

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

# Appendix-B<sup>1</sup>: Health Authority Compliance Review List And Approval/Disapproval Form

**\*\*A Recommend Guidance Document  
to be completed by the Reviewer\*\***



**Georgia Department of Public Health**

Environmental Health Branch

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The following document is to be completed by the Health Authority Reviewer and it is to serve two functions:

1. To document findings of a plan review; and
2. To serve as a guidance document to insure that both the planner and the reviewer address key issues and requirements of DPH Chapter 511-6-1 that must be in compliance in order for the plan review process to be completed.

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<sup>1</sup> Source: Current 2008 FDA Plan Review for Food Establishment Course #FD207.

## Health Authority Compliance Review List And Approval/Disapproval Form

(Check the appropriate response)	<u>SAT.</u>	<u>UNSAT.</u>	<u>N/A</u>	<u>INSUFFICIENT INFORMATION</u>
<b>1. Food Preparation Review</b>				
Raw food prep table(s) (as menu dictates)	()	()	()	()
Raw fruits and vegetable Sink(s) (as menu dictates)	()	()	()	()
Adequate refrigeration	()	()	()	()
Adequate cold holding Facilities	()	()	()	()
Adequate hot holding Facilities	()	()	()	()
Adequate hot food Preparation equipment	()	()	()	()
Vacuum packaging Or other process (HACCP Plan)	()	()	()	()
Adequate TCS reheating Equipment	()	()	()	()
<b>2. Utensil &amp; Equipment Storage</b>				
Clean	()	()	()	()
Soiled	()	()	()	()
Ware washing facilities				
Automatic Machine	()	()	()	()
Three Compartmented Sinks	()	()	()	()
Counter Mounted Equipment	()	()	()	()
Floor Mounted Equipment	()	()	()	()
Vacuum Packaging Equipment	()	()	()	()
Bulk Food	()	()	()	()

(Check the appropriate response)	<u>SAT.</u>	<u>UNSAT.</u>	<u>N/A</u>	<u>INSUFFICIENT INFORMATION</u>
<b>2. Utensil &amp; Equipment Storage (continued)</b>				
Self Service				
Salad Bar	( )	( )	( )	( )
Hot/Cold Food Buffet	( )	( )	( )	( )
Self Service				
Materials (food contact)	( )	( )	( )	( )
<b>3. Kitchen Equipment</b>				
Space between units or wall closed; moveable, or adequate space for easy cleaning	( )	( )	( )	( )
Work space & aisles Sufficient	( )	( )	( )	( )
Storage 6 inches off floor	( )	( )	( )	( )
Food prep., utensils, countertops & cutting boards and other food contact surfaces of suitable material	( )	( )	( )	( )
Self-serve food area adequately protected	( )	( )	( )	( )
Approved thermometer for each refrigerator and for taking food temperatures	( )	( )	( )	( )
<b>4. Finish Schedule</b>				
Kitchen	( )	( )	( )	( )
Bar	( )	( )	( )	( )
Food Storage	( )	( )	( )	( )
Other Storage	( )	( )	( )	( )
Toilet Rooms	( )	( )	( )	( )
Dressing Rooms	( )	( )	( )	( )
Garbage & Refuse Storage	( )	( )	( )	( )
Mop Service Area	( )	( )	( )	( )
Warewashing Area	( )	( )	( )	( )
Walk-in refrigerator & freezers	( )	( )	( )	( )

(Check the appropriate response)	<u>SAT.</u>	<u>UNSAT.</u>	<u>N/A</u>	<u>INSUFFICIENT INFORMATION</u>
<b>5. Plumbing</b>				
Cross Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwashing & Pot Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grease Traps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service/Janitorial Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Physical Facilities</b>				
Dressing Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Toxic Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Linen Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry goods storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Refuse &amp; Pest Control</b>				
Garbage & Refuse Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insect & Rodent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Ventilation</b>				
Exhaust Hoods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Employee Restrooms</b>				
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
‘U’ Shaped Entrance, or self-closing doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap Dispensers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Drying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lavatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Closets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot & Cold Water Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste Receptacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. Patron Restrooms**

Location	()	()	()	()
Number _____	()	()	()	()
'U' Shaped Entrance,				

	<b><u>SAT.</u></b>	<b><u>UNSAT.</u></b>	<b><u>N/A</u></b>	<b><u>INSUFFICIENT INFORMATION</u></b>
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**10. Patron Restrooms (continued)**

or self-closing doors	()	()	()	()
Soap Dispensers	()	()	()	()
Hand Drying	()	()	()	()
Lavatories	()	()	()	()
Water Closets	()	()	()	()
Urinals	()	()	()	()
Hot & Cold Water Provided	()	()	()	()
Waste Receptacles	()	()	()	()

**Comments:** (Explain why any item was noted "Unsatisfactory" - attached additional sheets, as needed.)

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<b>Reviewer Signature</b>	<b>Date</b>
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Reviewer Title

**APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DISAPPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REASON FOR DISAPPROVAL:** *(Note: Attach additional sheets, as needed.)*

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