Existing Food Service Plan Review Checklist

The following items should be completed before you return your application.

☐ Read “Starting a Food Service Brochure” to help you in the process.
☐ Confirm whether property is serviced by county public sewer or individual septic system.

The following items MUST be completed before your application will be processed.

☐ Complete Food Service Application
☐ Complete Plan Review Fee Schedule
☐ Complete Annual Fee Schedule
☐ Complete Existing Food Service Plan Review Packet
☐ Submit two (2) sets of 11 x 17 professionally drawn plans (plans must be scaled).
  The following are to be included in your plans.
    1. Major equipment locations and label (various required sinks, work tables, coolers, cooking equipment, preparation tables, etc.)
    2. Finish Floor Material Layout
    3. Wall and Ceiling Finish Material
☐ Submit Menu/Food List of Foods and Preparation Processes.
☐ Submit Payment for the Existing Food Service Plan Review
☐ Grease Trap Approval Letter - Clayton County Water Authority (After Plan Review is completed)**
☐ Specification Sheets for Kitchen Equipment (including water heater)

Partially Completed Applications Will Not Be Accepted.

Completing the information above will assist in making the plan review process delay free as possible. If you have questions regarding the plan review package, please contact our office and speak with an inspector.

**Grease Trap Approval Letter

After your submitted plans have been reviewed and approved, please contact the Clayton County Water Authority for an approval letter for your grease trap. This letter must be submitted after plan review is completed but before an opening inspection is scheduled.
Application for Food Service Establishment Permit

Application Date: ________________

Establishment Information:

Name of Establishment: ________________________________

Address: ____________________________________ Suite: ____________________

City: ____________________________________ Zip Code: ____________________

Phone Number: ________________________________ Alternate Number: ____________________

Previous Food Service or Business Name ________________________________

Owner Information: (Please list ownership name(s) as you want it to appear on the food service establishment permit.)

☐ Individual Ownership ☐ Partnership ☐ Corporation ☐ Franchise

Name of Owner: _______________________________________________________________________

Address of Owner: ____________________________________ Suite/Apt # ____________________

City: ____________________________________ State: __________ Zip Code: ______________

Phone Number: ________________________________ Fax Number: ________________________________

Home Number: ________________________________ Email Address: ________________________________

Any change to owner name constitutes a change in ownership. Any change in Owner/Ownership will require a new Plan Review and Permitting Fee. Permits are not transferable from Owner to Owner or Location to Location.

Billing Information:

Name: ____________________________________ Attention of: ________________________________

Address: ____________________________________ Suite: ____________________

City: ____________________________________ State: __________ Zip Code: ______________

Phone Number: ________________________________ Email Address: ________________________________
Authorized Owner/Agent Information:
Affiliation w/facility (check one) □ Owner □ Contractor □ Architect □ Other ____________________________

Name: ____________________________________________________________

Address: _________________________________________________________ Suite: ____________________________

City: ___________________ State: ___________ Zip Code: __________________

Phone Number: ___________________ Email Address: ____________________

The undersigned hereby applies for a permit to operate a Food Service Establishment pursuant to the OCGA 26-2-371-373 and hereby certifies that the undersigned has received a copy of the Rules and Regulations for Food Service, Clayton County Board of Health.

Signature: __________________________________ Date: ______________

Signature: __________________________________ Date: ______________

Signature: __________________________________ Date: ______________

Signature: __________________________________ Date: ______________

Notice to All Food Service Permit Applicants

Effective November 2007, all newly permitted food service establishments are required to employ a manager who has successfully completed an approved food safety certification course and exam within ninety (90) days from the date of permit issuance. Please contact our office to receive information concerning food safety training.
Listed below are some of the major items that the food service establishment must have to be in compliance to receive food service permits.

1. Floor properly constructed (quarry tile, ceramic tile, terrazzo, poured seamless material, with cove base with same material).
2. Floor sloped to drain; drains properly located and covered.
3. Facility structure in-tack / no outer-openings unprotected.
4. Walls & ceilings constructed of the proper material (durable, easily cleanable, non-absorbent and smooth, finish-smooth, cleanable, and impervious); light colors are recommended in kitchen area.
5. Ventilation system must be adequate including kitchen and restroom areas; air intake/return ducts should be protected.
6. Vent-a-hood systems must have adequate overhang (9") extend over grills, fryers, ovens, etc.
7. Restrooms must be vented to the outside, mechanically and/or screen window.
8. Toilet facilities must be installed for food service employees according to local plumbing codes.
9. Dishwasher or three-compartment sink with two drain board (s).
10. Grease trap installed according to applicable state or local plumbing code.
11. Dishwasher with proper gauges (psi, temperature); approved sanitization system. (180°F final rinse if no sanitizer is used).
12. Vegetable sink with drain board for raw fruits and vegetables.
13. Hand sinks provided as deemed necessary (food prep areas, laveratories) with soap, paper towels or hand dryer device.
14. Mop sink or utility sink with a back flow siphonage / reduced pressure device.
15. Thermometers for each cooler and freezer.
16. Self-closing doors to the restroom.
17. Female restroom must have covered waste receptacle or sanitary napkin container.
18. Adequate and properly designed shelves to properly store foods 6 inches off the floor.
19. Condensation from cooling units must be directed to the outside to prevent any contamination of food.
20. Adequate lighting located over areas where food is stored, prepared, and displayed shall have protective shielding.
21. Outside storage facilities must be adequate (rodent-proof, concrete pad, etc.).
22. Water supply potable and approved source.
23. Indirect sewer connections for all plumbing.

Additional requirements are listed below:

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

*The items noted above are not the only requirements for the proposed food service establishment to receive a food permit. These are key items, condensed into a short list that is taken from the County Food Code. The County Environmentalist will notify you of all requirements according to your type of food service operations.
**MENU LISTING OF PROPOSED FOOD SERVICE**

In order for our office to properly process your food service application, we need to know what food is to be served. We must know about the storage, preparation, cooking, and serving procedures. This information will help us to determine which equipment and items you will need to operate in a safe and sanitary manner.

You may submit a copy of your printed menu or use the provided form to list the major foods to be served to the public. (English Version of Menu required)

<table>
<thead>
<tr>
<th>MEATS (other major products)</th>
<th>COOKING OR PROCESSING METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**Vegetables**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

*HACCP- Submit a HACCP Plan if any of the food you will serve requires it*

Reminder: For all Sneeze Shields, please provide specification(s).
1. 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)

2. Check Appropriate Block(s) for any proposed specialized processes for your establishment.
   - Curing*
   - Smoking for preservation*
   - Sprouting seeds or beans*
   - Partial Cooking
   - 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

Additional Remarks or Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*If any parts of the plan are changed after the approval of the Clayton County Board of Health, the revisions with the changes will be to be submitted to our office to receive approval.

__________________________________________
(Date)

__________________________________________  ________________________________
Business Owner or Authorized Agent          Environmental Health Specialist
## Restaurant Plan Review Schedule

**CCBoH**
Clayton County
Board Of Health

**Office of Environmental Health Services**
685 Forest Parkway, Forest Park, GA 30297
Phone: (678) 610-7469 Fax: (770) 603-4874

**ESTABLISHMENT:** ___________________________  **DATE:** __________

**ADDRESS:** ___________________________

---

<table>
<thead>
<tr>
<th>SCALE</th>
<th>POINTS</th>
<th>SCALE</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Seats</td>
<td></td>
<td>Number of Meals Served</td>
<td></td>
</tr>
<tr>
<td>0-25</td>
<td>1</td>
<td>One Meal Daily</td>
<td>1</td>
</tr>
<tr>
<td>26-50</td>
<td>2</td>
<td>Two Meals Daily</td>
<td>2</td>
</tr>
<tr>
<td>51-100</td>
<td>3</td>
<td>Three Meals Daily</td>
<td>3</td>
</tr>
<tr>
<td>100-200</td>
<td>4</td>
<td>24 Hour Service</td>
<td>4</td>
</tr>
<tr>
<td>201 and Over</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of People Served</th>
<th>Daily</th>
<th>Number of Employees</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-20</td>
<td>1</td>
<td>1-5</td>
<td>1</td>
</tr>
<tr>
<td>51-100</td>
<td>2</td>
<td>6-25</td>
<td>2</td>
</tr>
<tr>
<td>101-200</td>
<td>3</td>
<td>26-50</td>
<td>3</td>
</tr>
<tr>
<td>201-300</td>
<td>4</td>
<td>51-75</td>
<td>4</td>
</tr>
<tr>
<td>301-500</td>
<td>5</td>
<td>76-100</td>
<td>5</td>
</tr>
<tr>
<td>501-800</td>
<td>6</td>
<td>101 and Over</td>
<td>6</td>
</tr>
<tr>
<td>801 and Over</td>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS:**

**Signatures:**

Owner/Manager ___________________________  Environmental Health Representative ___________________________

---

**Determination of Fees**

<table>
<thead>
<tr>
<th>Point Range</th>
<th>Category</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-8</td>
<td>1</td>
<td>$400.00</td>
</tr>
<tr>
<td>9-14</td>
<td>2</td>
<td>$475.00</td>
</tr>
<tr>
<td>15 and Over</td>
<td>3</td>
<td>$550.00</td>
</tr>
<tr>
<td>Government</td>
<td>4</td>
<td>No Charge</td>
</tr>
</tbody>
</table>
## Restaurant Inspection Fee Schedule

Office of Environmental Health Services  
685 Forest Parkway, Forest Park, GA 30297  
Phone: (678) 610-7469 Fax: (770) 603-4874

<table>
<thead>
<tr>
<th>ESTABLISHMENT:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td></td>
</tr>
</tbody>
</table>

### SCALE
**Number of Seats**
- 0-25: 1 point
- 26-50: 2 points
- 51-100: 3 points
- 100 - 200: 4 points
- 201 and Over: 5 points

### SCALE
**Number of Meals Served**
- One Meal Daily: 1 point
- Two Meals Daily: 2 points
- Three Meals Daily: 3 points
- 24 Hour Service: 4 points

### Number of People Served
<table>
<thead>
<tr>
<th>Daily</th>
<th>Number of Employees</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1-5</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>6-25</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>26-50</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>51-75</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>76-100</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>101 and Over</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>801 and Over</td>
<td></td>
</tr>
</tbody>
</table>

### COMMENTS:

### Signatures:

Owner/Manager

Environmental Health Representative

### Determination of Fees

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<td>$600.00</td>
</tr>
<tr>
<td>Government</td>
<td>4</td>
<td>No Charge</td>
</tr>
</tbody>
</table>
Food Service Information

New Food Service Facility Definition: A new food service establishment is a newly constructed facility or conversion of a non-food service establishment to a food service establishment.

Existing Food Service Facility Definition: A facility that has previously housed a food service establishment.

This proposed restaurant/food service establishment shall provide evidence of satisfactory compliance with the provisions of the Rules and Regulations for Food Service, Clayton County Board of Health Regulation, and all other provisions of laws, which apply to the location, construction and maintenance of food service establishments and the safety of persons therein.

Two (2) sets of plans and specifications must be submitted to the Clayton County Board of Health at least fourteen (14) days prior to beginning construction. The plans shall indicate proposed layout, equipment schedule, floor schedule, finish schedule arrangement, menu, and type of facility. You shall submit to our office an application and fee schedule for a food service permit at least fourteen (14) days prior to the anticipated date of opening and commencement of the operation of the food service establishment.

1. All plumbing shall be sized, installed, and maintained according to applicable state of local plumbing code. Contact the Clayton County Building Inspection department at 770-477-3571, or local city Building Inspection Department (if applicable).

2. If the food service is on an individual on-site sewage system, confirm with our office that the sewage system is properly sized.

3. Contact Clayton County Fire Marshal (770-473-7833) or local city fire marshal for applicable fire codes.

4. Contact Clayton County Water Authority Grease Program Inspector at 770-478-7496 for questions concerning grease trap sizing and regulations.

5. Contact the Clayton County Business License Dept. at 770-477-3569 or local city business license dept. to apply for a business license and (CO) Certificate of Occupancy (if applicable).

6. Contact the County Planning and Zoning Department concerning local zoning laws at 770-477-3678.

PLANS SHOULD BE SUBMITTED TO THE FOLLOWING:

☐ Zoning Department  ☐ Building Inspections Department
☐ Fire Department  ☐ Water Department

CCBOH EHS New FS

Updated 7/2017
GEORGIA DEPARTMENT OF PUBLIC HEALTH
Verification of Residency for Public Benefits
O.C.G.A. Section 50-36-1(e)(2)

As part of my application for public benefits from the Georgia Department of Public Health, I hereby swear, under oath, that I am:

[check one of the following]

(1) _____ A citizen of the United States;

(2) _____ A legal permanent resident of the United States;

or

(3) _____ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act. The alien number assigned to me by the United States Department of Homeland Security or other federal immigration agency is Alien Number _________________.

I also swear that I am eighteen years of age or older, and that I have provided at least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section 50-36-1(e)(1). That secure and verifiable document is my _________________.

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section 16-10-20 and face the criminal penalties authorized by that statute.

__________________________________________
Signature of Applicant

__________________________________________
Printed Name of Applicant

Subscribed and sworn before me this ___ day of __________, 20__.

Notary Public
My commission expires __________.

[DPH Form GC09008B (Rev. 12.2011)]
Facility Name: ____________________________________________

Facility Address: ________________________________________

Annual Fee Information

Initials  Annual permits will automatically expire on December 31st of each year. The scheduled fee for your Annual Permit will be due on or before January 1st of each year. If payment is received after the January 1st date, it is considered late and your establishment will incur a late fee.

Billing Address Change

Initials  Change(s) to your billing address must be reported to the Clayton County Board of Health Office of Environmental Health Services. A correct billing address helps to ensure your receipt of invoices.

Change in Structure

Initials  Major and Minor Renovations in building structure must be reported to and approved by the Clayton County Board of Health Office of Environmental Health Services prior to proceeding with construction. Additional plans must be submitted, reviewed and approved. There is a fee associated with major and minor renovations.

Menu Changes (Food Establishments)

Initials  Changes to menu should be reported to the Office of Environmental Health Services before they are implemented. The Office of Environmental Health Services must be notified prior to adding a food item to the menu.

Signature: ____________________________________________ Date: ________________

Owner/Operator

Signature: ____________________________________________ Date: ________________

OEHS Staff
Sample Drawing & Equipment Schedule

This is "ONLY" a sample.
PLEASE DO NOT SUBMIT THIS SAMPLE AS YOUR FINAL DRAFT.

Equipment Schedule
1. Dining Room
2. Cash Register
3. Counter
4. Stools (4)
5. Coffee/Tea Beverage Dispenser
6. Beverage Dispenser
7. Draft Beer Box
8. Ice Bin
9. Table
10. Back Bar (utensil storage, etc.)
11. Hand Basin
12. Toilet (2)
13. Hand Basin
14. Hood
15. Stove
16. Deep Fryer
17. Table
18. Microwave Oven
19. Sandwich Unit
20. Hand Basin
21. Three Compartment Utensil Sink with Drain Boards
22. Shelves
23. Walk-in Refrigerator
24. Storage Racks
25. Mop Sinks
26. Freezer
27. Reach-in Refrigerator
28. Table
29. Slicer
30. 90 Gallon State Hot Water heater (92,000 BUT's)
31. Water Heater Specification (gph)
32. Prep Sink (meat/vegetable)

Interior Finish Walls
Smooth, Durable easily cleanable, non-absorbent and smooth
1. Storage Room-Painted Sheetrock
2. Toilet Rooms – Marlite/Formica
3. Kitchen – Marlite/Formica
4. Toilet Rooms – Tile (FRP, semi gloss painted sheetrock)
5. Wall: Stainless Steel
   Aluminum

Ceilings
Smooth, Non-absorbable, easily cleanable, non-durable, plastic coated, metal clad fiberboard, drywall with epoxy point, glazed surface, plastic laminate
1. Counter Service Area Smooth Tile
2. Storage Rooms-Smooth
3. Toilet Rooms – Smooth Tile
4. Kitchen-Smooth Tile

Floors
Quarry tile poured seamless
Must be:
- Smooth, durable, non absorbent, easily cleanable
- Have a cove base
- Be properly installed and sloped to drain
Includes Floors in:
1. Food prep and storage areas
2. Utensils washing areas and
3. Personal hygiene and storage areas
Please Submit two (2) sets of plans on 11 x 17 size paper. Plans and drawings must be legible. This drawing is an example only.
OPERATIONAL INFORMATION

Type: □ New Construction □ Conversion

Business Model: □ Fast Food (Restaurant) □ Full Service (Restaurant) □ Catering
□ School □ Health Facility □ Other ______________________

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 facility on: Septic □ or Sewer □?

Please identify Hours of Operation for each day of the week
Sun ________  Tues ________  Thurs ________  Sat ________
Mon ________  Wed ________  Fri ________

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: ________

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
FOOD PREPARATION REVIEW:

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

**CATEGORY**

<table>
<thead>
<tr>
<th></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>
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<tr>
<td>8. Other ____________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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>
<thead>
<tr>
<th></th>
<th>Day of week</th>
<th>AM/PM</th>
<th>Key Drop Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frozen foods</td>
<td>_________</td>
<td></td>
<td>Yes ___ No ___</td>
</tr>
<tr>
<td>Refrigerated foods</td>
<td>_______</td>
<td></td>
<td>Yes ___ No ___</td>
</tr>
<tr>
<td>Dry goods</td>
<td>_________</td>
<td></td>
<td>Yes ___ No ___</td>
</tr>
</tbody>
</table>

3. How will dry goods be stored off the floor? ____________________________________________

4. Will foods be transported after preparation (delivery or catering)? □ Yes □ No

   Please describe equipment used to transport hot/cold foods and provide spec sheets: ________________

5. 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 □

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 70°F</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.
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 ☐ ________________________________

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.
   __________________________________

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>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shallow Pans</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Ice Baths</td>
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<tr>
<td>Reduce Volume or Size</td>
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</tr>
<tr>
<td>Rapid Chill</td>
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<td></td>
</tr>
<tr>
<td>Location</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
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?

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. 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 ☐

5. 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? __________________________

6. 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>Area</th>
<th>Floor Finish</th>
<th>Wall Finish</th>
<th>Ceiling Finish</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ceramic Tile</td>
<td>Painted Sheetrock</td>
<td>Painted Sheetrock</td>
</tr>
<tr>
<td></td>
<td>Terrazzo Tile</td>
<td>FRP</td>
<td>Ceiling Tile</td>
</tr>
<tr>
<td></td>
<td>Vinyl Composite</td>
<td>Painted Block</td>
<td>(Vinyl Coated)</td>
</tr>
<tr>
<td></td>
<td>Tile</td>
<td>Stainless Steel</td>
<td>Ceiling Tile (Non-Vinyl Coated)</td>
</tr>
<tr>
<td></td>
<td>Carpet</td>
<td>Ceramic Tile</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Quarry Tile</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dining</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Front Service</td>
<td>Quarry Tile</td>
<td>Painted Sheetrock</td>
<td>Painted Sheetrock</td>
</tr>
<tr>
<td></td>
<td>Terrazzo Tile</td>
<td>FRP</td>
<td>Ceiling Tile</td>
</tr>
<tr>
<td></td>
<td>Vinyl Composite</td>
<td>Painted Block</td>
<td>(Vinyl Coated)</td>
</tr>
<tr>
<td></td>
<td>Tile</td>
<td>Stainless Steel</td>
<td>Ceiling Tile (Non-Vinyl Coated)</td>
</tr>
<tr>
<td></td>
<td>Ceramic Tile</td>
<td>Ceramic Tile</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>Other</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Kitchen</td>
<td>Quarry Tile</td>
<td>FRP</td>
<td>Painted Sheetrock</td>
</tr>
<tr>
<td></td>
<td>Terrazzo Tile</td>
<td>Painted Sheetrock</td>
<td>Ceiling Tile</td>
</tr>
<tr>
<td></td>
<td>Vinyl Composite</td>
<td>FRP</td>
<td>(Vinyl Coated)</td>
</tr>
<tr>
<td></td>
<td>Tile</td>
<td>Painted Block</td>
<td>Ceiling Tile (Non-Vinyl Coated)</td>
</tr>
<tr>
<td></td>
<td>Ceramic Tile</td>
<td>Stainless Steel</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>Ceramic Tile</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Other</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men's Restroom</td>
<td>Ceramic Tile</td>
<td>FRP</td>
<td>Painted Sheetrock</td>
</tr>
<tr>
<td></td>
<td>Terrazzo Tile</td>
<td>Painted Sheetrock</td>
<td>Ceiling Tile</td>
</tr>
<tr>
<td></td>
<td>Vinyl Composite</td>
<td>FRP</td>
<td>(Vinyl Coated)</td>
</tr>
<tr>
<td></td>
<td>Tile</td>
<td>Painted Block</td>
<td>Ceiling Tile (Non-Vinyl Coated)</td>
</tr>
<tr>
<td></td>
<td>Quarry Tile</td>
<td>Stainless Steel</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>Ceramic Tile</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Women's Restroom</td>
<td>Ceramic Tile</td>
<td>Terrazzo Tile</td>
<td>Vinyl Composite Tile</td>
</tr>
<tr>
<td>--------------------------</td>
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<td>----------------------</td>
</tr>
<tr>
<td>Utensil Washing</td>
<td>Ceramic Tile</td>
<td>Terrazzo Tile</td>
<td>Vinyl Composite Tile</td>
</tr>
<tr>
<td>Dry Storage</td>
<td>Ceramic Tile</td>
<td>Terrazzo Tile</td>
<td>Vinyl Composite Tile</td>
</tr>
<tr>
<td>Multi-Use Equipment</td>
<td>Ceramic Tile</td>
<td>Terrazzo Tile</td>
<td>Vinyl Composite Tile</td>
</tr>
<tr>
<td>Storage Area</td>
<td>Ceramic Tile</td>
<td>Terrazzo Tile</td>
<td>Vinyl Composite Tile</td>
</tr>
<tr>
<td>Single-Use Storage</td>
<td>Ceramic Tile</td>
<td>Terrazzo Tile</td>
<td>Vinyl Composite Tile</td>
</tr>
</tbody>
</table>
B. INSECT AND RODENT CONTROL

*APPLICANT: Please check appropriate boxes.*

<table>
<thead>
<tr>
<th>Question</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>
</tr>
<tr>
<td>2. Are screen doors provided on all entrances left open to the outside?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Do all openable windows have a minimum #16 mesh screening?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Is the placement of electrocution devices identified on the plan?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<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>
<tr>
<td>7. Will air curtains be used?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If yes, where?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

C. GARBAGE AND REFUSE

*Outside*

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. 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>
<td></td>
</tr>
<tr>
<td>Contractor</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. Will a compactor be used? 
   Number _______ Size _______ 
   Frequency of pick up _________ 
   Contractor _____________________

10. Will garbage cans be stored outside? 

11. Is the dumpster/compactor/garbage cans stored on: 
   □ Concrete or □ Asphalt
   □ Other (smooth durable and nonabsorbent material):

12. Grease storage receptacle is:
   Enclosed from the filling inlet to the discharge outlet and sloped to an outlet that allows complete drainage. YES □ NO □
   Located to be easily accessible for cleaning. YES □ NO □

Comment: ____________________________________________

13. Is there any area to store returnable damaged goods? 

14. Are floor drains provided & easily cleanable, if so, indicate location: ____________________________

_____________________________________________________________________________________

E. WATER SUPPLY

15. 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 ____________________________
16. Is the hot water heater sufficient for the needs of the establishment? YES ☐ NO ☐
   Please provide the Water Heater:

   Make __________ Model _____________ Storage Capacity ______
   BTU or KW ______

17. Is there a water treatment device? YES ☐ NO ☐
   If yes, how will the device be inspected & serviced? ____________________________
   __________________________________________

18. How are backflow prevention devices inspected & serviced? __________________
   __________________________________________

19. Water Interruption Plan on file? YES ☐ NO ☐

   __________________________

F. SEWAGE DISPOSAL

20. Is building connected to a municipal sewer? YES ☐ NO ☐

21. If no, is private disposal system approved? YES ☐ NO ☐ PENDING ☐
   Please attach copy of written approval and/or permit.

22. Are grease traps provided? YES ☐ NO ☐
   If so, where? _____________________________________________________________
   Provide schedule for cleaning & maintenance_______________________________

G. Employee Storage Facility

23. Are personal storage spaces provided? YES ☐ NO ☐

24. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) ________________________________
H. GENERAL

25. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? YES □ NO □
   Indicate location: ____________________________________________
   ____________________________________________

26. 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 □

27. Are all containers of toxics including sanitizing spray bottles clearly labeled? YES □ NO □

28. Will linens be laundered on site? YES □ NO □
   If yes, what will be laundered and where? __________________________
   ____________________________________________
   If no, how will linens be cleaned? _________________________________

29. Is a laundry dryer available? YES □ NO □

30. Will clean linen be stored separately from dirty linen? YES □ NO □

31. Are containers constructed of safe materials to store bulk food products? YES □ NO □
   Indicate type: ____________________________________________
   ____________________________________________

I. SINKS

32. Is a mop sink present? YES □ NO □
   If no, please describe facility for cleaning of mops and other equipment: ______________________________
   ____________________________________________

J. DISHWASHING FACILITIES

33. Will a dishwasher be used for warewashing in addition to the required three compartment sink? YES □ NO □

34. Dishwasher Type of sanitization used (if applicable):
   Hot water (temp. provided) ______ Booser heater ______ Chemical type ______
   Is ventilation provided? YES □ NO □
35. Do all dish machines have templates with operating instructions? YES □ NO □

36. Do all dish machines have temperature/pressure gauges as required that are accurately working? YES □ NO □

37. 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? ____________________________

38. Are there drain boards on both ends of the pot sink? YES □ NO □

39. What type of sanitizer is used? □ Chlorine □ Quaternary ammonium □ Other ____________

40. Are test papers and/or kits available for checking sanitizer concentration? YES □ NO □

K. HANDWASHING/TOILET FACILITIES

41. Is there a hand washing sink in each food preparation and warewashing area? YES □ NO □

42. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES □ NO □

43. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES □ NO □

44. Is hand soap available at all hand washing sinks? YES □ NO □

45. Are hand drying facilities (paper towels, blowers) available at all handwash sinks? YES □ NO □

46. Are covered waste receptacles available in each restroom? YES □ NO □

47. Is hot and cold running water under pressure available at each hand washing sink? YES □ NO □

48. 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)