



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



PERMIT APPLICATION FOOD SERVICE ESTABLISHMENTS AND MOBILE FOOD SERVICE BASE OF OPERATIONS

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 BY DEMONSTRATING SATISFACTORILY COMPLIANCE WITH THE PROVISION OF DPH CHAPTER 511-6-1; AND PROVIDING 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 IS TO BE LOCATED AND OPERATED. GO TO THE DEPARTMENT'S ENVIRONMENTAL HEALTH WEBPAGE AT http://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/EnvHealthContactInformation2015-10.pdf FOR COUNTY HEALTH DEPARTMENT CONTACT INFORMATION.



PERMIT APPLICATION FOOD SERVICE ESTABLISHMENTS AND MOBILE FOOD SERVICE BASE OF OPERATIONS

ADMINISTRATIVE INFORMATION

FOR HEALTH AUTHORITY USE ONLY:

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

Is Proposed Menu attached? ___ YES ___ NO If NO, Explain: _____

Name of Establishment: _____

Food Service Address: _____
Street # and Name Suite/Unit # City Zip Code

Email address: _____ Business Phone Number: _____

1. Reason for plan review (Check appropriate block)

- checkbox New Application
checkbox Change of Ownership: Will there be any changes to the previous menu, equipment or facility structure?
checkbox Renovation of Existing Establishment

2. Method of Operation: (Check All Appropriate Blocks)

- checkbox Food Service Establishment
checkbox Food Service/Wholesaler - requires a Georgia Dept. of Agriculture permit in addition to food service permit
checkbox Catering Operation
checkbox Mobile Base - please complete a mobile food unit application for each mobile unit
checkbox Extended Food Service
checkbox Institution (e.g. school, hospital, nursing home, etc.)
checkbox Incubator Establishment A (one shared space) - VARIANCE REQUIRED
checkbox Incubator Establishment B (cubicle/build out units)- VARIANCE REQUIRED
checkbox Incubator Establishment B member (cubicle/build out units) - VARIANCE REQUIRED



PERMIT APPLICATION FOOD SERVICE ESTABLISHMENTS AND MOBILE FOOD SERVICE BASE OF OPERATIONS

ADMINISTRATIVE INFORMATION continued

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.

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

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: _____

If Applicable, identify all counties that in which Mobile Unit(s) will operate: _____

[] Please submit a detailed a business plan (which includes a DESCRIPTION OF YOUR BUSINESS MODEL, OPERATIONS PLAN (i.e. how you plan to operate), IDENTIFY MARKET/CONSUMERS, and SERVICES PROVIDED, etc).

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 _____

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

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: _____

OPERATIONAL INFORMATION

Type of Service (check all that apply):

- Sit Down Meals Drive-thru Take Out Catering
Mobile unit Delivery Online Other _____

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

Please enclose the following 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)

DO NOT WRITE BELOW THIS LINE – HEALTH DEPARTMENT USE ONLY

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>

THE FOLLOWING DOCUMENTS ARE ENCLOSED:

- | | |
|---|--|
| <input type="checkbox"/> Business Plan Attached | <input type="checkbox"/> Equipment List Attached |
| <input type="checkbox"/> Plans Attached | <input type="checkbox"/> Menu Attached |
| <input type="checkbox"/> Plan Review Checklist | <input type="checkbox"/> Food Preparation Review |
| <input type="checkbox"/> Construction Review | <input type="checkbox"/> Water Supply Public/Approved |
| <input type="checkbox"/> Vomitus/Diarrheal Clean-up Plan | <input type="checkbox"/> Wastewater/Septic System Approval |
| <input type="checkbox"/> Notarized Verification of Residency
For Public Benefits Application | |

WHEN APPLICABLE:

- Pets in outside dining procedures
- Variance/HACCP plan/procedures

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/HACCP Plan - requires an approved HACCP plan



PERMIT APPLICATION FOOD SERVICE ESTABLISHMENTS AND MOBILE FOOD SERVICE BASE OF OPERATIONS

OPERATIONAL INFORMATION Continued

FOOD PREPARATION REVIEW:

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

Table with 4 columns: CATEGORY, (YES), (NO). Rows include: 1. Thin meats, poultry, fish, eggs... 2. Thick meats, whole poultry... 3. Cold processed foods... 4. Hot processed foods... 5. Bakery goods... 6. Fresh produce... 7. Specialty foods... 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:

Table with 4 columns: Item, Day of week, AM/PM, Key Drop Delivery. Rows: Frozen foods, Refrigerated foods, Dry goods

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: _____



**PERMIT APPLICATION FOOD SERVICE ESTABLISHMENTS
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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 41° F (5 ° 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 70°F		
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.



PERMIT APPLICATION FOOD SERVICE ESTABLISHMENTS AND MOBILE FOOD SERVICE BASE OF OPERATIONS

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:

Table listing cooking times and temperatures for various food items: Beef roasts (130°F/121 min), Solid seafood pieces (145°F/15 sec), Other PHF's (145°F/15 sec), Eggs (Immediate service: 145°F/15 sec, Pooled*: 155°F/15 sec), Pork (145°F/15 sec), Comminuted meats/fish (155°F/15 sec), Poultry (165°F/15 sec), Reheated for hot holding (165°F/15 sec).

- 2. List types of cooking equipment.

HOT/COLD HOLDING:

- 1. How will hot TCS food be maintained at 135°F (57°C) or above during holding for service? Indicate type and number of hot holding units.
2. How will cold TCS food be maintained at 41°F (5°C) 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 ° F (5 ° C) within 6 hours (135 ° F to 41 ° F in 6 hours; provided the food reaches from 135°F to 70 ° 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 135°F to 70°F within 2 hours and 135°F to 41°F 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 ° 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?



PERMIT APPLICATION FOOD SERVICE ESTABLISHMENTS AND MOBILE FOOD SERVICE BASE OF OPERATIONS

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 41°F? _____

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 in 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 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 and Freezers				

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 ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are screen doors provided on all entrances left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do all openable windows have a minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the placement of electrocution devices identified on the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is area around building clear of unnecessary brush, litter, boxes and other harborage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Will air curtains be used? If yes, where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. GARBAGE AND REFUSE

Inside

	YES	NO	NA
8. Do all containers have lids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Will refuse be stored inside? If so, where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there an area designated for garbage can or floor mat cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLAN REVIEW INFORMATION

YES NO NA

Outside

11. Will a dumpster be used? YES NO NA

Number _____ Size _____

Frequency of pickup _____

Contractor _____

12. Will a compactor be used? YES NO NA

Number _____ Size _____

Frequency of pick up _____

Contractor _____

13. Will garbage cans be stored outside? YES NO NA

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? YES NO NA

Describe _____

Indicate what materials are required to be recycled;

Glass Metal Paper

Cardboard Plastic

17. Is there any area to store returnable damaged goods? YES NO NA

PLAN REVIEW INFORMATION

D. PLUMBING CONNECTIONS (Write NA if not applicable)

	AIR GAP	AIR BREAK	*INTEGRAL 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 waste water 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. WATER SUPPLY

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. SEWAGE DISPOSAL

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. SINKS

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. DISHWASHING FACILITIES

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



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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. HANDWASHING/TOILET FACILITIES

- 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 []

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)