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CATEGORY I-1, I-2, AND II FOOD ESTABLISHMENTS
Mandatory Certified Food Protection Manager Schedule

Name of Establishment: _____

Address: _____

City: _____ Zip: _____ Phone: _____

A Certified Food Protection Manager must be present at all times the facility is in operation for Category I-1, I-2 and II establishments. Provide two (2) weeks' worth of work schedules for these employees (see reverse side for schedule).

1) Name: _____ ID#: _____

Position: _____ Exp. Date: _____

2) Name: _____ ID#: _____

Position: _____ Exp. Date: _____

3) Name: _____ ID#: _____

Position: _____ Exp. Date: _____

4) Name: _____ ID#: _____

Position: _____ Exp. Date: _____

5) Name: _____ ID#: _____

Position: _____ Exp. Date: _____

6) Name: _____ ID#: _____

Position: _____ Exp. Date: _____

(Signature (Owner/Manager))

Certified Food Protection Manager Schedule

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
12:00 a.m.							
1:00 a.m.							
2:00a.m.							
3:00a.m.							
4:00a.m.							
5:00a.m.							
6:00a.m.							
7:00a.m.							
8:00a.m.							
9:00a.m.							
10:00 a.m.							
11:00 a.m.							
12:00 p.m.							
1:00 p.m.							
2:00p.m.							
3:00p.m.							
4:00p.m.							
5:00p.m.							
6:00p.m.							
7:00p.m.							
8:00p.m.							
9:00p.m.							
10:00 p.m.							
11:00 p.m.							