

FOOD SERVICE ESTABLISHMENT APPLICATION AND PLAN REVIEW DOCUMENTS

Name of Establishment_____

Address _____

Date Submitted_____

PLEASE FILL OUT ALL DOCUMENTS COMPLETELY.

Incomplete packets will be returned to the applicant, which will delay the plan review process and may result in additional fees.

The plan review fee includes the review and two walk throughs. Changes to submitted plans requiring further review and additional walk throughs may result in extra fees. To help assure a timely review process, please read and follow the Plan Review Guidelines on the next page.

Plan approvals expire twelve (12) months from date of approval.

The current Georgia Rules and Regulations governing food service establishments can be downloaded from the following website:

<https://dph.georgia.gov/food-service-rules-and-documents>

PLAN REVIEW GUIDELINES

Please check/circle all items below to indicate whether the requirements have been fulfilled before submitting your application packet.

- ☐ 1. All parts of the application and plan review packet are completely filled out.
- ☐ 2. Fees are paid. (Plan Review and Annual Inspection)
- ☐ 3. A copy of the menu is attached.
- ☐ 4. Floor plans are submitted. Be sure to follow the guidelines specified in the "Contents and Format of Plans and Specifications" (Part 3 on pages 15 & 16)
- ☐ 5. Equipment list by manufacturer and model number is attached.
Equipment is shown on floor plan.
Please note that all equipment must be NSF approved or equivalent.
Use of non-commercial equipment is prohibited.
- ☐ 6. Manufacturers equipment specification sheets (cut sheets) are submitted.
- ☐ 7. Provide approval from Zoning Department that location is acceptable for proposed use.
- ☐ 8. Verification of Residency form completed by owner.

Will your establishment be served by: **Public Sewer** ☐ or **Septic System** ☐

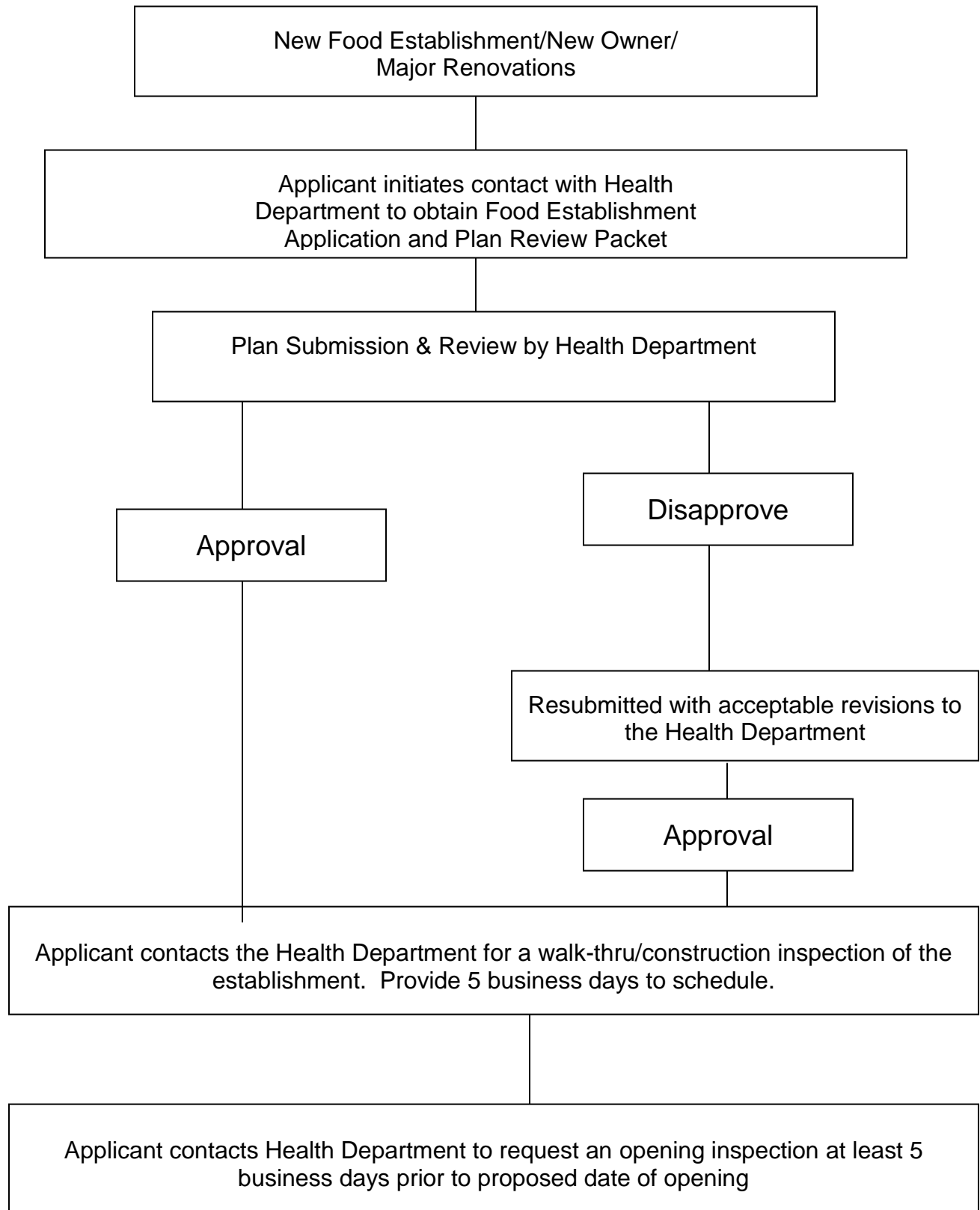
Will your establishment be served by: **Public Water** ☐ or **Well*** ☐

*A complete water analysis must be submitted by a state certified laboratory if the establishment is served by a well.

YOU WILL BE NOTIFIED IN WRITING AFTER YOUR PLANS ARE REVIEWED. DO NOT BEGIN ANY FORM OF RENOVATION, REMODELING OR CONSTRUCTION ACTIVITY WITHOUT WRITTEN APPROVAL FROM THIS OFFICE.

If there are any equipment changes, building modifications, etc... after the original plans have been approved, you must contact this office and request approval. Failure to obtain approval from this office for such changes will result in additional fees and may delay the opening of your establishment.

PLAN REVIEW PROCESS FLOW CHART



PART 1

**GENERAL
INFORMATION**

**ALL APPLICANTS COMPLETE ENTIRE SECTION
(Please print)**

Purpose (check one) ☐ **New** ☐ **Information Change**
☐ **Extensive Remodel** ☐ **Reactivate**
☐ **Change of owner/operator**

Establishment Name		
Physical Location		
Establishment Mailing Address City	State	Zip
Establishment Phone		
Fax or Email and Contact Person		

(Must be different address than that of Establishment)

Owner Information		
Owner or Officer of the Legal Ownership		Title
Type of Entity <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Describe)		
Legal Name as to Appear on Food Service Permit		
Business/Corporate Street Address City	State	Zip
Telephone		

Billing Information		
Name		
Billing Street Address City	State	Zip

Contact Person for Plan Review	
Name	Title
Telephone Number	Email address

TYPES OF OPERATIONS (Check all that apply)

Type of Establishment	Food Preparation
<input type="checkbox"/> Bar or Tavern only <input type="checkbox"/> Bar with Food Service <input type="checkbox"/> School <input type="checkbox"/> Caterer <input type="checkbox"/> Buffet <input type="checkbox"/> Limited Food Service <input type="checkbox"/> Commissary/Base for Mobile* <input type="checkbox"/> Mobile food unit* <input type="checkbox"/> Commissary/Base for Extended* <input type="checkbox"/> Commissary/Base for Kiosk* <input type="checkbox"/> Extended Food Service* <input type="checkbox"/> Kiosk* <input type="checkbox"/> Restaurant <input type="checkbox"/> Restaurant w/Delivery Service <input type="checkbox"/> Restaurant w/Caterer <input type="checkbox"/> Takeout or Drive-in only <input type="checkbox"/> Restaurant and retail <input type="checkbox"/> Institution (jail, hospital, etc.) <input type="checkbox"/> Restaurant with Wholesale Processing <input type="checkbox"/> Other_____	<input type="checkbox"/> No cook step (Do not cook any food items) <input type="checkbox"/> Only heat commercially pre-cooked foods
	<input type="checkbox"/> Cook raw foods <input type="checkbox"/> Cool food items (serve leftovers) <input type="checkbox"/> Hot holding <input type="checkbox"/> Serve raw or undercooked food items <input type="checkbox"/> Thawing <input type="checkbox"/> Use Time as a Public Health Control
	<input type="checkbox"/> Reduced-oxygen packaging (vacuum-packaging, sous vide packaging, cook-chill packaging, modified atmosphere packaging, or controlled atmosphere packaging) <input type="checkbox"/> Use food additives or components such as vinegar to render food not potentially hazardous <input type="checkbox"/> Smoke food as a method of food preservation rather than as a method of flavor enhancement <input type="checkbox"/> Par-cook raw food items <input type="checkbox"/> Other_____
<p>* Please attach Mobile or Extended Application</p>	

Hours of Operation:

FROM

TO

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Number of Seats _____

Number of Staff _____
(Maximum per Shift)

Total Square Feet of Facility _____

Maximum Number of Meals to be Served:

Breakfast _____

Lunch _____

Dinner _____

Total Served Daily _____

Projected Date for Start of Construction _____

Projected Date for Completion of Project _____
(Ready for the final walk-through inspection for the Food Service Permit)

If you have submitted plans/applications to any of the following departments, please note date of submittal.

Planning/Zoning _____

Fire Department _____

Public Works/Public Utilities _____

Other _____

PART 2

**FOOD
PREPARATION
REVIEW
DOCUMENTS**

PLEASE ATTACH A COPY OF YOUR PROPOSED MENU

A. TIME/TEMPERATURE CONTROL FOR SAFETY (TCS) FOODS

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

<u>CATEGORY</u>	<u>(YES)</u>	<u>(NO)</u>
Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	()	()
Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	()	()
Cold processed foods (salads, sandwiches, vegetables)	()	()
Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	()	()
Bakery goods (pies, custards, cream fillings & toppings)	()	()
Raw or undercooked foods such as sushi, ceviche, eggs or steak to order. (Disclosure and Reminder Statements will be required on the menus)	()	()
Other _____		

2. Thawing Time/Temperature Control for Safety (TCS) foods

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate **where thawing will take place (specific cooler or sink).**

Thawing Method	*THICK FROZEN FOODS	*THIN FROZEN FOODS
Refrigeration		
Running Water Less than 70°F(21°C)		
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.

B. FOOD SUPPLIES

3. Are all food supplies from inspected and approved sources? YES () NO ()
4. List proposed food vendors/suppliers: _____
5. What are the projected frequencies of deliveries per week for the following:
- Frozen foods _____
- Refrigerated foods _____
- Dry Goods _____
6. Provide information on the amount of space (cubic feet) allocated for:
- Frozen foods _____
- Refrigerated foods _____
- Dry Goods _____
7. How will dry goods be stored off of floor? _____

C. COLD STORAGE

8. Does each refrigerator/freezer have a thermometer? YES () NO ()
- Number of refrigeration units: _____
- Number of freezer units: _____
9. Is there a bulk ice machine available? YES () NO ()
10. Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked or ready to eat foods? YES () NO ()
- If yes, how will cross-contamination be prevented? _____
- _____
- _____

D. COOKING & REHEATING

11. List types of cooking equipment

12. What type(s) of food product thermometer(s) will be used to measure final cooking/reheating temperatures of PHF's?

☐ Bi-metallic stem (dial) ☐ Digital, fast read
☐ Thin meat, small diameter probe ☐ Thermocouple ☐ Other _____

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

14. How will reheating cooked and cooled food to 165F for at least 15 seconds be done rapidly and within 2 hours? _____

15. List types of hot holding equipment: _____

E. COOLING

16. Please indicate by checking the appropriate boxes how TCS foods will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 135°F to 41°F in 6 total hours). Also, indicate **where cooling will take place (i.e. speed rack in walk-in cooler, ice bath in vegetable sink, top level of cooler).**

COOLING METHOD	THICK MEATS	THIN MEATS	THIN FOOD ITEMS (SOUPS, GRAVY)	THICK FOOD ITEMS (STEWES, CASSEROLES)	RICE/ NOODLES/ SLICED DELI MEATS
Shallow Pans					
Ice Baths/Ice Paddle					
Reduce Volume or Size					
Specialty Rapid Chill Equipment					
Other (describe)					

17. Please list items of food prepared more than 24 hours in advance of service.

18. 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 these ready-to-eat foods be cooled to 41°F?

F. PREPARATION

19. How will bare hand contact with ready-to-eat foods be prevented? _____

20. What type of sanitizer do you intend to use? _____

Sanitizer concentration: _____ ppm

**A test kit for sanitizer must be available for use.*

21. Are raw fruits and vegetables indicated within the menu? YES () NO ()

22. If YES is there a dedicated sink provided for washing raw fruits and vegetables prior to their preparation? YES () NO ()

**(Note: Multi-compartmented sinks are considered as one unit. For example, a 2-compartment sink is one unit and not two separate units.)*

Describe: _____

23. Will any cold, ready-to-eat, potentially hazardous foods be kept longer than 24 hours?
YES () NO ()

If yes, describe your date marking/labeling procedures: _____

24. Describe the procedure used for minimizing the length of time Potentially Hazardous Foods are kept in the temperature danger zone (between 41°F to 135°F) during preparation.

25. Will specialized processing methods (such as vacuum packaging, smoking, curing, acidifying, dehydrating, canning) be done on-site? YES () NO ()

If yes, attach HACCP plan as required by the Health Authority.

G. MANAGEMENT & PERSONNEL

26. Does your facility's policy to exclude or restrict food workers who are sick or have infected cut or lesions meet the standards set by (*Rule .03 subsection (4)(a-f & h) p.34*) ?

YES () NO ()

Please attach a copy of your employee health policy.

27. Will employees have paid sick leave? YES () NO ()

28. Do you have a Certified Food Safety Manager on-site? YES () NO ()

If yes, provide name, certification number and expiration date: _____

If No, provide estimated date of certification completion (must be within 60 days of opening)

Do you have written procedures for responding to clean-up or vomit and diarrheal events that may occur within the establishment? YES () NO () If YES, please attach.

PART 3

**FOOD
SERVICE
SPECIFICATION
DOCUMENTS**

**PLEASE SEE CONTENTS AND FORMAT OF PLANS AND
SPECIFICATIONS ON THE NEXT PAGE PRIOR TO
COMPLETING DOCUMENTS.**

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.
2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
9. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
 - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
 - d. Lighting schedule with protectors;
 - (1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
 - (2) At least 220 lux (20 foot candles):

(a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;

(b) Inside equipment such as reach-in and under-counter refrigerators;

(c) At a distance of 75 cm (30 inches) above the floor in areas used for hand washing, ware washing, and equipment and utensil storage, and in toilet rooms; and

(3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).

f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with;

g. Ventilation schedule for each room;

h. A mop sink or curbed cleaning facility with facilities for hanging wet mops;

i. Garbage can washing area/facility;

j. Cabinets for storing toxic chemicals;

k. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;

l. Site plan (plot plan)

A. IDENTITY OF PLANS

1. Name of Food Establishment

2. Address of Food Establishment

B. FINISH SCHEDULE

3. Indicate below the type of materials that will be used (example: quarry tile, stainless steel, 4" plastic coved molding, semi-gloss paint, etc.) Materials for indoor floor wall and ceiling surfaces under conditions of normal conditions must be smooth, durable and easily cleanable in foodservice areas. **Note: VCT is NOT approved in any area other than dry storage.**

	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 AND FREEZERS				

C. INSECT AND RODENT CONTROL

Please check appropriate boxes.

	YES	NO	NA
4. Will all outside doors be self-closing and rodent proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are screen doors provided on all entrances left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do all open able windows have a minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the placement of electrical devices identified on the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is area around building clear of unnecessary brush, litter, boxes and other harborage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Will air curtains be used? If yes, where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. GARBAGE AND REFUSE

Inside

11. Do all containers have lids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Will refuse be stored inside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If so, where? _____

13. Is there an area designated for garbage can or floor mat cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If 'Yes', waste water drain will be required.

Outside

YES NO NA

14. Will a dumpster be used?

() () ()

Number _____ Size _____

Frequency of pickup _____

Contractor _____

15. Will a compactor be used?

() ()

Number _____ Size _____

Contractor _____

Frequency of pickup _____

16. Will garbage cans be stored outside? YES () NO ()

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

18. Describe location of grease storage receptacle

19. Is there an area to store recycled containers? YES () NO ()

If yes, please describe _____

Indicate what materials are required to be recycled;

() Glass

() Metal

() Paper

() Cardboard

() Plastic

20. Is there any area to store returnable damaged goods? YES () NO ()

If yes, please describe _____

E. PLUMBING CONNECTIONS

21. Please check appropriate boxes.

	AIR GAP	AIR BREAK	INTEGRAL TRAP	P TRAP	VACUUM BREAKER	CONDENSATE PUMP
TOILET						
URINALS						
*DISHWASHER						
GARBAGE GRINDER						
* ICE MACHINE (S)						
*ICE STORAGE BIN (S)						
MOP SINK						
HAND WASH SINK						
*3 COMPARTMENT SINK						
*2 COMPARTMENT SINK						
*1 COMPARTMENT SINK						
LAVATORY						
WATER STATION						

* An air gap or an air break is required.

E. PLUMBING CONNECTIONS continued:

(Please check appropriate boxes.)

	AIR GAP	AIR BREAK	INTEGRAL TRAP	P TRAP	VACUUM BREAKER	CONDENSATE PUMP
*STEAM TABLES						
*DIPPER WELLS						
REFRIGERATION CONDENSATE/DRAIN LINES						
HOSE CONNECTION						
*POTATO PEELER						
OTHER						

* An air gap or an air break is required.

22. Are floor drains provided & easily cleanable, if so, indicate location?

F. WATER SUPPLY

23. Is water supply public () or private ()?

24. If private, has source been approved? YES () NO () PENDING () N/A ()

If question #24 is checked yes, please attach a copy of written approval and/or permit.

25. Is ice made on premises () or purchased commercially ()?

If made on premises, please provide specifications for the ice machine. If purchased commercially please provide information on the source and method by which the ice is collected from the source, the means to protect the ice from contamination, and the type of unit ice is stored at the foodservice establishment.

26. Provide location of ice maker or bagging operation:

27. Will there be a water filtration system on the premises? If so, provide location

28. Describe the manner in which ice scoops will be stored:

29. Please provide the following information for the water heater(s):

Make _____ Model # _____

Gallons _____ BTU _____ K W _____

Recovery capacity _____ (GPH)

Make _____ Model # _____

Gallons _____ BTU _____ K W _____

Recovery capacity _____ (GPH)

For On Demand Water Heater(s) provide # of fixtures served, flow and GPM

Attach specification sheets for all water heaters.

30. Will a dish machine be used? YES () NO ()

31. Is there a water treatment device? YES () NO ()

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

32. How are the backflow prevention devices inspected and serviced?

G. HOT WATER FIXTURES:*LEAVE SHADED CELLS BLANK (FOR OFFICE USE)*

33. Please indicate number of fixtures.

		GALLONS PER HOUR			
EQUIPMENT TYPE	QUANTITY	<u>HIGH</u>	<u>LOW</u>		
VEGETABLE SINK		15	15	=	
THREE COMPT. SINK		60	45	=	
FOUR COMPT. SINK		80	60	=	
PRE-RINSE FOR DISHES- SHOWER HEAD TYPE		45	45	=	
BAR – 3 COMPT. SINK		25	25	=	
BAR – 4 COMPT. SINK		25	25	=	
CHEMICAL SANITIZING GLASSWASHER		60	60	=	
HAND WASH SINKS		5	5	=	
MEAT PREP/THAW SINK		10	10	=	
HOT WATER FILLING FAUCET		15	15	=	
BAIN MARIE		10	10	=	
GARBAGE CAN WASHER/MOP SINK		20	10	=	
NINE AND TWELVE POUNDS CLOTHES WASHER		45	45	=	
SIXTEEN POUNDS CLOTHES WASHER		60	60	=	
EMPLOYEE SHOWER		20	20	=	
DISHMACHINE FINAL RINSE 100% USAGE GALLONS PER HOUR	_____	_____ GALLONS		=	
		TOTAL PEAK DEMAND		=	

F. SEWAGE DISPOSAL

34. Is building connected to a municipal sewer? YES () NO ()

35. If no, is private disposal system approved? YES () NO () PENDING () N/A ()

If question #35 is checked yes, please attach copy of written approval and/or permit.

36. Are grease traps provided? YES () NO ()

If so, where? _____

Provide schedule for cleaning & maintenance _____

G. DRESSING ROOMS

37. Are dressing rooms provided? YES () NO ()

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

H. GENERAL

39. Please provide the name of the certified Applicator for Pest Control.

40. Will the facility be open 24 hours? If so, provide intended schedule for pest control applications and thorough cleaning of the facility.

41. 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 ()

Indicate location:

42. Are all containers of toxics including sanitizing spray bottles clearly labeled?
YES () NO ()

43. Will linens be laundered on site? YES () NO ()

If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

44. Is a laundry dryer available? YES () NO ()

45. Location of clean linen storage: _____

46. Location of dirty linen storage:

47. Are containers constructed of safe materials to store bulk food products (sugar, flour, etc)? YES () NO ()

Indicate type: _____

48. Indicate all areas where exhaust hoods are installed:

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

49. How is the listed ventilation hood system cleaned?

50. Are all pieces of equipment that produce excessive heat, steam, condensation, vapors, obnoxious odors, smoke, and fumes under mechanical ventilation of sufficient capacity? YES () NO ()

50(b). Briefly describe proposed dining table and/or bar top surfaces (design, material, etc.). Dining table/bar tops are to be smooth, durable and easily-cleanable. No groves, gaps, unsealed wood, etc.

I. SINKS

51. Is a mop sink present? YES () NO ()
52. Is a vegetable prep sink present? YES () NO ()
53. Is a meat preparation/ thawing sink present? (Based on menu) YES () NO ()

J. DISHWASHING FACILITIES

54. Will sinks or a dishwasher be used for ware washing?

Dishwasher ()

Three compartment sink ()

55. Will only single service utensils (i.e. cups, knives, forks, spoons) be provided?
YES () NO ()

56. Type of dishwasher sanitization used:

Hot water (temperature) _____

Booster heater _____

Chemical type _____

57. Is ventilation provided? YES () NO ()
58. Is ware washing machine designed and equipped to automatically dispense detergents and sanitizers? YES () NO ()
59. Does the ware washing machine incorporate a visual means to verify that detergents and sanitizers are delivered or a visual or audible alarm to signal if the detergents and sanitizers are not delivered to the respective washing and sanitizing cycles.
YES () NO ()
60. Do all dish machines have templates with operating instructions? YES () NO ()
61. Do all dish machines have temperature/pressure gauges as required that are accurately working? YES () NO ()
62. 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?
-

63. Are there drain boards on both ends of the pot sink? YES () NO ()

64. What type of sanitizer is used?

Chlorine ()

Iodine ()

Quaternary ammonium ()

Hot Water ()

64 (b). How are dining tables sanitized? Include type of sanitizer and specific method.

65. Are test papers and/or kits available for checking sanitizer concentration?

YES () NO ()

K. HANDWASHING/TOILET FACILITIES

66. Is there a hand washing sink in each food preparation and ware washing area?

YES () NO ()

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

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

69. Is hand cleanser available at all hand washing sinks? YES () NO ()

70. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks? YES () NO ()

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

72. Are hot and cold water under pressure available at each hand washing sink?

YES () NO ()

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

74. Are all toilet rooms equipped with adequate ventilation? YES () NO ()

75. Is a covered waste container or sanitary napkin receptacle in all women's toilet rooms? YES () NO ()

76. Are paper towels provided in all toilet rooms that require touching a handle or knob to open? YES () NO ()

77. Are toilets provided for public use? YES () NO ()

***Public rest rooms required when tables and chairs provided for dining.*

L. SMALL EQUIPMENT REQUIREMENTS

78. Please specify the number, location, and types of each of the following:

Slicers _____

Cutting boards _____

Can openers _____

Mixers _____

Floor mats _____

79. Are all pieces of equipment used in the foodservice establishment designed to meet ANSI-approval (i.e. NSF) for commercial use? YES () NO ()

M. PRODUCT PICK UP AND DELIVERY

80. Days between deliveries _____

81. Please list proposed days and times of deliveries

82. If you plan to purchase food products (from a grocery store for example) and transport them to your establishment, and/or if you are the owner of multiple stores and will be transporting product between stores, please list the equipment you will use to keep food hot and/or cold during transportation.

83. Please describe how you will prevent cross contamination between raw and ready to eat products during transport.

84. If you plan to offer your customers delivery services please describe how you will keep food hot and/or cold during transportation.

84 (b). Do you plan to use 'key drop' or after hour deliveries where the vendor has a key and code to your establishment? YES () NO ()

If YES, submit your key drop contract and sample receiving log. You may request these documents from this department.

N. BUFFET UNITS AND CATERERS

85. Are all sneeze guards on consumer self-service equipment designed to meet ANSI-Specifications. YES () NO ()

86. Are any raw food items displayed on the consumer self-service bar? YES () NO ()

87. Are all utensils used on the consumer self-service units such as buffets or salad bars longer in length than the widest portion of each container on the bar? YES () NO ()

88. Please state how you intend to refill food on the buffet. *All open foods on display must be discarded at the end of service.*

89. CATERER: Please list the types of equipment used to protect food from contamination and to maintain product temperature for hot and cold holding during transportation and at the event.

90. CATERER: Include a description, and photo or sketch of type of temporary hand wash station for use during off-site set up. May be an insulated cooler with on/off spigot, catch basin and soap and paper towels.

PART 4

**STATEMENT
AND
AGREEMENT**

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 Clarke Health Department – Environmental Health Division may nullify final approval.

Signature(s) _____
Owner(s) or Officer of the legal ownership

Date: _____

NOTES:

YOU WILL BE NOTIFIED IN WRITING AFTER YOUR PLANS ARE REVIEWED. DO NOT BEGIN ANY FORM OF RENOVATION, REMODELING OR CONSTRUCTION ACTIVITY WITHOUT WRITTEN APPROVAL FROM THIS OFFICE.

Approval of these plans and specifications by the Clarke Health Department does not indicate compliance with any other code, law or regulation that may be required-federal, state, or local. It does not further constitute endorsement or acceptance of the completed establishment (structure or equipment). A preliminary inspection of each completed establishment with the necessary equipment in place & operational will be necessary to determine if it complies with the Georgia Rules and Regulations governing food service establishments.

If there are any equipment changes, building modifications, etc... after the original plans have been approved, you must contact this office and request approval. Failure to obtain approval from this office for such changes will result in additional fees and may delay the opening of your establishment.

AGREEMENT:

The undersigned hereby applies for a permit to operate a Food Service Establishment pursuant to O.C.G.A. Sections 31-2A-6 and 26-2-373 and hereby certifies that he/she has been informed of where to find the Rules and Regulations for Food Service, Chapter 511-6-1, Georgia Department of Public Health.

I understand that the Responsibilities of a Permit Holder (Rule .02 subsection (1) (f)) must be followed in order to retain the Food Service Permit.

I attest to the accuracy of the information provided in this application, affirm that the facility will comply with Chapter 511-6-1, and will allow the Health Authority access to the establishment.

I further understand that Annual Inspection fees will be billed and that failure to pay by the due date will result in late fees and possible permit suspension. Late fees are applied at a rate of \$30.00 for every 30 days that the bill is past due.

Signature _____

Print Name _____

Title (Must be owner or officer of the legal ownership) _____

Date _____

NOTES:

It is unlawful to begin food service operations without first obtaining a valid food service permit from Clarke County Environmental Health Services.

After your food service permit has been issued please be aware that prior to making any changes to the existing food service establishment you must request approval from the Clarke County Health Department. This includes any menu change that requires the installation of food equipment and/or structural changes, involves a food preparation process that was not performed in the establishment prior to the menu change, or poses a health risk to consumers because it is a raw animal food served raw or undercooked