



# Georgia Department of Public Health Food Service Application - Construction



Date \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ DHD # \_\_\_\_\_

Receipt # \_\_\_\_\_ Invoice # \_\_\_\_\_ Check # \_\_\_\_\_  Cash  MC  Visa

### FACILITY INFORMATION

Facility Name: \_\_\_\_\_ Store # \_\_\_\_\_

Facility Address: \_\_\_\_\_  
Include suite # \_\_\_\_\_ Street # and Name \_\_\_\_\_ Suite / Unit # \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone: \_\_\_\_\_

### CONTRACTOR INFORMATION

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### CONSTRUCTION AND FACILITIES REVIEW

#### A. FINISH SCHEDULE

Applicant must indicate which approved materials will be used in the areas shown in the chart below.

**Examples of approved materials:** quarry tile (QT); stainless steel (SS); vinyl comp. tile (VCT); sealed concrete (SC); fiberglass reinforced panel (FRP).

	FLOOR	COVE BASE	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	_____	_____	_____	_____

#### B. INSECT AND RODENT CONTROL

	YES	NO	N/A
1. Are all outside doors self-closing and rodent proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are screen doors provided on all entrances planned to be left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do all operable windows have a minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the placement of electrocution device(s) identified on the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all pipes and electrical conduit chases planned to be sealed; ventilation systems exhaust and intakes protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is area around building clear of unnecessary brush, litter, boxes or other harborage locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Will air curtains be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, where? _____			

**C. GARBAGE AND REFUSE**

YES NO N/A

**Inside**

- 8. Do all containers have lids?  YES  NO  N/A
- 9. Will refuse be stored inside?  YES  NO  N/A

If Yes, where? \_\_\_\_\_

- 10. Is there an area designated for garbage can or floor mat cleaning?  YES  NO  N/A

**Outside**

- 11. Will a dumpster be used?  YES  NO  N/A

Number \_\_\_\_\_ Size \_\_\_\_\_ Frequency of pickup? \_\_\_\_\_

- 12. Will a compactor be used?  YES  NO  N/A

Number \_\_\_\_\_ Size \_\_\_\_\_ Frequency of pickup? \_\_\_\_\_

- 13. Will garbage cans be stored outside?  YES  NO  N/A

- 14. Is there an area to store returnable damaged goods?  YES  NO  N/A

- 15. Describe surface and location where dumpster / compactor / garbage cans are to be stored. \_\_\_\_\_

- 16. Describe location of grease storage container. \_\_\_\_\_

**D. PLUMBING CONNECTIONS**

YES NO N/A

- 17. Are floor drains provided and easily cleanable?  YES  NO  N/A

If Yes, indicate location: \_\_\_\_\_

- 18. Has grease trap been approved by Water Department? **Documentation of Water Department approval is required.**  YES  NO  N/A

**E. WATER SUPPLY**

- 19. Is water supply Public or Private?  Public  Private

- 20. If Private, has source been approved?  Yes  No  Pending **Please attach a copy of written approval and / or permit.**

- 21. 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: \_\_\_\_\_

- 22. Type of hot water heater (hot water generator):  Tank  Tankless

Make, model, storage capacity and BTU / KW of the **tank** hot water?

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 \_\_\_\_\_

- 23. Is there a water treatment device?  Yes  No

If Yes, how will the device be inspected and serviced? \_\_\_\_\_

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

YES NO N/A

- Mop sink  YES  NO  N/A
- Chemical dispensers connected to water supply  YES  NO  N/A
- Urinal  YES  NO  N/A
- Dishwashers  YES  NO  N/A
- Ice machine  YES  NO  N/A
- Steam tables  YES  NO  N/A

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

**YES NO N/A**

- |                        |                          |                          |                          |
|------------------------|--------------------------|--------------------------|--------------------------|
| Dish machine           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3-compartment sinks    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4-compartment sinks    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food preparation sinks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ice machine            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**F. SEWAGE DISPOSAL**

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

**G. DRESSING ROOMS**

27. Are dressing rooms provided?  Yes  No
28. Describe storage facilities for employees' personal belongings (e.g. purse, coats, boots, umbrellas, etc.) \_\_\_\_\_

**H. GENERAL**

**YES NO N/A**

29. Are insecticides / rodenticides stored separately from cleaning & sanitizing agents?  Yes  No  N/A
- Describe location: \_\_\_\_\_
30. How are all toxics for use on the premises (this includes personal medications) stored away from food preparation and storage areas?  
\_\_\_\_\_  
\_\_\_\_\_
31. Are all containers of toxics, including sanitizing spray bottles, clearly labeled?  Yes  No
32. Will linens be laundered onsite?  Yes  No
- If Yes, what will be laundered and where? \_\_\_\_\_

**I. SINKS**

33. Is mop sink provided?  Yes  No
- If Yes, where is it located? \_\_\_\_\_
34. If the menu dictates, is a meat preparation sink provided separate from a dedicated raw fruit and vegetable sink?  Yes  No

**J. DISHWASHING FACILITIES**

35. Which of the following sinks will be used for ware washing? **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
36. 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

37. Do all dish machines have templates with operating instructions?  Yes  No
38. Do all dish machines have required temperature / pressure gauges that are properly functioning?  Yes  No
39. 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? \_\_\_\_\_

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

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

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

**K. HANDWASHING / TOILET FACILITIES**

**YES NO**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 43. Is there a hand washing sink in each food preparation and ware washing area?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet for hot / cold water? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Is hand soap available at all hand washing sinks?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Are covered waste receptacles available in each restroom used by females?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Is hot and cold running water under pressure available at each hand washing sink?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Are all toilet room doors self-closing?  | <input type="checkbox"/> | <input type="checkbox"/> |

**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 290-5-14.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  Business Owner  Authorized Agent  Contractor

**PERMITS ARE NOT TRANSFERABLE FROM OWNER-TO-OWNER OR PLACE-TO-PLACE**

You may obtain a copy of the Rules and Regulations for Food Service by visiting our website: [www.cobbanddouglaspublichealth.com](http://www.cobbanddouglaspublichealth.com).

Return the completed application, with documentation, to the Center for Environmental Health:

**Cobb County:**

1738 County Services Parkway SW, 2<sup>nd</sup> Floor, Marietta, GA 30008-4012  
Office: (770) 435-7815 | Fax: (770) 431-7410

**Douglas County:**

8700 Hospital Drive, 1<sup>st</sup> Floor, Douglasville, GA 30134-2264  
Office: (770) 920-7311 | Fax: (770) 920-7317

**Applicable fees will apply.**