

# *Montana FOOD STAR™ Award Progress Form*

Food Purveyors License # \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (Zip Code)

Owner (s): \_\_\_\_\_  
(Name) (Phone Number)

Managers(s): \_\_\_\_\_  
(Name) (Phone Number)

<b>Award Component</b>	<b>Date Submitted</b>	<b>Date Approved</b>	<b>Annual Verification</b>
Employee Training Program			
Time & Temperature Control			
Employee Health & Personal Hygiene			
Cross Contamination			
Cleaning & Sanitizing			
<i>Montana FOOD STAR™ Award</i>			