EQUIPMENT OVERVIEW*

1. Do you use any equipment that is currently not available in the food facility? □ Yes □ No
If yes, identify the type of equipment (attach Equipment Specification Sheet): _____
If yes, where is equipment stored? _____

2. **What equipment/utensils* at the kitchen do you plan to use**:
□ Cooking equipment □ Prep tables □ Handwashing sinks □ Food prep sink □ Mixers □ Refrigerator □ Freezer
□ Other: _____

3. Multi-use utensils and equipment will be cleaned and sanitized using what methods:
□ Three-compartment sink □ Dishwasher □ Clean-in-place protocols
Equipment/Utensils – must be ANSI approved or equivalent AND stored within the approved food facility.

DELIVERY/STORAGE

FOOD DELIVERY: (All food ingredients must be obtained from an approved source. Maintain receipts)
1. How often will refrigerated/frozen foods be delivered? □ Daily □ Weekly □ Other: _____
2. How often will dry foods or supplies be delivered? □ Daily □ Weekly □ Other: _____

FOOD STORAGE: Identify amount of shelving utilized (label with the name of your business):
Ingredients: Dry Storage _____ sq. ft.; Refrigerated Storage (41°F) _____ sq. ft.; Frozen Storage _____ sq. ft.
Finished product: Dry Storage _____ sq. ft.; Refrigerated Storage (41°F) _____ sq. ft.; Frozen Storage _____ sq. ft.

Are you storing food (ingredients or finished product) at any place other than at the proposed facility? □ Yes □ No
If yes, please indicate where: _____
Food must only be stored in an approved facility.

FOOD PRODUCT/PROCESSING

1. What food products or types of food products do you plan to offer? If your products vary, then describe the business in terms of what products are generally made and who the clients tend to be (e.g., catered meals for private and public functions, lunches for private schools, etc.):

*** Attach menu and/or product labels for review**

2. List ingredients used for food production. If ingredients are refrigerated or frozen, please indicate that:

3. Does your food processing include any of the following steps (check all that apply):
□ **Cooking** □ **Reheating** □ **Cooling** □ **Packaging** □ **Advanced Preparation**

4. FOOD PACKAGING: Indicate the type of food packaging that will be utilized.
□ Cook-chill packaging □ Controlled Atmosphere Packaging □ Vacuum Packaging □ Sous Vide □ Canning/bottling foods
□ Other: _____

5. How will the final product be held/stored? □ **Refrigerated** □ **Hot Held** □ **Room Temperature**

NOTE: During the review of your food operation, you may be required to obtain approvals (licenses, registrations etc.) from other State or Federal agencies for special processes such as canning/jarring, or producing products with meat, poultry, eggs and/or dairy. These approvals may need to be obtained prior to being issued a Health Permit.

Print Name:	Title:
Signature:	Date:

OFFICE USE ONLY

Specialist Name (***please print***):	Signature:	
Identify Risk Category □ Risk Category Type 1 □ Risk Category Type 2 □ Risk Category Type 3		Date Approved:
FA	PR	SR