

Establishment Name: _____

Establishment Address _____
Include suite / unit# _____ Street # and Name _____ Suite / Unit # _____ City / Zip Code _____

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	_____	_____	_____	_____
Warewashing 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 electrical 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. Are movable walls, doors or windows planned to be opened to the outdoors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 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			
1. Do all containers have lids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Will refuse be stored inside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, where? _____

3. Is there an area designated for garbage can or floor mat cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Outside

4. Will a dumpster be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Number _____ Size _____ Frequency of pickup? _____

5. Will a compactor be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Number _____ Size _____ Frequency of pickup? _____

C. GARBAGE AND REFUSE continued

YES NO N/A

6. Will garbage cans be stored outside? YES NO N/A
7. Is there an area to store returnable damaged goods? YES NO N/A
8. Describe surface and location where dumpster / compactor / garbage cans are to be stored.

9. Describe location of grease storage container. _____

D. PLUMBING CONNECTIONS

YES NO N/A

1. Are floor drains provided and easily cleanable? YES NO N/A
- If Yes, indicate location: _____
2. Has grease trap been approved by Water Department? **Documentation approval is required.** YES NO N/A

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?

5. 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
- Toilet YES NO N/A
- Dishwashers YES NO N/A
- Ice machine YES NO N/A
- Steam tables YES NO N/A
- Hose connection YES NO N/A
- Beverage dispenser with carbonator YES NO N/A

Are air gaps installed at the following?

- Dish machine YES NO N/A
- 3-compartment sinks YES NO N/A
- 4-compartment sinks YES NO N/A
- Food preparation sinks YES NO N/A
- Ice machine YES NO N/A
- Dipper wells YES NO N/A

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 Center for Environmental Health. **Applicable fees will apply.**

Cobb County Center for Environmental Health
1738 County Services Parkway SW, 2nd Floor
Marietta, GA 30008-4012
Office: (770) 435-7815

Douglas County Center for Environmental Health
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Douglasville, GA 30134-2264
Office: (770) 920-7311