



Georgia Department of Public Health
Food Service Application – Food Preparation



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 _____

Contact Name: _____ Contact Phone: _____

FOOD PREPARATION REVIEW

Check categories of **Potentially Hazardous Foods (PHF's)** to be handled, prepared and served:

CATEGORY	YES	NO
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats, fillets)	<input type="checkbox"/>	<input type="checkbox"/>
2. Thick meats, whole poultry (roast beef; whole turkeys, chickens, hams)	<input type="checkbox"/>	<input type="checkbox"/>
3. Cold processed foods (salads; sandwiches; vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
4. Hot processed foods (soups; stews; rice / noodles; gravy; chowders; casseroles)	<input type="checkbox"/>	<input type="checkbox"/>
5. Bakery goods (pies; custards; cream fillings and toppings)	<input type="checkbox"/>	<input type="checkbox"/>
6. Fruits / vegetables to be washed onsite (if YES, prep sink is required)	<input type="checkbox"/>	<input type="checkbox"/>
7. * Specialty food (i.e. sushi; curing; drying)	<input type="checkbox"/>	<input type="checkbox"/>
8. Other _____		

* A HACCP plan is required for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority. Attach a copy of HACCP plan if applicable. (See Rule 290-5-14-.02 (5) page 24 and Rule 290-5-14-.04 (6) (j) page 70 and 71 of Chapter.)

PLEASE ANSWER THE FOLLOWING QUESTIONS

A. FOOD SUPPLIES

1. Are all food supplies from inspected and approved sources? Yes No

2. What are the projected frequencies of deliveries for:

	Day of Week	AM / PM
Frozen foods	_____	_____
Refrigerated foods	_____	_____
Dry goods	_____	_____

3. Provide information on the amount of space (in cubic feet) allocated for:

Dish drying _____

Dry storage _____

Refrigerated storage _____

Frozen storage _____



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B. COLD STORAGE

- Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41° F (5 ° C) and below? **Ensure that thermometers are provided in all refrigeration units.** Yes No
2. Is a bulk ice machine available? Yes No

C. THAWING FROZEN POTENTIALLY HAZARDOUS FOOD

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHFs) 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	<input type="checkbox"/>	<input type="checkbox"/>
Running water less than 70°F (21° C)	<input type="checkbox"/>	<input type="checkbox"/>
Microwave (as part of cooking process)	<input type="checkbox"/>	<input type="checkbox"/>
Cooked from frozen state	<input type="checkbox"/>	<input type="checkbox"/>

Other (describe): _____

*** Frozen foods: thick = more than one inch, thin = one inch or less;**

D. COOKING

What type of temperature measuring device will be used to measure final cooking / reheating temperatures of potentially hazardous foods (PHF*)?

PHF is a food that requires time / temperature control for safety (TCS) to limit disease causing microorganism growth or toxin formation.)

E. COOLING

Please indicate by checking the appropriate boxes how and where PHFs will be cooled to 41° F (5° C) within 6 hours (135° F to 70° F in 2 hours; then, 70° F to 41° F for a total cool time of 6 hours).

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS / GRAVY	THICK SOUPS / GRAVY	RICE / NOODLES
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce Volume or Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (describe): _____

F. REHEATING

1. How will PHFs 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?

2. How will reheating cooked and cooled food to 165° F for at least 15 seconds for hot holding occur rapidly and within 2 hours?

G. SAFE PRACTICES

1. 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 No, how will ready-to-eat foods be cooled to 41° F? _____

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2. Are raw fruits and vegetables within the menu? Yes No
 If Yes, is a dedicated sink provided for washing raw fruits and vegetables prior to their preparation? Yes No
3. Describe the procedure used for minimizing the length of time PHFs will be kept in the temperature danger zone (41° F - 135°F) during preparation.
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4. 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?
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5. Which of the following will be used to prevent handling of ready-to-eat foods? **PLEASE CHECK ALL THAT APPLY**
 Disposable gloves Utensils Food grade paper
6. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and / or lesions? Yes No
 Please briefly describe the policy: _____
-
7. Describe methods used to train employees in good food sanitation practices. _____
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The undersigned hereby acknowledges that the **FOOD PREPARATION REVIEW** was completed to accurately reflect the facility's operation.

Signature: _____ Date: _____

Print Name: _____ Business Owner Authorized Agent

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.**

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

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

Douglas County:
 8700 Hospital Drive, 1st Floor, Douglasville, GA 30134-2264
 Office: (770) 920-7311 | Fax: (770) 920-7317

Applicable fees will apply.