PERMIT APPLICATION FOR FOOD SERVICE ESTABLISHMENTS AND MOBILE/EXTENDED FOOD SERVICE BASE OF OPERATIONS

Rev 02/2020

NOTICE

THIS PERMIT APPLICATION PACKET IS COMPOSED OF THREE PARTS: ADMINISTRATIVE INFORMATION; OPERATIONAL INFORMATION; AND PLAN REVIEW INFORMATION.

ADMINISTRATIVE INFORMATION: THIS INFORMATION WILL BE USED TO ESTABLISH COMMUNICATION BETWEEN THE LOCAL HEALTH AUTHORITY AND THE PERMIT APPLICANT/PERMIT HOLDER. IT WILL ALSO BE USED TO ADMINISTER THE PERMITTING AND ESTABLISHMENT INSPECTION PROCESSES.

OPERATIONAL INFORMATION: THIS INFORMATION WILL BE USED TO ENABLE THE LOCAL HEALTH AUTHORITY TO BECOME FAMILIAR WITH THE QUESTIONS OF WHAT TYPES, WHEN, HOW MUCH, AND WHERE FOOD WILL BE PREPARED AND SERVED BY THE PROPOSED FOOD SERVICE ESTABLISHMENT.

PLAN REVIEW INFORMATION: IN ACCORDANCE WITH DPH CHAPTER 511-6-1-.02(4), THIS INFORMATION WILL BE UTILIZED BY THE LOCAL HEALTH AUTHORITY IN ITS REVIEW AND APPROVAL PROCESS OF SUBMITTED PLANS AND SPECIFICATIONS FOR PROPOSED NEW CONSTRUCTION, OR REMODELING AND CONVERSION OF EXISTING BUILDINGS FOR PROPOSED FOOD SERVICE ESTABLISHMENTS. ADDITIONALLY, THIS INFORMATION WILL BE UTILIZED BY THE LOCAL HEALTH AUTHORITY TO ACCESS THE LEVEL OF COMPLIANCE STATUS OF EXISTING FOOD SERVICE ESTABLISHMENTS DURING THE OCCURRENCE OF A CHANGE IN PERMIT HOLDER.

AS PER DPH CHAPTER 511-6-1-.02(1)(c), IN ORDER TO QUALIFY FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT, THE PERMIT APPLICANT MUST 1) BE AN OWNER OF THE PROPOSED FOOD SERVICE ESTABLISHMENT (OR AN OFFICER OF THE LEGAL OWNERSHIP), 2) AGREE TO ALLOW THE HEALTH AUTHORITY ACCESS TO THE FOOD SERVICE ESTABLISHMENT, 3) PROVIDE ALL REQUIRED INFORMATION REQUESTED BY THE HEALTH AUTHORITY AND PAY ALL APPLICABLE FEES; AND 4) PROVIDE EVIDENCE OF SATISFACTORY COMPLIANCE WITH THE PROVISIONS OF THE CHAPTER AND ALL OTHER PROVISIONS OF LAWS THAT APPLY TO THE LOCATION, CONSTRUCTION AND MAINTENANCE OF FOOD SERVICE ESTABLISHMENTS AND THE SAFETY OF PERSONS THEREIN.

AT THE HEALTH AUTHORITY'S INITIAL INSPECTION OF THE COMPLETED FOOD SERVICE ESTABLISHMENT, AND PRIOR TO THE ISSUANCE OF A PERMIT, THE APPLICANT MUST DEMONSTRATE SATISFACTORY COMPLIANCE WITH THE PROVISIONS OF DPH CHAPTER 511-6-1; AND PROVIDE WRITTEN DOCUMENTATION INDICATING SATISFACTORY COMPLIANCE WITH ALL OTHER PROVISIONS OF LAWS THAT APPLY TO THE FOOD ESTABLISHMENT'S LOCATION, CONSTRUCTION AND MAINTENANCE, AND THE SAFETY OF PERSONS THEREIN.

INSTRUCTIONS: COMPLETE THE FOLLOWING APPLICATION DOCUMENT IN DUPLICATE AND FORWARD THE ORIGINAL COMPLETED DOCUMENT TO THE LOCAL HEALTH AUTHORITY (COUNTY HEALTH DEPARTMENT), IN WHICH THE FOOD SERVICE ESTABLISHMENT OR MOBILE FOOD UNIT'S BASE OF OPERATION IS TO BE LOCATED. GO TO THE DEPARTMENT'S ENVIRONMENTAL HEALTH WEBPAGE AT: https://dph.georgia.gov/environmental-health FOR COUNTY HEALTH DEPARTMENT CONTACT INFORMATION. YOU MAY OBTAIN A COPY OF THE RULES AND REGULATIONS FOR FOOD SERVICE BY VISITING OUR WEBSITE AT http://dph.georgia.gov/food-rules-and-regulations

ADMINISTRATIVE INFORMATION

Name of Establishment:_____

Food Service/Base of
OperationsAddress:_____
Street # and Name Suite/Unit # City State Zip

Email address: _____Business Phone Number: _____

1. Reason for plan review (Check appropriate block)
   - ❑ New Application
   - ❑ Change of Ownership:

     Will there be any changes to the previous menu, equipment or facility structure? _____
   - ❑ Renovation of Existing Establishment

2. Method of Operation: (Check All Appropriate Blocks)
   - ❑ Food Service Establishment
   - ❑ Food Service/Wholesaler – **requires a Georgia Dept. of Agriculture permit in addition to food service permit**
   - ❑ Catering Operation
   - ❑ Mobile Unit Base of Operations – **please complete a mobile food unit application for each mobile unit and provide listing of all counties in which the unit(s) will operate:** _____

     _____
   - ❑ Extended Food Service
   - ❑ Institution (e.g. school, hospital, nursing home, etc.)
   - ❑ Incubator Establishment A (one shared space) – **VARIANCE REQUIRED**
   - ❑ Incubator Establishment B (cubicle/build out units)- **VARIANCE REQUIRED**
   - ❑ Incubator Establishment B member (cubicle/build out units) – **VARIANCE REQUIRED**

ADMINISTRATIVE INFORMATION continued

3. Ownership By: ❑ Individual ❑ Corporation ❑ Partnership ❑ LLC

❑ Association ❑ Other _____

If Corporation, Partnership, LLC, Association, or Other Legal Entity, please provide a listing of all persons comprising the legal ownership to include the name(s), title(s), address and phone numbers, including owners and officers. Please attach additional page, if necessary.

a. Legal business name to appear on permit (the business owner's name or corporation name as it appears on the business license):
_____
_____
_____

b. Person who functions as the immediate supervisor of the management for the food service establishment such as zone, district, or regional supervisor:

Name: _____ Title:_____

Mailing Address:

_____
Street City State Zip Code

Telephone Number: ( ) _____ Email Address:_____

4. Emergency Operations Plan

Chapter 511-6-1-.03(2)(n) allows for continued operations in the event of an interruption of electrical or water service for two or more hours ONLY if the Health Authority has approved a plan prior to the occurrence of such an event. Please indicate if you would like to continue operations in the event of an interruption of electrical or water service for two or more hours:

❑ YES – I will provide an Emergency Action Plan to the Health Authority prior to opening that will address adequate control of Risk Factors such as, but not limited to:

- Ensuring availability (including alternate sources if necessary) of safe water
- Adequate access to functioning toilets
- Length of time capable of operating with no water and/or electricity
- Other information as necessary dependent upon my type of operation

❑ NO – I do NOT plan to continue operations if there is an interruption in electrical service or water for more than 2 hours. I understand that any future decision to operate under such conditions will require a PRE-APPROVED Emergency Action Plan by the Health Authority PRIOR to such incident.

OPERATIONAL INFORMATION

1. Is water supply: Public ❑ or Private ❑?

2. If private, has source been approved? YES ❑ NO ❑ PENDING ❑
Please attach copy of written approval and/or permit.

3. Please answer the following based on your operation (check all that apply):

❑ Establishment does not cook any raw animal foods; only reheat commercially precooked ingredients
❑ Establishment cooks raw animal foods and reheats cooked foods that are prepared onsite
❑ Establishment conducts a specialized process which requires an approved HACCP plan
❑ Establishment serves raw or undercooked animal foods in a ready to eat form (i.e. rare steaks/burgers, sashimi, etc)

4. Check Appropriate Block(s) for any proposed specialized processes for your establishment.
❑Curing* ❑ Smoking for preservation* ❑Sprouting seeds or beans*
❑Reduced Oxygen Packaging+ ❑ Operating a molluscan shellfish life-support system
❑Using food additives or adding components to render food non-TCS or for preservation*
❑Not Applicable ❑Other _____

5. Please identify **Hours of Operation** for each day of the week
Sun _____ Tues _____ Thurs _____ Sat _____
Mon _____ Wed _____ Fri_____

Number of Seats: _____ Number of Staff (Maximum per shift): _____

Total Square Feet of Facility: _____
Number of Floors on which operations are conducted: _____

Maximum Meals to be served (approximate number):
Breakfast _____ Lunch _____ Dinner _____

Projected Date for Start of Project: _____
Projected Date for Completion of Project: _____

** Requires a variance, HACCP plan, and written procedures*
+ May require a variance and HACCP plan depending on the procedures

OPERATIONAL INFORMATION

6. Type of Service (check all that apply):

Sit Down Meals ❑	Drive-thru ❑	Take Out ❑	Catering ❑
Mobile unit ❑	Delivery ❑	Online ❑	
Other_____			

7. Total number of Managers (have supervisory/management responsibility) which are certified in Food Safety _____

8. Required documents:

- ❑ Proposed Menu (including seasonal, off-site and banquet menus)
- ❑ Manufacturer Specification sheets for each piece of equipment shown on the plan (include hot water heater specifications)
- ❑ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system - if applicable)
- ❑ Plan (drawn to scale) of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- ❑ Equipment schedule
- ❑ Water supply
- ❑ Complies with all other provisions of laws that apply to the location, construction and maintenance of food service establishments and the safety of persons therein

(**USE ADDITIONAL PAPER AS NEEDED**)

OPERATIONAL INFORMATION Continued

FOOD PREPARATION REVIEW:

Check categories of Time/Temperature Control for Safety Food (TCS) to be handled, prepared and served.

CATEGORY	(YES)	(NO)
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	❑	❑
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	❑	❑
3. Cold processed foods (salads, sandwiches, vegetables)	❑	❑
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	❑	❑
5. Bakery goods (pies, custards, cream fillings & toppings)	❑	❑
6. Fresh produce	❑	❑
7. Specialty foods (i.e. acidification, curing, drying, reduced oxygen packaging, etc)	❑	❑
8. Other _____	❑	❑

PLEASE CHECK THE BOX/ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

1. Are all food supplies from inspected and approved sources? YES ❑ NO ❑

Please list suppliers:

_____

_____

2. What are the projected frequencies of deliveries for:

	Day of week	AM/PM	Key Drop Delivery
Frozen foods	_____	____	Yes ___ No ___
Refrigerated foods	_____	____	Yes ___ No ___
Dry goods	_____	____	Yes ___ No ___

3. Provide information on the amount of space (in cubic feet) allocated for:

Dry storage _____
Refrigerated Storage _____
Frozen storage _____

4. How will dry goods be stored off the floor?

_____

_____

5. Will foods be transported after preparation (delivery or catering)? Yes □ No □

Please describe equipment used to transport hot/cold foods and provide spec sheets:_____

_____

OPERATIONAL INFORMATION continued

6. Please describe delivery radius (in time/distance traveled):

_____

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41º F (5 º C) and below? YES ❑ NO ❑

Provide the method used to calculate cold storage requirements.

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES ❑ NO ❑

If yes, how will cross-contamination be prevented?

_____

_____

3. Does each refrigerator/freezer have a thermometer in the warmest part of the unit? YES ❑ NO ❑

Number of refrigeration units: _____ Number of freezer units: _____

4. Is there a bulk ice machine available? YES ❑ NO ❑

5. Please describe the cleaning schedule for the bulk ice machine:

_____

_____

THAWING FROZEN TIME/TEMPERATURE FOR SAFETY (TCS) FOOD:

Please indicate by checking the appropriate boxes how frozen time/temperature for safety foods (TCS) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	*THICK FROZEN FOODS	*THIN FROZEN FOODS
Refrigeration		
Running Water Less than 70ºF		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

* Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

OPERATIONAL INFORMATION continued
COOKING:

1. What type of Temperature measuring device (thermometer) will be used to measure final cooking/reheating temperatures of TCS foods?

_____
_____

2. Will meat, poultry, eggs, or fish be offered raw or undercooked on the menu? If yes, which items?
NO ❑ YES ❑ _____

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

Beef roasts---------- 130 º F (121 min)
Solid seafood pieces ---------- 145 º F (15 sec)
Other PHF's ---------- 145 º F (15 sec)
Eggs:
Immediate service ---------- 145 º F (15 sec)
Pooled* ---------- 155 º F (15 sec)
(*pasteurized eggs must be served to a highly susceptible population)

Pork ---------- 145 º F (15 sec)
Comminuted meats/fish ---------- 155 º F (15 sec)
Poultry ---------- 165 º F (15 sec)
Reheated for hot holding of cooked and cooled TCS foods--165 º F (15 sec)

2. List types of cooking equipment.

_____
_____
_____
_____

HOT/COLD HOLDING:

1. How will hot TCS food be maintained at 135ºF (57ºC) or above during holding for service? Indicate type and number of hot holding units.

_____
_____
_____

2. How will cold TCS food be maintained at 41ºF (5ºC) or below during holding for service? Indicate type and number of cold holding units.

_____
_____

OPERATIONAL INFORMATION

COOLING:

Please indicate by checking the appropriate boxes for how TCS foods will be cooled to 41 º F (5 º C) within 6 hours (135 º F to 41 º F in 6 hours; provided the food reaches from 135°F to 70 º F in 2 hours). Also, indicate where the cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

1. Please describe how the cooling process for TCS food from 135ºF to 70ºF within 2 hours and 135ºF to 41ºF within 6 hours will be monitored to ensure that cooling parameters are met. Indicate cooling strategy, and the monitoring procedures (frequency, type of temperature measuring equipment used, written policies/procedures you intend to follow, etc).

_____
_____
_____

REHEATING FOR HOLDING:

1. How will TCS foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165 º F for 15 seconds. Indicate type and number of units used for reheating foods.

_____
_____
_____

SAFE PRACTICES:

1. Please indicate how and when employees will be trained on employee health policy, food safety, and allergens? Method of training and tracking mechanism:

_____
_____
_____

2. Which barriers (such as disposable, single-use gloves, utensils, food grade paper, etc.) do you plan to utilize to prevent handling of ready-to-eat foods with bare hands?

_____
_____

OPERATIONAL INFORMATION continued

3. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES ❑ NO ❑ Please describe briefly or attach a copy:

_____

_____

4. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?
Chemical Type: _____ Concentration: _____ Test Kit: YES ❑ NO ❑

5. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES ❑ NO ❑ If not, how will ready-to-eat foods be cooled to 41ºF?

_____

_____

6. Are raw fruits and vegetables served on the menu or ingredients in dishes? YES ❑ NO ❑
If yes, is a dedicated sink provided for washing raw fruits and vegetables prior to their preparation? YES ❑ NO ❑

7. Will the facility be serving food to a highly susceptible population? YES ❑ NO ❑
If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

_____

_____

8. Are there any other locations besides the main kitchen area is which food is planned to be held or stored prior to being served?

_____

_____

The undersigned hereby applies for a permit to operate a Food Service Establishment pursuant to O.C.G.A. 26-2-371-373 and hereby certifies that he or she has received a copy of the Rules and Regulations for Food Service, Chapter 511-6-1, Georgia Department of Public Health. Further, and if granted, a permit by the Health Authority to operate a food service establishment the undersigned agrees to comply with all provisions contained with the Rules and Regulations of Chapter 511-6-1.

Signed: _____ Date: _____
Print Name: _____ Title: _____
(State Whether Business Owner or Authorized Agent)

NOTE: ANY CHANGES IN THE EXISTING FOOD SERVICE ESTABLISHMENT FACILITY WILL REQUIRE THE OWNER OR AGENT TO CONTACT THE LOCAL HEALTH AUTHORITY. IT IS ILLEGAL FOR FOOD SERVICE ESTABLISHMENTS TO BEGIN OPERATION TO SERVE FOOD TO THE PUBLIC WITHOUT FIRST OBTAINING A VALID FOOD SERVICE PERMIT FROM THE LOCAL HEALTH AUTHORITY.

PLAN REVIEW INFORMATION

A. FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators				

PLAN REVIEW INFORMATION

B. INSECT AND RODENT CONTROL

APPLICANT: Please check appropriate boxes.

	YES	NO	NA
1. Will all outside doors be self-closing and rodent proof ?	❑	❑	❑
2. Are screen doors provided on all entrances left open to the outside?	❑	❑	❑
3. Do all openable windows have a minimum #16 mesh screening?	❑	❑	❑
4. Is the placement of electrocution devices identified on the plan?	❑	❑	❑
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	❑	❑	❑
6. Is area around building clear of unnecessary brush, litter, boxes and other harborage?	❑	❑	❑
7. Will air curtains be used? If yes, where? _____	❑	❑	❑

C. GARBAGE AND REFUSE

	YES	NO	NA
Inside			
8. Do all containers have lids?	❑	❑	❑
9. Will refuse be stored inside? If so, where? _____	❑	❑	❑
10. Is there an area designated for garbage can or floor mat cleaning?	❑	❑	❑

PLAN REVIEW INFORMATION

	YES	NO	NA
Outside			
11. Will a dumpster be used? Number _____ Size _____ Frequency of pickup _____ Contractor _____	❑	❑	❑
12. Will a compactor be used? Number _____ Size _____ Frequency of pick up _____ Contractor _____	❑	❑	❑
13. Will garbage cans be stored outside?	❑	❑	❑

14. Describe surface and location where dumpster/compactor/garbage cans are to be stored:

_____

15. Describe location of grease storage receptacle

_____

_____

16. Is there an area to store recycled containers? Describe	❑	❑	❑

_____

_____

Indicate what materials are required to be recycled;

❑ Glass ❑ Metal ❑ Paper

❑ Cardboard ❑ Plastic

17. Is there any area to store returnable damaged goods?	❑	❑	❑

PLAN REVIEW INFORMATION

D. PLUMBING CONNECTIONS (Write NA if not applicable)

	AIR GAP	AIR BREAK	*INTERAL TRAP	*P TRAP	VACUUM BREAKER	CONDENSATE PUMP
18. Toilet						
19. Urinals						
20. Dishwasher						
21. Garbage Grinder						
22. Ice Machines						
23. Ice storage bin						
24. Sinks **a. Mop sink**						
b. Janitor sink						
c. Handwash sink						
d. 3 Compartment sink						
e. 2 Compartment sink						
f. 1 Compartment sink						
g. Water Station						
25. Steam Tables						
26. Dipper Wells						
27. Refrigeration condensate/drain lines						
28. Hose connection						
29. Potato peeler						
30. Beverage Dispenser w/carbonator						
31. Other _____						

* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or wastewater through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A “P” trap is a fixture trap that provides a liquid seal in the shape of the letter “P”. Full “S” traps are prohibited.

PLAN REVIEW INFORMATION

32. Are floor drains provided & easily cleanable, if so, indicate location:

_____
_____

E. <u>WATER SUPPLY</u>

35. Is ice made on premises ❑ or purchased commercially? ❑

If made on premise, are specifications for the ice machine provided? YES ❑ NO ❑
Describe location and method for ice scoop storage:_____

Provide location of ice maker or bagging operation
_____

36. What is the capacity of the hot water generator?_____

37. Is the hot water generator sufficient for the needs of the establishment? YES ❑ NO ❑
Please provide the Water Heater:

Make _____ Model _____ Storage Capacity _____

BTU or KW _____

38. Is there a water treatment device? YES ❑ NO ❑

If yes, how will the device be inspected & serviced?

_____
_____
_____

39. How are backflow prevention devices inspected & serviced?

_____
_____

F. <u>SEWAGE DISPOSAL</u>

40. Is building connected to a municipal sewer? YES ❑ NO❑

41. If no, is private disposal system approved? YES ❑ NO ❑ PENDING ❑
Please attach copy of written approval and/or permit.
42. Are grease traps provided? YES ❑ NO ❑
If so, where? _____

Provide schedule for cleaning & maintenance_____

PLAN REVIEW INFORMATION

G. DRESSING ROOMS

43. Are dressing rooms provided? YES ❑ NO ❑

44. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

_____

_____

GENERAL

45. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? YES ❑ NO ❑
Indicate location:

_____

_____

46. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES ❑ NO ❑

47. Are all containers of toxics including sanitizing spray bottles clearly labeled? YES ❑ NO ❑

48. Will linens be laundered on site? YES ❑ NO ❑
If yes, what will be laundered and where?_____

If no, how will linens be cleaned?
_____

49. Is a laundry dryer available? YES ❑ NO ❑

50. Location of clean linen storage:

_____

_____

51. Location of dirty linen storage:

_____

_____

52. Are containers constructed of safe materials to store bulk food products? YES ❑ NO ❑
Indicate type:

_____

PLAN REVIEW INFORMATION

53. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

54. How is each listed ventilation hood system cleaned?

_____

_____

I. <u>SINKS</u>

55. Is a mop sink present? YES ❑ NO ❑
If no, please describe facility for cleaning of mops and other equipment:

_____

_____

56. If the menu dictates, is a food preparation sink separate from a dedicated raw fruit and vegetable sink present? YES ❑ NO ❑

J. <u>DISHWASHING FACILITIES</u>

57. Will a dishwasher be used for warewashing in addition to the required three compartment sink?
YES ❑ NO ❑

58. Dishwasher Type of sanitization used (if applicable):
Hot water (temp. provided) _____ Booster heater_____ Chemical type _____

Is ventilation provided? YES ❑ NO ❑

59. Do all dish machines have templates with operating instructions? YES ❑ NO ❑

60. Do all dish machines have temperature/pressure gauges as required that are accurately working? YES ❑ NO ❑

PLAN REVIEW INFORMATION

61. Does the largest pot and pan fit into each compartment of the pot sink? YES ❑ NO ❑
If no, what is the procedure for manual cleaning and sanitizing?

_____

_____

62. Are there drain boards on both ends of the pot sink? YES ❑ NO ❑

63. What type of sanitizer is used? ❑Chlorine ❑Quaternary ammonium ❑Other _____

64. Are test papers and/or kits available for checking sanitizer concentration? YES ❑ NO ❑

K. <u>HANDWASHING/TOILET FACILITIES</u>

65. Is there a hand washing sink in each food preparation and warewashing area? YES ❑ NO ❑

66. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES ❑ NO ❑

67. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES ❑ NO ❑

68. Is hand soap available at all hand washing sinks? YES ❑ NO ❑

70. Are hand drying facilities (paper towels, blowers) available at all handwash sinks? YES ❑ NO ❑

71. Are covered waste receptacles available in each restroom? YES ❑ NO ❑

72. Is hot and cold running water under pressure available at each hand washing sink? YES ❑ NO ❑

73. Are all toilet room doors self-closing? YES ❑ NO ❑

L. <u>EMERGENCY ACTION PLAN</u>

74. If at any time your operation experiences an electrical or water interruption, do you have an Emergency Operations Plan (EOP)? YES ❑ NO ❑

…If your answer is YES, please ATTACH plan to this application along with all other documents requested.
If your answer is NO, please EXPLAIN your operation's alternative to an EOP (such as, a *temporary closure*). ***Note:** Information provided in this blank is for informational purposes ONLY. Providing an alternative to an EOP is not an approval for such activity from Georgia Department of Public Health. It is recommended to discuss any alternatives with your local EHS for verification of whether your operation is compliant with Chapter 511-6-1.

_____

_____

_____

_____

****

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above information and approved food service plans and specifications without prior permission from the local health authority may nullify this approval. Approval of these plans and specifications by the local health authority DOES NOT indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It DOES NOT constitute endorsement or acceptance of the completed establishment (structure or equipment). A final inspection of each completed establishment with the necessary equipment will be necessary to determine if it complies with the Georgia Rules and Regulations Governing Food Service Establishments. A food Service permit from the local health authority must be secured before this establishment can operate as a food service establishment.

Signed: _____ Date _____

Print Name: _____ Title:_____
(State Whether Business Owner or Authorized Agent)

DO NOT WRITE BELOW THIS LINE – HEALTH DEPARTMENT USE ONLY

Applicable Fees Paid? ___ YES ___ NO If NO, explain: _____

THE FOLLOWING DOCUMENTS ARE ENCLOSED:

- ❑ Business Plan Attached
- ❑ Plans Attached
- ❑ Equipment Schedule
- ❑ Plan Review Checklist
- ❑ Construction Review
- ❑ Vomitus/Diarrheal Clean-up Plan
- ❑ Equipment List Attached
- ❑ Menu Attached
- ❑ Food Preparation Review
- ❑ Water Supply Public/Approved
- ❑ Wastewater/Septic System
- ❑ Notarized Verification of Residency For Public Benefits Application

WHEN APPLICABLE:

- ❑ Procedures for allowing dogs on the patio
- ❑ Variance/HACCP plan/procedures
- ❑ Emergency Operations Plan
- ❑ Mobile Unit Application(s)

FOOD SERVICE RISK CATEGORIZATION:

- ❑ Risk Type I - do not cook any foods may reheat commercially precooked ingredients
- ❑ Risk Type II – cook and/or hold and reheat foods that are prepared onsite
- ❑ Risk Type III/HAACP Plan - requires an approved HACCP plan