

Rules and Regulations Food Service – DPH Chapter 511-6-1
Food Service Establishment Manual for
Design, Installation and Construction

Appendix-H:

Food Service Establishment Plan and Specification Review Sample Response Letters

****An Example and Guidance Document****



The following food service establishment plan and specification review response letters are provided as examples and guidance to the County Environmental Health Specialist in communicating with the food service permit applicant and the planner. These guidance letters are not all inclusive and they may be adapted by County Health Departments so as to be pertinent to their local administrative environment.

It is important to remember that clear and detailed communication be maintained with all parties who are involved with the development and regulation of the food service establishment. This is true for the present as well as for future communication needs whether that happens to be with federal, state or local code officials but, it is especially true when it comes to the permit applicant. Additionally, copies of such communication letters and plan review documentation must be maintained within each food service establishment's inspection records for plan review process verification and for potential legal action.

Example letters will begin on the next page.

SAMPLE A – Incomplete Plans

(Date)

(Permit Applicant and/or Plan Preparer)

(Address)

(City, State, Zip)

Re: (Proposed Establishment)
(Location and/or Address)
(Date of Receipt by Health Authority)

Dear (Permit Applicant and/or Plan Preparer):

This is to confirm the receipt of your proposed food service establishment plans and specifications (Name of the local Health Department) on (Date Received). Please be advised the review process of these plans and specifications cannot be completed at this time due to the following needed information and or missing documentation:

1. List 1st
2. List 2nd
3. List 3rd
4. List 4th
5. List 5th
6. Continue to list needed information and or needed documentation (specification for equipment for example).

Upon receipt of this requested information and or documentation, the plan and specification review process will then continue. If you would like to discuss these issues with me, I can be contacted (Give the pertinent contact information such as phone number, email address).

Sincerely,

(Name of Health Authority Representative)

(Title)

Cc: As appropriate (Office plan review file, Business License, Building Inspections, Zoning Department and Others)

SAMPLE B – Change of Ownership Non-Compliant

(Date)

(Permit Applicant)
(Address)
(City, State, Zip)

Re: (Proposed Establishment)
(Location/Address)
(Date of Initial Inspection)

Dear (Permit Applicant):

On (Date of construction/preoperational inspection), a food service inspection was conducted at (Name of Proposed Establishment) located at (Address of Establishment). The purpose of this initial inspection is to determine your establishment's level of compliance with Georgia's Rules and Regulations Food Service Chapter 511-6-1. At the present time, there is some operational, equipment and or physical construction issues that you must address before you will qualify for a food service permit to operate a food service establishment. Issues of concern are as follows:

1. 1st item
2. 2nd item
3. Continue until all issues of concern have been enumerated and explained.

Please be advised that it is illegal for an individual to operate a food service establishment without first obtaining a food service permit from the (Name of the Health Department having jurisdiction). In addition, without a valid food service permit, your food service establishment must cease operation until you can demonstrate compliance with Chapter 511-6-1.

Please call (Phone Number of County Health Department) between (Office Hours) to discuss these issues and/or to schedule another construction/preoperational inspection.

Sincerely,

(Name of Health Department Representative)
(Title)

Cc: All appropriate parties (Business License, Building Inspections, Zoning Department and Others)

SAMPLE C – Approval of Plans with Conditions

(Date)

(Permit Applicant/Plan Preparer)

(Address)

(City, State, Zip)

Re: (Proposed Establishment)

(Location and/or Address)

(Date of Receipt by County Health Department-Health Authority)

Dear (Permit Applicant/Plan Preparer):

This is to confirm the receipt of your proposed food service establishment plans and specifications (Name of the local Health Department) on (Date Received). The review process of these plans and specifications has been completed and they are approved based upon the following comments and or conditions:

1. List 1st (ex. The Primary Water Heater must have a rating of 120,000 BTUs and it must be ANSI/NSF listed commercial food service equipment. The current listed primary water heater (Item #P-202) within the plans has a rating of 100,000 BTUs and as such, it will not meet the calculated peak hot water demand of at least 120,000 BTUs for all proposed equipment utilizing hot water within the proposed establishment.)
2. List 2nd (ex. Deliveries of food and supplies must be at least once per day. This is to off-set the premises ability to accommodate expansion of storage facilities.)
3. List 3rd (ex. Due to not being able to relocate Item E-103, fruit and vegetable sink, a splash-shield consisting of plexiglass will be installed for a hand sink, Item E-102, that is located near the fruit and vegetable washing sink. This hand sink splash-shield must be designed to be easily removable for routine cleaning. Also, it must be capable of preventing any splash from hands being washed from getting onto the fruit and vegetable sink work area.)
4. Continue to list comments and or conditions as applicable to the review.

(Note: Should too many notations arise, it would be appropriate for the Health Authority to request that the plans be revised to reflect the needed changes. This is a local judgment call of the local Health Authority.)

Please be advised that any deviation from the above information and approved food service plans and specifications without prior permission from the (Name of County Health Department – Health Authority) may nullify this approval.

SAMPLE C – Approval of Plans with Conditions (continued)

Page #2

(Date)

Re: (Proposed Establishment)

Approval of these plans and specifications by the (Name of County Health Department – 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 Food Service Chapter 511-6-1.

A food Service permit from (Name of County Health Department – Health Authority) must be secured before this establishment can operate as a food service establishment. Please call (Contact information and office hours for County Health Department having jurisdiction) so that a construction/preoperational inspection may be scheduled to verify that your proposed food service establishment is constructed and equipped in accordance with the approved plans and is in compliance with law and Chapter 511-6-1.

Sincerely,

(Name of Health Department Representative)

(Title)

Cc: All appropriate parties (Business License, Building Inspections, Zoning Department and Others)

SAMPLE D – Plans Approvable as Submitted

(Date)

(Permit Applicant/Plan Preparer)

(Address)

(City, State, Zip)

Re: (Proposed Establishment)
(Location/Address)
(Date of Receipt by Health Authority)

Dear (Permit Applicant/Plan Preparer):

This is to confirm the receipt of your proposed food service establishment plans and specifications (Name of the local Health Department) on (Date Received). The review process of these plans and specifications has been completed and they are approved based upon the following comments and or conditions:

Please be advised that any deviation from the above information and approved food service plans and specifications without prior permission from the (Name of County Health Department – Health Authority) may nullify this approval.

Approval of these plans and specifications by the (Name of County Health Department – 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 Food Service Chapter 511-6-1.

A food Service permit from (Name of County Health Department – Health Authority) must be secured before this establishment can operate as a food service establishment. Please call (Contact information and office hours for County Health Department having jurisdiction) so that a construction/preoperational inspection may be scheduled to verify that your proposed food service establishment is constructed and equipped in accordance with the approved plans and is in compliance with law and Chapter 511-6-1.

Sincerely,

Name of Health Department Representative

Title

Cc: All appropriate parties (Business License, Building Inspections, Zoning Department and Others)