



Eastern Highlands Health District

4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321 ♦ Web: www.EHHD.org

Qualified Food Operator - Replacement Notification

Please Print

Date _____

Name of Establishment _____

Owner/ Manager of Establishment _____

Establishment Address _____

Phone _____

Name of QFO that is being terminated / transferred _____

Date of termination / transfer _____

Name of replacement QFO _____

Type of QFO Certificate

- National Restaurant Association (ServeSafe)
- Certifying Board of Dietary Managers
- Experior Assessments
- National Registry of Food Safety Professionals, Inc.
- Chauncey Group (ETS)
- National Assessment Institute
- Other – please specify _____

Date of Replacement _____

Please enclose copy of QFO certificate

Signature of owner / manager