PERMIT APPLICATION FOR FOOD SERVICE ESTABLISHMENTS AND MOBILE/EXTENDED FOOD SERVICE BASE 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 MAINTENANCEE 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 SATISFACTORY 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.

ADMINISTRATIVE INFORMATION

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)
   ☐ 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 Base – please complete a mobile food unit application for each mobile unit
   ☐ 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

FOR HEALTH AUTHORITY USE ONLY:

Applicable Fees Paid?  __ YES  ___ NO  If NO, explain: ________________________________

Is Proposed Menu attached?  _____YES  ____NO  If NO, Explain: _______________________

____________________________________________________  ___________________________

FOR HEALTH AUTHORITY USE ONLY:

Applicable Fees Paid?  __ YES  ___ NO  If NO, explain: ________________________________

Is Proposed Menu attached?  _____YES  ____NO  If NO, Explain: _______________________

____________________________________________________  ___________________________
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 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)
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:

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

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
OPERATIONAL INFORMATION Continued

FOOD PREPARATION REVIEW:

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

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

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.

<table>
<thead>
<tr>
<th>Thawing Method</th>
<th>*THICK FROZEN FOODS</th>
<th>*THIN FROZEN FOODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigeration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Running Water Less than 70ºF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microwave (as part of cooking process)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooked from Frozen state</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (describe)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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:

<table>
<thead>
<tr>
<th>Item</th>
<th>Minimum Temperature and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beef roasts</td>
<td>130 º F (121 min)</td>
</tr>
<tr>
<td>Solid seafood pieces</td>
<td>145 º F (15 sec)</td>
</tr>
<tr>
<td>Other PHF’s</td>
<td>145 º F (15 sec)</td>
</tr>
<tr>
<td>Eggs:</td>
<td></td>
</tr>
<tr>
<td>Immediate service</td>
<td>145 º F (15 sec)</td>
</tr>
<tr>
<td>Pooled*</td>
<td>155 º F (15 sec)</td>
</tr>
<tr>
<td>( hazeurized eggs must be served to a highly susceptible population)</td>
<td></td>
</tr>
<tr>
<td>Pork</td>
<td>145 º F (15 sec)</td>
</tr>
<tr>
<td>Comminuted meats/fish</td>
<td>155 º F (15 sec)</td>
</tr>
<tr>
<td>Poultry</td>
<td>165 º F (15 sec)</td>
</tr>
<tr>
<td>Reheated for hot holding of cooked and cooled TCS foods</td>
<td>165 º F (15 sec)</td>
</tr>
</tbody>
</table>

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 ° 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.

<table>
<thead>
<tr>
<th>COOLING METHOD</th>
<th>THICK MEATS</th>
<th>THIN MEATS</th>
<th>THIN SOUPS/GRAVY</th>
<th>THICK SOUPS/GRAVY</th>
<th>RICE/NOODLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shallow Pans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ice Baths</td>
<td></td>
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<tr>
<td>Reduce Volume or Size</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Rapid Chill</td>
<td></td>
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<tr>
<td>Other (describe)</td>
<td></td>
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</tbody>
</table>

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 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 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.

<table>
<thead>
<tr>
<th></th>
<th>FLOOR</th>
<th>COVING</th>
<th>WALLS</th>
<th>CEILING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Bar</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Food Storage</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet Rooms</td>
<td></td>
<td></td>
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<tr>
<td>Dressing Rooms</td>
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<tr>
<td>Garbage &amp; Refuse Storage</td>
<td></td>
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</tr>
<tr>
<td>Mop Service Basin Area</td>
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<tr>
<td>Warewashing Area</td>
<td></td>
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<tr>
<td>Walk-in Refrigerators and Freezers</td>
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</tr>
</tbody>
</table>
### PLAN REVIEW INFORMATION

#### B. INSECT AND RODENT CONTROL

**APPLICANT:** Please check appropriate boxes.

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

#### C. GARBAGE AND REFUSE

**Inside**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Do all containers have lids?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 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

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outside</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Will a dumpster be used?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Number _______ Size _______</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency of pickup _______</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Contractor _________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Will a compactor be used?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Number _______ Size _______</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency of pick up _______</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractor _________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Will garbage cans be stored outside?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. Describe surface and location where dumpster/compactor/garbage cans are to be stored</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Describe location of grease storage receptacle</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>____________________________________________________________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Is there an area to store recycled containers?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Describe ___________________________________________________________________</td>
<td></td>
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<tr>
<td>Indicate what materials are required to be recycled;</td>
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<tr>
<td>☐ Glass       ☐ Metal       ☐ Paper       ☐ Cardboard       ☐ Plastic</td>
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<tr>
<td>17. Is there any area to store returnable damaged goods?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
### PLAN REVIEW INFORMATION

#### D. PLUMBING CONNECTIONS

(Write NA if not applicable)

<table>
<thead>
<tr>
<th></th>
<th>AIR GAP</th>
<th>AIR BREAK</th>
<th>*INTEGRAL TRAP</th>
<th>*P TRAP</th>
<th>VACUUM BREAKER</th>
<th>CONDENSATE PUMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.</td>
<td>Toilet</td>
<td></td>
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<td>19.</td>
<td>Urinals</td>
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<td>20.</td>
<td>Dishwasher</td>
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<td>21.</td>
<td>Garbage Grinder</td>
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<td>22.</td>
<td>Ice machines</td>
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<td>23.</td>
<td>Ice storage bin</td>
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<td>24.</td>
<td>Sinks</td>
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</tr>
<tr>
<td>a.</td>
<td>Mop sink</td>
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<tr>
<td>b.</td>
<td>Janitor sink</td>
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<td>c.</td>
<td>Handwash sink</td>
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<td>d.</td>
<td>3 Compartment sink</td>
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<td>e.</td>
<td>2 Compartment sink</td>
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<td>f.</td>
<td>1 Compartment sink</td>
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<td>g.</td>
<td>Water Station</td>
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<td>25.</td>
<td>Steam tables</td>
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<tr>
<td>26.</td>
<td>Dipper wells</td>
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<td>27.</td>
<td>Refrigeration condensate/drain lines</td>
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<td>28.</td>
<td>Hose connection</td>
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<td>29.</td>
<td>Potato peeler</td>
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<td>30.</td>
<td>Beverage Dispenser w/carbonator</td>
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<td>31.</td>
<td>Other</td>
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</table>

* 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.
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:

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>FILTERS &amp;/OR EXTRACTION DEVICES</th>
<th>SQUARE FEET</th>
<th>FIRE PROTECTION</th>
<th>AIR CAPACITY CFM</th>
<th>AIR MAKEUP CFM</th>
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<tbody>
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</table>

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 ☐
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)