

FOOD ESTABLISHMENTS ONLY - Please answer all questions below:

Is the Establishment: Stationary Mobile Is the Establishment: Permanent Temporary

Is the Establishment one of the following? New Construction that is not yet completed
 (If so, please check the correct box.) Existing structure being converted for use as a Food Establishment
 An existing Food Establishment that is being remodeled.

Does the Establishment do any of the following?

**** POTENTIALLY HAZARDOUS FOODS IS** “Food of animal origin, food of plant origin that is heat treated or consists of raw sprouts, cut melons or garlic-in-oil mixture.”

- Yes Prepare, or offer for sale or serve POTENTIALLY HAZARDOUS FOOD?
- No

- Yes Prepare, offer for sale or serve POTENTIALLY HAZARDOUS FOOD only to order upon CONSUMER request
- No

- Yes Prepare, offer for sale or serve POTENTIALLY HAZARDOUS FOOD in advance, in quantities based on projected CONSUMER demand?
- No

- Yes Prepare, offer for sale or serve POTENTIALLY HAZARDOUS FOOD using time alone, rather than time and temperature, as the public health control as described in FC § 3-501.19?
- No

- Yes Prepare POTENTIALLY HAZARDOUS FOOD in advance using a multiple stage FOOD preparation method that include the following:
- No
 - 1) Combining POTENTIALLY HAZARDOUS FOOD
 - 2) Cooking
 - 3) Cooling
 - 4) Reheating
 - 5) Hot or Cold holding
 - 6) Freezing
 - 7) Thawing

- Yes Prepare FOOD as specified under subsection (A)(7)(d) for delivery to and consumption at a location off of the PREMISES where prepared?
- No

- Yes Prepare FOOD as specified under subsection (A)(7)(d) for service to a HIGHLY SUSCEPTIBLE POPULATION (A group of persons who are immunocompromised, older adults in a care facility or preschool age children at a day care)
- No

- Yes Does not prepare FOOD, but offers for sale only pre-PACKAGED FOOD that is not POTENTIALLY HAZARDOUS FOOD?
- No

Department Use Only

of Seats _____ # of Rooms _____ Sq Ft _____ Risk type _____ Inspect Frequency _____ Est Type _____

Limits or Conditions: _____

Reviewed for completeness by _____ Signature _____ Date _____ Approved/Disapproved by _____ Signature _____ Date _____

All disapprovals must be reviewed by the supervisor. Supervisor’s comments: _____

Supervisor Signature : _____ Date: _____

Date Received: _____ Amount Paid: _____

Received by: _____ Cash / Check or MO # _____

Receipt Number: _____