



**C. GARBAGE AND REFUSE continued**

**YES NO N/A**

6. Will garbage cans be stored outside?
7. Is there an area to store returnable damaged goods?
8. Describe surface and location where dumpster / compactor / garbage cans are to be stored.

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9. Describe location of grease storage container. \_\_\_\_\_

**D. PLUMBING CONNECTIONS**

**YES NO N/A**

1. Are floor drains provided and easily cleanable?
- If Yes, indicate location: \_\_\_\_\_
2. Has grease trap been approved by Water Department? **Documentation approval is required.**

**E. WATER SUPPLY**

1. Is water supply Public or Private?  Public  Private  
If Private, has source been approved?  Yes  No  Pending **Please attach a copy of written approval and / or permit**
2. Is ice made on premises or purchased commercially?  Made on Premises  Purchased Commercially  
If Made on Premises, are specifications for the ice machine provided?  Yes  No

Describe location and method for ice scoop storage: \_\_\_\_\_

3. Type of hot water heater (hot water generator):  Tank  Tankless  
Make, model, storage capacity and BTU / KW of the **tank** hot water heater:  
Make \_\_\_\_\_ Model \_\_\_\_\_ Storage Capacity \_\_\_\_\_

What is the BTU or KW of the **tank** hot water heater? \_\_\_\_\_

Make, model and gallons per minute (GPM) of the **tankless** hot water heater:  
Make \_\_\_\_\_ Model \_\_\_\_\_ GPM \_\_\_\_\_

4. Is there a water treatment device?  Yes  No  
If Yes, how will the device be inspected and serviced?

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5. How is potable water system protected from contamination?  
**Are back flow prevention devices provided at the following?**

**YES NO N/A**

- Mop sink
- Chemical dispensers connected to water supply
- Urinal
- Toilet
- Dishwashers
- Ice machine
- Steam tables
- Hose connection
- Beverage dispenser with carbonator

**Are air gaps installed at the following?**

- Dish machine
- 3-compartment sinks
- 4-compartment sinks
- Food preparation sinks
- Ice machine
- Dipper wells

**F. SEWAGE DISPOSAL**

1. Is building connected to a municipal sewer?  Yes  No  
If No, is private disposal system approved?  Yes  No  Pending **Please attach a copy of written approval and / or permit**

2. Are grease traps provided?  Yes  No

If Yes, where: \_\_\_\_\_

Provide schedule for cleaning and maintenance: \_\_\_\_\_

**G. DRESSING ROOMS**

1. Are dressing rooms provided?  Yes  No  
2. Describe storage facilities for employees' personal belongings (e.g. purse, coats, boots, umbrellas, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**H. GENERAL**

1. Are insecticides / rodenticides stored separately from cleaning & sanitizing agents?  Yes  No  N/A

Describe location: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. How are all toxics for use on the premises (including personal medications) stored away from food preparation and storage areas?

\_\_\_\_\_  
\_\_\_\_\_

3. Are all containers of toxics, including sanitizing spray bottles, clearly labeled?  Yes  No

4. Will linens be laundered onsite?  Yes  No

If Yes, what will be laundered and where? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If No, how will linens be cleaned? \_\_\_\_\_

**I. SINKS**

1. Is a mop sink provided?  Yes  No

If Yes, where is it located? \_\_\_\_\_

2. If the menu dictates, is a meat preparation sink provided separate from a dedicated raw fruit and vegetable sink?  Yes  No

**J. DISHWASHING FACILITIES**

1. Which of the following sinks will be used for warewashing? **Please check all that apply**

Dishwasher  Two compartment sink  Three compartment sink

Is a pre-flush unit used?  Yes  No If Yes, what type?  Hand operated  Closed  Re-circulating

2. Type of dishwasher sanitization used:

Dishwasher manufacturer: \_\_\_\_\_ Model Number: \_\_\_\_\_

Booster heater (if high temp sanitizing) manufacturer: \_\_\_\_\_ Model Number: \_\_\_\_\_

Chemical type (if low temp sanitizing): \_\_\_\_\_

Is ventilation provided?  Yes  No

3. Do all dish machines have templates with operating instructions?  Yes  No

**J. DISHWASHING FACILITIES continued**

- 4. Do all dish machines have required temperature / pressure gauges that are properly functioning?  Yes  No
- 5. 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? \_\_\_\_\_  
\_\_\_\_\_

- 6. Are there drain boards on both ends of the pot sink?  Yes  No    Is there enough space for air drying?  Yes  No  
What type of sanitizer is used?  Chlorine  Hot water  Iodine  Quaternary ammonia

Other: \_\_\_\_\_

- 7. Are test papers / strips and / or kits available for checking sanitizer concentration?  Yes  No

**K. HANDWASHING / TOILET FACILITIES**

**YES    NO**

- 1. Is there a hand washing sink in each food preparation and warewashing area?  YES  NO  
Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet for hot / cold water?  YES  NO
- 2. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?  YES  NO
- 3. Is hand soap available at all hand washing sinks?  YES  NO
- 4. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks?  YES  NO
- 5. Are covered waste receptacles available in each restroom used by females?  YES  NO
- 6. Is hot and cold running water under pressure available at each hand washing sink?  YES  NO
- 7. 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 Cobb/Douglas County Board of Health Rules and Regulations for Food Service Chapter 511-6-1.**

**A food service permit from the local health authority must be secured before this establishment can operate as a food service establishment.**

Applicant Name: \_\_\_\_\_ Applicant Phone #: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner  Authorized Agent  Contractor  Other \_\_\_\_\_

Return the completed application **with all required documents** to the local District 4 Environmental Health County Office. **Applicable fees will apply.**