

Application for Food Service

The plans and specifications for all food service establishments to be located within Troup County shall be submitted to Troup County Environmental health at least fourteen (14) days prior to beginning construction.

Please submit application for permit at least ten (10) days prior to anticipated date of opening and commencement of the operation of food service establishment.

Plan Review & Permitting Cost \$400.00

**Troup County Environmental Health
900 Dallis Street
LaGrange, Georgia 30240
706-298-3702**

Please note: This application must be fully completed, with all questions answered and submitted with the plans, proposed menu, complete equipment schedule, and schedule requested herein along with any necessary plan review fee paid before the review will be initiated.

Date: _____ Regulatory Authority _____

FOOD ESTABLISHMENT PLAN REVIEW AND PERMIT APPLICATION

____NEW ____REMODEL ____CONVERSION

____CHANGE OF OWNERSHIP

Name of Establishment: _____

Category: Restaurant _____ Institution _____ Other _____

Address: _____

Phone Number (if available): _____

Name of Owner: _____

Mailing Address: _____ Cell Phone: _____

Telephone: _____ Fax: _____ E-Mail _____

Bill To: _____

Address: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Telephone: _____ Fax: _____ E-Mail _____

I have submitted plans/applications to the following authorities on the following dates:

- | | |
|----------------------------------|----------------|
| _____ Governing Board of Council | _____ Plumbing |
| _____ Zoning | _____ Electric |
| _____ Planning | _____ Police |
| _____ Building | _____ Fire |
| _____ Conservation | _____ Other |

Hours of Operation: Monday _____ Tuesday _____
 Wednesday _____ Thursday _____
 Friday _____ Saturday _____
 Sunday _____

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: _____

Type of service (Check all that apply) Sit down meals _____
 Take out _____
 Caterer _____
 Other _____

Please enclose the following documents:

- _____ Proposed menu (including seasonal, on-site and banquet menus, signed and dated)
- _____ Manufacturer specification sheets for each piece of new equipment shown on the plan.
- _____ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- _____ Site plan showing location of business in building, location of building site including alleys, streets and location of any outside facility (dumpsters, walking, etc.)
- _____ Copy of Certified Food Safety Manager Certification

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 meals 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 wastewater lines, hot water generating equipment with capacity and recovery rate, back flow 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 you have complied with state and local regulations;
- 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;
- l. Completed Section 1.

FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods to be handled, prepared and served:

<u>CATEGORY</u>	<u>(YES)</u>	<u>(NO)</u>
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	()	()
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	()	()
3. Cold processed foods (salads, sandwiches, vegetables)	()	()
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	()	()
5. Bakery goods (pies, custards, cream fillings & toppings)	()	()
6. Other: _____ _____	()	()

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

Are all food supplies from inspected and approved sources? YES / NO

Please list food suppliers: _____

1. What are the projected frequencies of deliveries of frozen foods_____, refrigerated foods_____, and dry goods_____.
2. Provide information on the amount of space (in cubic feet) allocated for: **(length x width x height)**
Dry storage_____,
Refrigerated storage_____, and
Frozen storage_____.
3. How will dry goods be stored off the floor?

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. Is there a bulk ice machine available? YES / NO

COOKING:

List types of cooking equipment:

Will food product thermometers (0° – 212° F) be used to measure final cooking/reheating temperatures of PHF's?

YES / NO

How will they be sanitized between uses? _____

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

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.

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.

HOT/COLD HOLDING:

1. How will hot potentially hazardous foods be maintained at 135° F (60°C) or above during holding service?
Indicate type and number of hot holding units.

2. How will cold potentially hazardous foods be maintained at 41°F (5°C) or below during holding for service?
Indicate type and number of cold holding units.

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3. Will leftovers be used? YES / NO
If so, how will they be handled? _____
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4. Will food be transported? If so, how will adequate temperatures be maintained and monitored? _____
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COOLING:

Please indicate by checking the appropriate boxes how potentially hazardous foods will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 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)					

REHEATING:

1. How will potentially hazardous foods that are cooked, cooled, and reheated for hot holding be reheated rapidly within 2 hours, 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.

EMPLOYEE HEALTH AND TRAINING:

1. Will food employees be trained in good food sanitation practices? YES / NO
Method of training:

3. Please list which Food Safety Manger Course(s) taken or will be taken:
 _____ Date Issued: _____
4. Are employees required to report to the Person In Charge if they suffer illnesses like vomiting, diarrhea, jaundice, or sore throat with fever? YES / NO
5. Will employee health reporting requirements, as required by the State of Georgia, be explained to all employees? YES / NO

PREPARATION:

2. Please list categories of foods prepared more than 12 hours in advance of service.

2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES / NO
3. Is there an established policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES / NO
 Please describe:

6. 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
7. 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?

8. Will all produce be washed on-site prior to use? YES / NO
 Is there a planned location used for washing produce? YES / NO

Describe:

9. Describe the procedure used for minimizing the length of time potentially hazardous foods will be kept in the temperature danger zone (41°F - 135°F) during preparation.

10. If required, provide a HACCP plan for specialized food processing methods.

11. 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?

FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic covered molding, etc.) Will be used in the following areas.

AREAS	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Ware washing Area				

Walk-in Refrigerators and Freezers				
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PLUMBING

1. Plumbing must be installed according to state and local plumbing codes.
2. Are floor drains provided and easily cleanable? If so, indicate location, cleaning method, and frequency:

SEWAGE DISPOSAL

1. Is building connected to a municipal sewer? YES () NO ()
2. If no, is private disposal system approved? YES () NO () PENDING ()
Please attach copy of written approval and/or permit.
3. Are grease traps provided? YES () NO ()
If so, where: _____

INSECT AND RODENT CONTROL

Please check appropriate boxes

- | | YES | NO | NA |
|--|------------|-----------|-----------|
| 1. Will pest control be performed by a licensed, certified exterminator that has been trained to treat food prep/serve facilities? | () | () | () |
| 2. Are all outside doors self-closing with rodent proof flashing? | () | () | () |
| 3. Do all windows that will open have a minimum #16 mesh screening? | () | () | () |
| 4. Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and | () | () | () |

intake protected?

5. Is area around building clear of unnecessary brush and other harborage? () () ()

6. Are fly fans used at exit doors or drive thru windows? () () ()
If yes, where _____

7. Are vector lights used? () () ()

If yes, where: _____

What type of vector light used? _____

GARBAGE AND REFUSE

Inside

1. Will refuse be stored inside? () () ()
If so, where? _____

YES NO NA

2. Is there an area designated for garbage can or floor mat cleaning? () () ()

Outside

3. Will a dumpster or compactor be used? () () ()
Number _____ Size _____
Frequency of pickup _____
Contractor _____

4. Will garbage can be stored outside? () () ()

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

6. Describe type and location of grease storage receptacle:

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

8. Is there an area to store recycled containers?

YES / NO / NA

Describe: _____

WATER SUPPLY

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. Is ice made on premises? () or purchased commercially? ()
If made on premises, are specifications for the ice machine provided? YES () NO ()

Describe cleaning method and frequency: _____

Describe provision for ice scoop storage:

Provide location of ice maker or bagging operation:

4. What is the capacity of the hot water generator?

5. Is the hot water generator sufficient for the needs of the establishment? Please attach information about the water heater including size, BTU's or kilowatts.

DRESSING ROOMS

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

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

GENERAL

1. Are insecticides/rodenticides stored separately from cleaning and sanitizing agents: YES () NO ()

Indicate location: _____

2. 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 ()

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

4. Will linens be laundered on site? YES () NO ()
If yes, what will be laundered and where?

- If not laundering on site, where will soiled linen be laundered? _____

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

6. Location of clean linen storage:

7. Location of dirty linen storage:

8. Will wet wiping cloths be stored in sanitizer? YES () NO ()

9. Are containers constructed of safe materials to store bulk food products? YES () NO ()
Indicate type:

VENTILATION:

1. Indicate all areas where exhaust hoods are installed and what equipment is located underneath hoods:

2. How is each listed ventilation hood system cleaned?

SINKS

1. Is a separate mop sink present? YES () NO ()
If no, please describe facility for cleaning of mops and other equipment.

2. If fruits, vegetables, and/or meats are prepared on site, is a separate food preparation sink(s) available for meats and/or vegetables and fruit?
YES () NO ()

DISHWASHING FACILITIES

1. Will sinks or a dishwasher be used for ware washing?
Dishwasher ()
Three-Compartment sink ()
2. Dishwasher
Type of sanitization used: _____
Hot water (temp. Provided) _____
Booster heater _____
Chemical type _____
Is ventilation provided? YES () NO ()
3. Do all dish machines have templates with operating instructions? YES () NO ()
Do all dish machines have temperature/pressure gauges as required that are accurately working?
YES () NO ()
4. 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?

5. Are there drain boards on both ends of the pot sink? YES () NO ()
6. What type of sanitizer is used?
Chlorine ()
Iodine ()
Quaternary Ammonium ()
Hot Water (as per code) ()
Other ()
How is it dispensed? _____
Are there posted dilution instructions? YES () NO ()
7. Are test papers and /or kits available for checking sanitizer concentration? YES () NO ()

HAND WASHING/TOILET FACILITIES:

1. Is there a hand washing sink in each food preparation and ware washing area? YES () NO ()
2. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES () NO ()
3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES () NO ()
4. Is hand cleanser available at all hand washing sinks? YES () NO ()
5. Are hand drying facilities (paper towels, air blowers, etc.) Available at all hand washing sinks? YES () NO ()
6. Are covered waste receptacles available in each restroom? YES () NO ()
7. Is hot and cold running water under pressure available at each and washing sink? YES () NO ()
8. Are all toilet room doors self-closing? YES () NO ()
9. Are all toilet rooms equipped with adequate ventilation? YES () NO ()
10. If required, is a hand washing sign posted in each employee restroom? YES () NO ()

SMALL EQUIPMENT REQUIREMENTS:

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

Slicers _____
 Cutting Boards _____
 Can Openers _____
 Mixers _____
 Floor Mats _____
 Other _____

I understand that approval is based upon the information I have provided within this application and any

drawings I have submitted. I will construct this facility according to these specifications. I also understand that any changes to the information submitted must have prior approval by the health authority before being implemented.

I certify that I have read and understand the Rules and Regulations for Food Service 290-5-14.

Signature of Owner

Printed Name of Owner

Signature of Applicant (if different from above)

Printed Name of Applicant (if different from above)

(Date)