foods fall below 135 °F during hot holding for more than 4 hours, the food must be removed and discarded.
- If the TCS food is below 135 °F for less than 4 hours, it must be rapidly reheated to 165 °F or more and then maintained at 135 °F.

As manager of _____

located at _____

I pledge to implement the provisions of this Risk Control Plan for the period of time from: _____ to _____

I decline to implement a Risk Control Plan designed to prevent the re-occurrence of specific hazards.

Owner/Manager Signature Date _____

Regulatory Representative (witness) County _____ Date _____