



**Gwinnett Environmental Health**  
 455 Grayson Highway Suite 600  
 Lawrenceville, GA 30046  
 Phone: 770.963.5132  
 Fax: 770.339.4282

**Newton Environmental Health**  
 1113 Usher Street Suite 303  
 Covington, GA 30014  
 Phone: 770.784.2121  
 Fax: 770.784.2129

**Rockdale Environmental Health**  
 1329 Portman Drive Suite F  
 Conyers, GA 30094  
 Phone: 770.278.7340  
 Fax: 770.278.89

www.gnrhealth.com

## MOBILE/BASE FOOD SERVICE PERMIT APPLICATION

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

**FOOD SERVICE TYPE**     Mobile                       Mobile Base of Operation

Smoke Free                       All Smoking\*                       Designated Smoking\*

\*Refer to the Georgia Smoke free Air Act for appropriate selection. An applicable sign, referencing O.C.G.A. § 31-12A-1 et seq. must be posted at the facility. Designated smoking requires additional approval from Gwinnett County Planning & Development. Approval application will be given to applicant, upon request.

### MOBILE BASE OF OPERATION PHYSICAL LOCATION

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

### OWNER INFORMATION

**VERY IMPORTANT: MUST BE EITHER A VALID CORPORATION WHICH IS REGISTERED WITH THE SECRETARY OF STATE OR OWNER'S PERSONAL NAME. THIS INFORMATION CANNOT BE CHANGED ONCE THE FACILITY IS PERMITTED. IF CHANGED AFTER PERMITTING, IT WILL BE CONSIDERED A CHANGE OF OWNERSHIP AND ALL PLAN REVIEW AND PERMITTING FEES WILL APPLY.**

**Corporation Name or LLC (if applicable)** \_\_\_\_\_

Owner's Personal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_ FAX (    ) \_\_\_\_\_ Other (    ) \_\_\_\_\_

E-mail \_\_\_\_\_

### BILLING INFORMATION (Please note, this is the address where all bills and permits will be mailed.)

Facility Name \_\_\_\_\_ Attention: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

**ANY CHANGE TO OWNER NAME CONSTITUTES A CHANGE IN OWNERSHIP.  
 ANY CHANGE IN OWNER/OWNERSHIP WILL REQUIRE A NEW, APPLICATION, PLAN REVIEW AND PERMITTING FEE.  
 PERMITS ARE NOT TRANSFERABLE FROM OWNER TO OWNER OR LOCATION TO LOCATION.  
 CONTINUED OPERATION WITHOUT A VALID PERMIT IS A VIOLATION OF FOOD SERVICE REGULATIONS AND MAY RESULT IN LEGAL ACTION**

### AUTHORIZED OWNER/AGENT INFORMATION

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sign Name: \_\_\_\_\_

**Applicant's affiliation with facility (check one):**     Owner     Contractor     Architect     Expeditior     Other \_\_\_\_\_

**Office Use Only:**    COO    NEW    PPF    COOC                      Inspector Area \_\_\_\_\_ Property Tax ID \_\_\_\_\_

                                 PR1    PR2    PR3    PR4    PR5                      Risk Type \_\_\_\_\_ Desk Duty Initials \_\_\_\_\_

# **FOOD SERVICE PLAN REVIEW REQUIREMENTS FOR MOBILE**

APPLICATIONS WILL **NOT** BE ACCEPTED WITHOUT **ALL** OF THE FOLLOWING ITEMS.

**Front Page of the Food Service Permit Application (Page 1) and notarized Public Benefits Affidavit (9-10-14)**

- FULLY COMPLETED
- SIGNED (both the Application and Public Benefits Affidavit must be signed by the same person)
- DATED **\*\*Please do NOT date the application until the day it is accepted by a GNR County Environmental Health Department\*\*.**

**Completed application packet**

**ALL PAGES MUST BE COMPLETED BY THE APPLICANT.** Please fill out all pages to the best of your ability. Assistance will be provided when meeting with an application intake inspector in Gwinnett County, however, if **ALL** documentation and information is **NOT** provided, your application will be **DENIED**. You will be asked to return, when you have all **REQUIRED** information needed to process your application. If assistance is needed in Newton or Rockdale County an appointment must be made with an inspector.

**Answers to the following questions:**

- Please list the contact information for the plan review comments and to schedule your opening inspection.

Name \_\_\_\_\_ Title \_\_\_\_\_  
(ex: Owner/Manager/Contactor, etc.)

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

- Please list the days and times you are open to the public.  
(ex: Monday 11 am – 10 pm      Saturday 11 am – 11 pm      Sunday CLOSED)

Monday _____	Thursday _____	
Tuesday _____	Friday _____	
Wednesday _____	Saturday _____	Sunday _____

- Please list the days and times, outside of the time you are open to the public, that you are conducting food preparation.  
(ex: Open at 11 am for lunch, staff arrives at 8 am for food prep)

Monday _____	Thursday _____	
Tuesday _____	Friday _____	
Wednesday _____	Saturday _____	Sunday _____

- Base of Operation Name \_\_\_\_\_
- Base of Operation Owner \_\_\_\_\_

Copy of Base of Operation and/or Mobile Permit if permitted in another county.

Mobile Unit Vehicle License # or VIN: \_\_\_\_\_

Proof of compliance with all other applicable agencies (e.g. zoning, fire, etc.)

Mobile Food Unit Location Form (<https://dph.georgia.gov/environmental-health/food-service>)

Copy of Property Use Agreement Form (<https://dph.georgia.gov/environmental-health/food-service>)

Copy of Toilet Use Agreement Form (<https://dph.georgia.gov/environmental-health/food-service>)

**Floor Plan**

**Scaled drawings** Scaled drawings are only required for NEW construction or remodels requiring a building permit from the Local Planning and Development Office.

OR

**Hand drawn floor plan** Hand drawn floor plans are requested for change of ownerships, to ensure a smooth and expedient plan review process. Failure to provide a floor plan may significantly slow down the plan review process, and will not give us an accurate indication of the layout of your facility.

**Menu**

Will you offer customers any food that may be ordered undercooked or raw such as hamburgers, steak, eggs, ceviche, sushi, etc.?  YES OR  NO  
Please list the food items that may be offered undercooked or raw on your menu. \_\_\_\_\_

\_\_\_\_\_  
If undercooked or raw foods are offered to customers, at any time, a CONSUMER ADVISORY is required on the menu.  
ALL MENUS that contain raw or undercooked foods must have a CONSUMER ADVISORY that contains the DISCLOSURE and REMINDER statement.  
Menu items that require the consumer advisory must be marked with an asterisk\*.

Hot Water Heater Manufacturer's Specification (Spec.) Sheet, documenting the recovery rate at 100 ° F rise for Tank Models

OR

Documentation Provided for Tankless Hot Water Heater, if applicable

(PLEASE PROVIDE ONE OF THE FOLLOWING)

- Manufacturer's Spec. Sheets for ALL Faucets AND Hot Water Heater, listed in GPM
- Hot Water Heater Manufacturer's Sizing Calculator Form printed from Manufacturer's Website listing all sinks and dishwasher/glass washer used, if applicable.
- Letter from Licensed Plumber, Engineer or Architect, listing GPM for ALL Faucets AND Manufacturer's Spec. Sheet for hot water heater (EXISTING FACILITIES ONLY)

- Commercial Dishwasher and/or Glass Washer Manufacturer Specification Sheets, **if applicable**

Note: Spec sheet MUST document the gallons per hour (GPH) water usage or provide the gallons per tray (cycle) and number of trays per hour, so that the GPH can be calculated.

- New Equipment Specification Sheets, **if applicable**

Note: Spec. sheets NOT required for existing equipment; MUST be provided for any NEW equipment that is installed or added.

- Vomiting/Diarrheal Clean-Up Plan

- Variance/HACCP plan/procedures, **if applicable**

- Applicable Fees Paid

PLAN REVIEW  
(MUST be paid at time of application)

ANNUAL  
(MUST be paid at time of application; except for NEW construction only,  
which may be paid prior to the opening inspection)

### Operational Information

1. Please answer the following based on operations performed on your mobile unit (check all that apply):

- Unit only serves packaged food that has been prepared at the permitted Base of Operation
- Unit does not cook any raw animal foods; only reheats commercially precooked ingredients
- Unit cooks raw animal foods on the mobile unit
- Unit serves raw or undercooked animal foods in a ready to eat form (steaks/burgers, sashimi, ceviche, eggs, etc.)
- Other \_\_\_\_\_

2. Will any food be chopped, sliced, diced, or cooled on the unit?  Yes  No If YES, please describe where and how this will happen on the unit: \_\_\_\_\_

3. Water Pump: Make: \_\_\_\_\_ Model: \_\_\_\_\_ GPM: \_\_\_\_\_

4. How will Time/Temperature Control for Safety (TCS) foods be maintained at proper temperature while unit is moved between locations?  
\_\_\_\_\_  
\_\_\_\_\_

5. Thermostatic Temperature Control of Food:

- a. Number of refrigeration units (thermometer required in warmest part of unit): \_\_\_\_\_
- b. Number of freezer units (thermometer required in warmest part of unit): \_\_\_\_\_
- c. Number and type of hot holding units (e.g., steamtables, heat lamps, etc.): \_\_\_\_\_

6. Please indicate the types and number of equipment used for cooking or reheating TCS foods (check all that apply):

- Inside Grills: \_\_\_\_\_  Outside Grills (requires permanent overhead protection): \_\_\_\_\_  Smokers: \_\_\_\_\_
- Stoves: \_\_\_\_\_  Ovens: \_\_\_\_\_  Fryers: \_\_\_\_\_  Other (explain): \_\_\_\_\_

I attest that the information provided within this document is true and accurate. I agree to comply with the State of Georgia Rules and Regulations for Food Service Chapter 511-6-1. I understand that only the foods listed on the menu submitted with the Base of Operation plans may be prepared and served in this unit. I will notify the health department of jurisdiction at least 7 days in advance of any change in vending locations.

ALL FOOD VENDORS SHALL BE REGISTERED WITH THE CITY / COUNTY BUSINESS LICENSE OFFICE.

\_\_\_\_\_  
Name of Owner or Authorized Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

## Finish Schedule

The following chart is a list of acceptable finishes for floors, walls, ceilings, by area. Please identify the proposed finish in each area by circling the finish for the following areas. Please check the cove box to signify that you will install cove molding in the following areas.

Area	Floor	Wall	Ceiling	Cove base
Cooking (Areas exposed to high heat)	<ul style="list-style-type: none"> <li>• Quarry Tile</li> <li>• Poured Epoxy</li> <li>• Commercial Grade Vinyl Composition Tile (VCT)</li> <li>• Commercial Grade Sheet Linoleum with Chemically Welded Seams</li> </ul>	<ul style="list-style-type: none"> <li>• Stainless Steel</li> <li>• Aluminum</li> <li>• Ceramic Tile</li> </ul>	<ul style="list-style-type: none"> <li>• Stainless</li> <li>• Smooth, Non-Acoustical Plastic Coated or Metal-Clad Fiberboard</li> <li>• Dry-wall Sealed with an Epoxy Finish</li> <li>• Plastic Laminate</li> <li>• Glazed Surfaces</li> </ul>	<input type="checkbox"/>
Food Preparation (No or low heat exposure)	<ul style="list-style-type: none"> <li>• Quarry Tile</li> <li>• Poured Epoxy</li> <li>• Commercial Grade Vinyl Composition Tile (VCT)</li> <li>• Commercial Grade Sheet Linoleum with Chemically Welded Seams</li> </ul>	<ul style="list-style-type: none"> <li>• Stainless Steel</li> <li>• Fiberglass Reinforced Polyester Panels (FRP)</li> <li>• Concrete Block filled with Epoxy Paint or Glaze</li> <li>• Ceramic Tile</li> </ul>	<ul style="list-style-type: none"> <li>• Smooth, Plastic Coated or Metal-Clad Fiberboard</li> <li>• Dry-wall sealed with an Epoxy Finish</li> <li>• Glazed surfaces</li> <li>• Plastic laminate</li> </ul>	<input type="checkbox"/>
Warewashing	<ul style="list-style-type: none"> <li>• Quarry Tile</li> <li>• Poured Epoxy</li> <li>• Commercial Grade Vinyl Composition Tile (VCT)</li> <li>• Commercial Grade Sheet Linoleum with Chemically Welded Seams</li> </ul>	<ul style="list-style-type: none"> <li>• Stainless Steel</li> <li>• Fiberglass Reinforced Polyester Panels (FRP)</li> <li>• Concrete Block filled with Epoxy Paint or Glaze</li> <li>• Ceramic Tile</li> </ul>	<ul style="list-style-type: none"> <li>• Smooth, Plastic Coated or Metal-Clad Fiberboard</li> <li>• Dry-wall sealed with an Epoxy Finish</li> <li>• Glazed surfaces</li> <li>• Plastic laminate</li> </ul>	<input type="checkbox"/>
Food Storage	<ul style="list-style-type: none"> <li>• Quarry Tile</li> <li>• Poured Epoxy</li> <li>• Commercial Grade Vinyl Composition Tile (VCT)</li> <li>• Commercial Grade Sheet Linoleum with Chemically Welded Seams</li> </ul>	<ul style="list-style-type: none"> <li>• Stainless Steel</li> <li>• Fiberglass Reinforced Polyester Panels (FRP)</li> <li>• Concrete Block filled with Epoxy Paint or Glaze</li> <li>• Ceramic Tile</li> <li>• Epoxy Sealed Dry-Wall</li> </ul>	<ul style="list-style-type: none"> <li>• Plastic Coated or Metal-Clad Fiberboard</li> <li>• Dry-wall sealed with an Epoxy Finish</li> <li>• Glazed surfaces</li> <li>• Plastic laminate</li> </ul>	<input type="checkbox"/>

## Potable Water Tank Sizing

Equipment Types	Dimensions in inches for sink compartment (Length x Width x Depth)	Number of Compartments	Total Gallons filled one time*
<b>Warewashing sink</b>			
<b>Prep Sink</b>			
<b>Service Sink</b>			
<b>Hand washing sink **</b>			
<b>Other:</b>			
<b>Total gallons of potable water needed</b>			

\*Conversion factor (.003255 in<sup>3</sup>/gallon) = overall 75% reduction of hot water usage of hot water usage allowance for equipment and utensils submerged within compartments

\*\* 2 gallons/person for handwashing for service during shift

## Waste Water Tank Sizing

Total gallons of potable water needed x 15% = additional gallons needed for waste water tank

\_\_\_\_\_ x .15 = \_\_\_\_\_

Potable water needed + additional gallons needed for waste water tank = total gallons needed for waste water tank

\_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

	Gallons
Potable storage tank size installed	
Waste Water tank size installed	

Freshwater Tank:

- a. Is the inner diameter of the water tank inlet three-fourths inch (19.1 mm) or less?  Yes  No
- b. Is the water tank inlet provided with a hose connection of a size or type that will prevent its use for any other service?  Yes  No

Wastewater Tank:

- a. Is the wastewater tank sloped to a drain with an inner diameter that is at least 1 inch (25 mm)?  Yes  No
- b. Is the drain equipped with a shut-off valve?  Yes  No

Please describe the method for removing the wastewater, and flushing and draining the waste retention tank at the base of operation:

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### Power Supply

Power Supply (select all that apply):

Generator: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Fuel type: \_\_\_\_\_ Watts: \_\_\_\_\_

Equipment using Generator	Watts
Lights	
Electric Steam Table	
Cooler	
Cooler	
Freezer	
Water Pump	
Water Heater	
Hood Vent	
Other Equipment	
Other Equipment	
Total Watts needed	

- Electrical power cord only (will plug into existing outlet at vending location)
- Propane
- Battery



**Storage Tank Water Heater Sizing (If Applicable)**

Faucet/Inlet Types	Gallons needed to feel one time	Rise	Total KW needed*
Three-compartment utensil wash sink		60°F	
Four-compartment utensil wash sink		60°F	
Food Preparation Sink 1-Compartment		60°F	
Food Preparation Sink 2-Compartment		60°F	
Mop sink		60°F	
Service sink		60°F	
Hand washing sink		50°F	
Other:			
<b>Total KW needed</b>			

\*KW=  $\frac{\text{gallons needed to fill one time} \times \text{Rise} \times 8.33}{3412}$

**Water Heater Information**

Manufacturer	Model Number	Number	BTU or KW	Recovery Rate GPH at 100° F Rise

### Tankless Water Heater Sizing (If Applicable)

Tankless water heaters are sized with one of the three following methods:

1. The applicant submits a manufacturer's specification sheet showing the flow rate in gallons per minute (gpm) at 100° F rise AND manufacturer's specification sheets for each faucet/inlet documenting the maximum flow rate in gpm. Also, the applicant **COMPLETES** this table:

Faucet/Inlet Types	Number of this Faucets	GPM Per sink	Total GPM Per Sink Type
<b>Three-compartment utensil wash sink</b>			
<b>Four-compartment utensil wash sink</b>			
<b>Food Preparation Sink 1-Compartment</b>			
<b>Four-compartment bar sink</b>			
<b>Food Preparation Sink 2-Compartment</b>			
<b>Mop sink</b>			
<b>Service sink</b>			
<b>Hand washing sink</b>			
<b>Other:</b>			
<b>TOTAL GPM DEMAND AT 100 DEGREES F RISE</b>			

#### Water Heater Information

Manufacturer	Model Number	Number	BTU or KW	Recovery Rate GPM at 100° F Rise

2. The applicant provides a letter from Licensed Plumber, Engineer or Architect listing GPM for ALL Faucets. **For existing facilities only!**

**\*\*ATTENTION\*\***

**THE REMAINING PAGES OF THIS PACKET ARE FOR YOU TO KEEP. PLEASE DO NOT TURN IN THESE PAGES WITH YOUR APPLICATION. THESE PAGES ARE FOR YOUR REFERENCE AND TO PREPARE YOU FOR YOUR OPENING INSPECTION.**

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**RE-INSPECTIONS AND  
REQUIRED ADDITIONAL ROUTINES**

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A yearly food service inspection fee is collected and provides for the routine inspections as required by the Food Code. If an inspection score requires, a re-inspection, an informal re-inspection, or a required additional routine inspection, additional fees will be charged for these inspections. **It is the responsibility of the food service permit holder to pay applicable fees.** Below is a breakdown of these additional inspections:

**Follow up Inspection (Results in a new score):**

A fee will be charged for this inspection.

- A follow up inspection will be conducted when an establishment earns a “C” or “U” on any inspection.
- A follow up inspection will be conducted when a food service permit is suspended (regardless of inspection grade).

**Informal Follow up Inspection (Does not result in a new score):**

A fee will be charged for this inspection.

- An informal follow up inspection will be conducted when an establishment has earned an “A” or “B” on an inspection and violations were not corrected on site. This inspection will be to confirm corrections of violations cited on the inspection report. An inspection report addendum will be completed and filed in our office. The establishment will keep the score earned on the previous inspection.

**Required Additional Routine Inspections (Results in a new score):**

A fee will be charged for this inspection.

- Establishments that earn a “C” or “U” grade on any routine inspection (or required additional routine inspection) will have **at least one** additional routine inspection added over the next 12 months.

**If a food service permit is suspended, payment must be made at time of compliance conference and prior to reopening. If a follow-up inspection is completed, and the permit has not been suspended, a bill will be forwarded to the food service establishment for prompt payment.**

## Plan Review Process

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1. A plan reviewer will be assigned to your application. Your application will receive a complete plan review.
2. Please allow 8-10 business days for your plan review to be completed. You will be notified if your plan review is completed sooner. While some plan reviews will require less than 8-10 days to complete, in the event that your plan review does require 10 days to process, we ask that you please plan accordingly.
3. Your plan reviewer will contact you via the phone and/or email address as indicated on page 2 of your application. Depending upon the status of your application, your plan reviewer will contact you to either schedule your opening inspection, let you know that some adjustments / corrections need to be made to your plans, or if additional information is needed to complete your review.
4. Once your plan review has been completed and ALL REQUIRED information / adjustments / corrections have been made, your plan reviewer will contact you to either schedule your opening inspection (usually for change of ownerships or facilities not requiring a building permit for any work inside the facility) or to schedule a time to stamp all sets of plans required for any other agencies (usually for new construction or situations where a building permit is required for any work inside the facility).
5. At this point, your plan reviewer will guide you through the rest of the permitting process. They will work with you to schedule the opening inspection at a time that is convenient for you.
6. All non-operating facilities **MUST** score a 100 (A) on their opening inspection. If the opening inspection is passed with a 100 (A), then an opening inspection report will be given to the facility and they will be allowed to open and operate. If the opening inspection is not passed with a 100 (A), those violations that cannot be corrected while the inspector is on-site, will be marked as a violation on the inspection report. The report will be coded as a pre-opening inspection. You should notify your plan reviewer when you have made all necessary corrections and are ready for the final opening inspection. The plan reviewer will schedule a date and time to return and conduct the final opening inspection.
7. Open and operating facilities (going through a change of ownership) must score a "C" or better (and have no imminent health hazards) on their Initial opening inspection. The facility will be allowed to continue operating during the short time frame allotted for correcting all violations. Inspector will return for the final opening inspection and all violations must have been corrected within the time frame allotted. If all violations are not corrected, the facility must close until the corrections are completed.
8. If more than one pre-opening and one opening inspection (more than 2 visits from the plan reviewer) are required for a facility to be permitted, an additional fee will be charged for any subsequent visits.
9. Once the opening inspection is successfully passed, the plan reviewer will notify the appropriate Business License office and Planning & Development Department that the facility has met all the Health Department requirements.

## **How to prepare for your Opening Inspection**

Please be advised this is not a comprehensive list, your inspector may inform you of additional requirements, at the time of inspection.

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- Set aside an adequate area for food containers that are delivered as bent/broken/dented (example: dented cans). Label the area, as such. These foods are not to be used for public consumption. They must be discarded or returned.
- Designate an area for employees to store their personal belongings that is away from food, equipment, single-service items, etc.
- Obtain NSF or equivalent, approved food-safe containers with tight-fitting lids for storage in all coolers and dry storage areas.
- Make sure ALL food and single-service items (to-go containers, disposable cups, plates, napkins, etc.) are stored at least six inches (6") off the floor.
- Make sure that all gaskets on refrigerators and freezers are clean, attached securely to the frame of the doors, and in good repair.
- Place hanging thermometers in ALL refrigeration equipment and applicable hot holding units.
- Have all refrigeration units turned on and ensure they are at 41° F or below.
- Have all freezer units turned on and ensure they are at 32° F or below.
- Stoves, ovens, steam tables, etc. are not required to be turned on for the opening inspection, but must be able to be turned on and operate properly, if asked by your inspector.
- Choose a chemical sanitizer (chlorine or quaternary ammonium / quat) for the manual dishwashing procedure, the dish machine, and all wiping cloth buckets.
- Provide Correct Test strips for checking chemical sanitization in dish machines, manual dishwashing procedure, and cloth sanitization buckets (usually white for chlorine and orange for quat).
- Have a thermometer, on site, which is capable of measuring the temperature of thin pieces of food such as a digital thermometer.
- Provide drain stoppers for all compartments of the manual dish sink.
- All shelving must be clean and at least six inches (6") above the floor for all food and clean dish storage.
- Confirm that the following types of equipment (if applicable) are installed with approved indirect connections (air gaps) to sewage/floor drains:
  - All food prep sinks
  - Three or four compartment dish sink
  - Ice machine
  - Dish washing machine

- Replace any missing floor/ceiling tiles and cove base.
- Thoroughly clean all floors, walls, and ceilings.
- Is the ware washing sink (3 or 4 compartment sink) large enough to submerge the largest food contact utensil?
- Are drain boards large enough to separately accommodate all soiled and cleaned items that may accumulate during hours of operations?
- Provide NSF-approved scoops with handles for all dry products and ice.
- Provide paper towels and soap, at all hand sinks, including the restrooms.
- Provide a covered waste receptacle for the female restrooms. If only one unisex restroom is provided, a covered waste receptacle is required.
- All entrances/exits and restrooms must have adequate self-closing doors.
- Provide a hand wash reminder or instruction sign at all hand wash sinks. You may obtain a hand wash sign on our website. [www.gnrhealth.com](http://www.gnrhealth.com)
- Make sure that lights are shielded or shatterproof.
- Provide an adequate area for chemical storage.
- Eliminate all exposed wood in the facility. If wood cannot be eliminated, cover with a epoxy paint of white/light-colored finish.
- Eliminate all residential-grade equipment in the prep areas and, if necessary, replace with commercial-grade equipment.
- Thoroughly clean the interiors and exteriors of all equipment.
- Make sure the facility's dumpster is installed with an adequate drain plug and tight-fitting lids/doors.
- Ensure Refrigeration Units:
  - Are ANSI or equivalent.
  - Are in good repair and calibration.
  - Have doors and hinges that are in good repair and are tight-fitting to the frame.
  - Have gaskets that are in good repair and free of contaminants.
  - All cooler units maintain temperatures at or below 41° F.
  - All freezer units maintain temperatures that keep the frozen foods solidly frozen.
  - Have adequate and approved storage shelving.
  - Have approved cove basing around the interior and exterior of walk-in units.

- Ensure Food-Contact Items and Linens are stored on clean, dry surfaces and are NOT stored in the following locations:
  - Locker rooms/employee break rooms
  - Restroom facilities
  - Mechanical rooms
  - Under sewer lines
  - Under open stairwells
  
- Ensure food-contact items and linens are:
  - Stored in a self-draining position that allows for air-drying
  - Kept in original protective packaging that affords protection from contamination until used
  
- Ensure food-contact items and linens are NOT exposed to:
  - Splash
  - Dust
  - Other possible sources of contamination
  
- Ensure Self-service counter areas, buffet lines, and/or food bars have adequate and approved shielding.
  
- Ensure that there is adequate space for separation of raw animal foods during storage, preparation, holding, and display from all ready-to-eat foods.
  
- Ensure that all unwashed fruits and vegetables are stored below all washed fruits and vegetables and ready to eat foods.
  
- Ensure notice is posted in a prominent place in the self-service area that customers must use clean tableware each time they visit the self service area.
  
- Designate an area where the most current inspection report shall be prominently displayed in public view at all times, within fifteen feet (15') of the front or primary public door and between five feet (5') and seven feet (7') from the floor and in an area where it can be read at a distance of one foot (1') away.
  
- If applicable, ensure all drive-thru windows have the most current inspection report posted, so that a minimum of the top one-third of a copy of the current inspection report is visible through each window allowing customers to easily read the score, date of inspection and establishment information.
  
- Provide a choking poster that is displayed in a prominent place in the dining room. You may find a choking poster on our website [www.gnrhealth.com](http://www.gnrhealth.com)
  
- Have an appropriate Employee Health Policy on-site and be prepared to answer questions regarding this policy with your inspector. If you do not already have an Employee Health Policy, your inspector can provide one for you at the opening inspection, or you can find one on our website [www.gnrhealth.com](http://www.gnrhealth.com) . All food employees and conditional employees must be informed in a verifiable manner of their responsibility to report to the person in charge about their health and activities as they relate to diseases that are transmissible through food. A Conditional Employee or Food Employee Agreement form can be found at the following website:  
[http://dph.georgia.gov/sites/dph.georgia.gov/files/related\\_files/site\\_page/EnvHealthFoodEmployeeReportingAgreement.pdf](http://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/EnvHealthFoodEmployeeReportingAgreement.pdf)

- Register for a Certified Food Safety Manager's Training Course.** At least one Certified Food Safety Manager is required, at each facility, within 60 days of permitting. The ORIGINAL certificate must be posted within public view. Certificate may only be used at ONE location. Copies are NOT allowed. If you do not have the certification already, registration is available at the Gwinnett County Environmental Health Office. Additional classes and classes in other languages may be found at ServSafe, Prometric, Learn2Serve, or National Registry of Food Safety Professionals Accredited Certified Food Safety Manager Courses.
- Person in charge shall have Allergy Awareness Training as it relates to their assigned duties.
- Be aware of the eight major food allergens and food allergy symptoms.