

## City and County of San Francisco

## **DEPARTMENT OF PUBLIC HEALTH ENVIRONMENTAL HEALTH**

## FDA Menu Labeling Nutrient Analysis Certification Form

|   | IDAW   | Cita Labelling  | , italiici  | ic Anarysi  | <u> </u>                                 | 1610111 01111                                     |   |  |  |
|---|--|---|---|---|--|---|---|--|--|
| Business Name   |  |   |   |   |  |   |   |  |  |
| All Trade Names   |  |   |   |   |  |   |   |  |  |
| (if applicable)   |  |   |   |   |  |   |   |  |  |
| Business Address  |  |   |   |   |  |   |   |  |  |
| City  | San Fra  | ncisco  | State   | CA  |  | Zip Code  |   |  |  |
| <b>Business Phone</b>   |  |   | Busine  | ess Email   |  |   |   |  |  |
|   |  |   |   |   |  |   |   |  |  |
| Official Official Official  |  |   |   | Official's  | Fail                                     |   |   |  |  |
| Official's Phone Number (if different than business phone)  |  |   |   |   | than business)                           |   |   |  |  |
| Mailing Address   |  |   |   | (   |  | L   |   | -  |  |
| (if different than business address)  |  |   |   | 1   |  | Г   |   |  |  |
| City  |  |   | State   |   |  | Zip Code  |   |  |  |
|   |  |   |   |   |  |   |   |  |  |
| Nutrient Analysis Certification   |  |   |   |   |  |   |   |  |  |
| By signing below, I certify, un   | der penalt   | ty of perjury, th   | at the info   | rmation co  | ntained in                               | he nutrient a                                     | analysis is comple  | ete and  |  |
| accurate. Nutrient declarations are determined on a reasonable basis using (Select all that apply):   |  |   |   |   |  |   |   |  |  |
| □ Nutrient Databases (with computer software programs)  |  |   |   |   |  |   |   |  |  |
| □ Nutrient Databases (with computer software programs)  |  |   |   |   |  |   |   |  |  |
| <ul> <li>□ Nutrient Databases (without computer software programs)</li> <li>□ Cookbooks</li> </ul>  |  |   |   |   |  |   |   |  |  |
| <ul> <li>□ Cookbooks</li> <li>□ Laboratory Analyses</li> </ul>  |  |   |   |   |  |   |   |  |  |
| Other Reasonable Means (Please Specify)   |  |   |   |   |  |   |   |  |  |
|   |  |   |   |   |  |   |   |  |  |
| I certify, under penalty of perjury, that I am the legal responsible individual employed at the covered establishment or its corporate  |  |   |   |   |  |   |   |  |  |
| headquarters or parent entity   | -  | =   |   |   | l am aware                               | that the cove                                     | ered establishme  | nt's Health                                    |  |
| Permit may be jeopardized if  | found to I   | oe in violation o   | of this agre  | ement.  |  |   |   |  |  |
|   |  |   |   |   |  |   |   | T  |  |
|   |  |   |   |   |  |   |   |  |  |
| Official (Print Name)   |  | Official Title/Affiliation  |   |   |  | Signature Date                                    |   |  |  |
|   |  | •   |   |   | •••                                      |   |   |  |  |
|   |  | Nutrie  | nt Verific  | ation Cert  | ification                                |   |   |  |  |
| By signing below, I certify, un   | der nenalt   | v of periury th   | at the me   | thods of pr   | enaration a                              | nd amount of                                      | f standard menu   | item offered                                   |  |
| for sale adhere to the factors  | •  |   |   | •   | sparation a                              |   | . Starradra mena  | icem offered                                   |  |
|   |  |   |   |   |  |   |   |  |  |
| I certify, under penalty of perjury, that I am the legal responsible individual employed at the covered establishment listed above  |  |   |   |   |  |   |   |  |  |
| and abide by the contents of  |  |   | re that the   | covered e   | stablishmer                              | it's Health Pe                                    | rmit may be jeop  | ardized if                                     |  |
| found to be in violation of thi   | s agreeme  | ent.  |   |   |  |   |   |  |  |
|   |  |   |   |   |  |   |   | T  |  |
|   |  |   |   |   |  |   |   |  |  |
| On-Site Official (Print Name  | e)   | On-S  | ite Official T  | itle  |  | Signatu   | ure   | Date   |  |
| Effective May 7, 2018, a food facility subject to Sec<br>requirements of that section of the United States (<br>dollars (\$50) nor more than five hundred dollars (\$<br>thousand dollars (\$1,000). For a third or subsequer<br>shall not be found to have committed a violation u | Code and the region 500). A second vont violation within | ulations adopted pursuan<br>iolation within a five-yea<br>n a five-year period, the f | t thereto. A viola<br>period from a p<br>ine shall be not l | ntion of this section<br>rior violation shall<br>less than two hund | is, notwithstandin<br>be punishable by a | g Section 114395, an i<br>fine of not less than o | infraction, punishable by a fi<br>one hundred dollars (\$100) n | ine of not less than fifty<br>or more than one |  |
| Reviewed with operator:   |  |   |   |   |  |   | FOODS   | AFETY PROGRAM                                  |  |
| Received by:  | NITIAL/DATE  | 1390 Market Street, Suite 210, San Francisco, CA 94102                                |   |   |  |   |   |  |  |
| Emailed to owner/operator:  |  |   |   |   |  |   | 252-3804   Fax  |  |  |
|   | INITIAL/DATE   |   |   |   | '  | 1.0110 410  | 202 000 T T W   |  |  |