AUTHORIZATION FORM

For use in identifying CRC products to be used in authorized departments and usage areas and the establishment of a control color.

Product Name	Part #	NSF Registration #	Use Area	StopLight™ Color
				☐ Red ☐ Yellow ☐ Green
				☐ Red ☐ Yellow ☐ Green
				☐ Red ☐ Yellow ☐ Green
				☐ Red ☐ Yellow ☐ Green
				☐ Red ☐ Yellow ☐ Green
				☐ Red ☐ Yellow ☐ Green
				☐ Red ☐ Yellow ☐ Green
				☐ Red ☐ Yellow ☐ Green
				☐ Red ☐ Yellow ☐ Green
				☐ Red ☐ Yellow ☐ Green
				☐ Red ☐ Yellow ☐ Green
				☐ Red ☐ Yellow ☐ Green
				☐ Red ☐ Yellow ☐ Green
				☐ Red ☐ Yellow ☐ Green
				☐ Red ☐ Yellow ☐ Green
				☐ Red ☐ Yellow ☐ Green
				☐ Red ☐ Yellow ☐ Green
				☐ Red ☐ Yellow ☐ Green

**** StopLight™ colors relate to all incoming inventory and corresponding shelf labeling.***

HACCP TEAM/FOOD SAFETY TEAM APPROVAL:

_____ _____ _____

Signature Date

_____ _____

Signature

Post in Tool Crib and Supply Room. File copies in Purchasing, Q & A and Food Safety Departments.

Reorder #10238-MK