



**ENVIRONMENTAL HEALTH OFFICES**

**GWINNETT**

455 Grayson Highway, Suite 600  
Lawrenceville, GA 30046  
☎ 770.963.5132  
📠 866.265.4293

**NEWTON**

1113 Usher Street, Suite 303  
Covington, GA 30014  
☎ 770.784.2121  
📠 866.493.8452

**ROCKDALE**

1329 Portman Drive, Suite F  
Conyers, GA 30094  
☎ 770.278.7340  
📠 866.551.0133

**FOOD SERVICE PERMIT APPLICATION**

Application Date \_\_\_\_\_ Is This Facility In a Food Court or Mall?  YES  NO

Food Service Type  Permanent  School  Catering  Institutional  Mobile Base of Operation

Number of Seats \_\_\_\_\_  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.

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**FOOD SERVICE FACILITY PHYSICAL LOCATION**

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

Address \_\_\_\_\_

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

Phone 1 ( ) \_\_\_\_\_ Phone 2 ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

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**OWNER INFORMATION**

**Must be either a valid corporation that is registered with the Secretary of State or the 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 will require a new application and plan review. All plan review and permitting fees will apply. Continued operation without a valid permit is a violation of the Georgia Food Service Rule and Regulations and may result in legal action.**

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

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

Address \_\_\_\_\_

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

Phone 1 ( ) \_\_\_\_\_ Phone 2 ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

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

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**BILLING INFORMATION (This is the address where all bills and permits will be mailed.)**

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

Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

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**APPLICANT/AUTHORIZED AGENT INFORMATION**

By signing below, I affirm that all information provided in this application (including all supporting documents) is true to the best of my knowledge. I understand that any misrepresentation, omission, or concealment of material facts is grounds for denial or revocation of my Food Service Permit. I have read and agree to abide by the Department of Public Health Rules and Regulations for Food Service.

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

Sign Name \_\_\_\_\_ Email \_\_\_\_\_

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

**\*\*No inspector available in Gwinnett County on Wednesdays to accept/review applications\*\***

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**Office Use Only:** PR1 PR2 PR3 PR4 PR5 Inspector Area \_\_\_\_\_ Property Tax ID \_\_\_\_\_

NEW PPF COO Previous Permit # \_\_\_\_\_ Risk Type \_\_\_\_\_ Desk Duty Initials \_\_\_\_\_



## VERIFICATION OF RESIDENCY AFFIDAVIT

O.C.G.A. Section 50-36-1(e)(2)

As part of my application for a permit from GNR Public Health (a public health district under the Georgia Department of Public Health), I hereby swear, under oath, that I am:

[check *one* of the following]

(1) \_\_\_\_\_ A citizen of the United States;

(2) \_\_\_\_\_ A legal permanent resident of the United States;

or

(3) \_\_\_\_\_ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act. The alien number assigned to me by the United States Department of Homeland Security or other federal immigration agency is Alien Number \_\_\_\_\_

I also swear that I am eighteen years of age or older, and that I have provided at least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section 50-36-1(e)(1). That secure and verifiable document is my

\_\_\_\_\_  
\_\_\_\_\_

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section 16-10-20 and face the criminal penalties authorized by that statute.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_

## FOOD SERVICE PLAN REVIEW REQUIREMENTS

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

**Completed Application Packet**

- Pages 1-14 of this application are FULLY COMPLETED
- SIGNED (both the *Application* and *Verification of Residency Affidavit* MUST be signed by the same person)
- DATED (DO NOT date the application until the day it is accepted by your local health department)

**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; 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 Counties, an appointment must be made with an inspector.

**Answers to the following questions:**

- List the contact information for plan review comments and opening inspection scheduling.

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

**Mobile Base of Operations.** If applying for a **mobile base of operation**,

- How many mobile units will operate out of this facility? \_\_\_\_\_
- Is parking available for each mobile unit?  YES or  NO

If YES, how much parking is available? \_\_\_\_\_

**NOTE:** Ownership of the mobile food unit(s) **MUST** match the ownership of the mobile base of operations.

**Sewage Disposal.** Is your facility on **public sewer** or serviced by a **septic tank**? If unsure, contact the local water authority. If your facility is serviced by a septic tank, an Onsite Sewage Management System (OSSMS) review will be required. A commercial OSSMS application will be required at the time of submission of the Food Service Application.

- Public Sewer or  Septic Tank

**Grease Trap Approval** (one of the following options is required):

Gwinnett County

- Grease Interceptor Approval Form from Gwinnett County Planning & Development (P&D)
- Variance Form (applied or approved form) from Gwinnett County P&D; signed & approved form will be required prior to the opening inspection

**IMPORTANT:** *Grease Interceptor Approval Forms* and *Variance Forms* are approved by Gwinnett County Department of Water Resources via the Gwinnett County Department of P&D – Stormwater/Water/Sewer Plan Review Section.

**You will need to obtain the above paperwork at the following office:**

Gwinnett County Department of P&D - Stormwater/Water/Sewer Plan Review Section  
Innovation Square  
446 West Crogan Street - Suite 300 (3<sup>rd</sup> Floor)  
Lawrenceville, GA 30046  
678.518.6000 (office)  
[P&D-CustomerSupportCenter@gwinnettcountry.com](mailto:P&D-CustomerSupportCenter@gwinnettcountry.com)

- City Letter regarding grease trap approval (must be on the city's letterhead, signed, and dated)
- If on septic, approval from Gwinnett Environmental Health

Newton County

- If on sewer, approval from:  
Newton County Water & Sewage Authority  
11325 Brown Bridge Road,  
Covington, Georgia 30014  
770.787.1375 (office)  
Website for Newton County Water & Sewage Authority: <http://ncwsa.us/>
- City Letter regarding grease trap approval (must be on the city's letterhead, signed, and dated)
- If on septic, approval from Newton Environmental Health

Rockdale County

- If on sewer, approval from:  
Rockdale County Water Resources  
958 Milstead Avenue  
Conyers, GA 30012  
770.278.7450 (office)  
770.918.6514 (fax)  
Website for Rockdale County Water Resources: <https://www.rockdalecountyga.gov/rockdale-water-resources/>
- If on septic, approval from Rockdale Environmental Health

**Menu.** Attach a copy of the menu for review.

Will you offer customers any food that may be ordered undercooked or raw (such as hamburgers, steak, eggs, ceviche, sushi, etc.) or contain raw ingredients (e.g., fresh caeser dressing made with raw eggs)?  YES OR  NO

List the food items that may be offered undercooked or raw on your menu.

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- 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 (\*) or other consistent marking.

**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.** 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.

**Water Distribution System**

- Tank Model.** Hot water heater manufacturer’s specification (spec.) sheet documenting the recovery rate at 100°F rise.

OR

- Tankless Model.** Provide one of the following:
  - Manufacturer’s specification (spec.) sheets for ALL faucets AND hot water heater, listed in GPM.
  - Letter from licensed plumber, engineer, or architect, listing GPM for ALL faucets AND manufacturer’s specification (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.

- Written Vomit/Diarrheal Clean-Up Procedures** (REQUIRED)

- Written Pets In Outside Dining Procedures** (if applicable)

- Written Key Drop Delivery Procedures** (if applicable)

- Variance/HACCP Plan for Specialized Processes** (if applicable)  
 Examples: curing, smoking for preservation, sprouting seeds or beans, reduced oxygen packaging, and using food additives or adding components to render food non-tcs or for preservation

- Written Partial (Par) Cooking (i.e., Non-continuous Cook Step) Procedures** (if applicable)
- Emergency Operation Plans** (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)



## FINISH SCHEDULE

The following chart lists acceptable finishes for floors, walls, and ceilings by area. Identify the proposed finish in each area by checking the finish for each area. Check the cove box to signify that you will install cove molding in the following areas. **Finishes not listed will be reviewed on a case-by-case basis and may not be allowed.**

Area	Floor	Wall	Ceiling	Cove Base
<b>Cooking</b> (Areas exposed to high heat)	<input type="checkbox"/> Quarry Tile <input type="checkbox"/> Poured Epoxy <input type="checkbox"/> Commercial Grade Vinyl Composition Tile (VCT) <input type="checkbox"/> Commercial Grade Sheet Linoleum with Chemically Welded Seams	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> Smooth, Non-Acoustical Plastic Coated or Metal-Clad Fiberboard <input type="checkbox"/> Dry-wall Sealed with an Epoxy Finish <input type="checkbox"/> Plastic Laminate <input type="checkbox"/> Glazed Surfaces	<input type="checkbox"/>
<b>Food Preparation</b> (No or low heat exposure)	<input type="checkbox"/> Quarry Tile <input type="checkbox"/> Poured Epoxy <input type="checkbox"/> Commercial Grade Vinyl Composition Tile (VCT) <input type="checkbox"/> Commercial Grade Sheet Linoleum with Chemically Welded Seams	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass Reinforced Polyester Panels (FRP) <input type="checkbox"/> Concrete Block <u>filled with Epoxy Paint or Glaze</u> <input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Smooth, Plastic Coated or Metal-Clad Fiberboard <input type="checkbox"/> Dry-wall sealed with an Epoxy Finish <input type="checkbox"/> Glazed surfaces <input type="checkbox"/> Plastic laminate	<input type="checkbox"/>
<b>Warewashing</b>	<input type="checkbox"/> Quarry Tile <input type="checkbox"/> Poured Epoxy <input type="checkbox"/> Commercial Grade Vinyl Composition Tile (VCT) <input type="checkbox"/> Commercial Grade Sheet Linoleum with Chemically Welded Seams	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass Reinforced Polyester Panels (FRP) <input type="checkbox"/> Concrete Block <u>filled with Epoxy Paint or Glaze</u> <input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Smooth, Plastic Coated or Metal-Clad Fiberboard <input type="checkbox"/> Dry-wall sealed with an Epoxy Finish <input type="checkbox"/> Glazed surfaces <input type="checkbox"/> Plastic laminate	<input type="checkbox"/>
<b>Food Storage</b>	<input type="checkbox"/> Quarry Tile <input type="checkbox"/> Poured Epoxy <input type="checkbox"/> Commercial Grade Vinyl Composition Tile (VCT) <input type="checkbox"/> Commercial Grade Sheet Linoleum with Chemically Welded Seams	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass Reinforced Polyester Panels (FRP) <input type="checkbox"/> Concrete Block <u>filled with Epoxy Paint or Glaze</u> <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Epoxy Sealed Dry-Wall	<input type="checkbox"/> Plastic Coated or Metal-Clad Fiberboard <input type="checkbox"/> Dry-wall sealed with an Epoxy Finish <input type="checkbox"/> Glazed surfaces <input type="checkbox"/> Plastic laminate	<input type="checkbox"/>

Area	Floor	Wall	Ceiling	Cove Base
<b>Bar</b> (Food Worker Side of Bar or Serving Area)	<input type="checkbox"/> Quarry Tile <input type="checkbox"/> Poured Seamless Plastic Polymer <input type="checkbox"/> VCT Quarry Tile <input type="checkbox"/> Poured Epoxy <input type="checkbox"/> Commercial Grade Vinyl Composition Tile (VCT) <input type="checkbox"/> Commercial Grade Sheet Linoleum with Chemically Welded Seams	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass Reinforced Polyester Panels (FRP) <input type="checkbox"/> Concrete Block <u>filled with</u> Epoxy Paint or Glaze <input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Plastic Coated or Metal-Clad Fiberboard <input type="checkbox"/> Dry-wall sealed with an Epoxy Finish <input type="checkbox"/> Glazed surfaces <input type="checkbox"/> Plastic laminate	<input type="checkbox"/>
<b>Restroom</b>	<input type="checkbox"/> Quarry Tile <input type="checkbox"/> Poured Epoxy <input type="checkbox"/> Commercial Grade Vinyl Composition Tile (VCT) <input type="checkbox"/> Commercial Grade Sheet Linoleum with Chemically Welded Seams	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass Reinforced Polyester Panels (FRP) <input type="checkbox"/> Concrete Block <u>filled with</u> Epoxy Paint or Glaze <input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Plastic Coated or Metal-Clad Fiberboard <input type="checkbox"/> Dry-wall sealed with an Epoxy Finish <input type="checkbox"/> Glazed surfaces <input type="checkbox"/> Plastic laminate	<input type="checkbox"/>
<b>Mop Service Areas</b>	<input type="checkbox"/> Quarry Tile <input type="checkbox"/> Poured Epoxy <input type="checkbox"/> Commercial Grade Vinyl Composition Tile (VCT) <input type="checkbox"/> Commercial Grade Sheet Linoleum with Chemically Welded Seams	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass Reinforced Polyester Panels (FRP) <input type="checkbox"/> Concrete Block <u>filled with</u> Epoxy Paint or Glaze <input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Plastic Coated or Metal-Clad Fiberboard <input type="checkbox"/> Dry-wall sealed with an Epoxy Finish <input type="checkbox"/> Glazed surfaces <input type="checkbox"/> Plastic laminate	<input type="checkbox"/>
<b>Walk-In Coolers and Freezers</b>	<input type="checkbox"/> Quarry Tile <input type="checkbox"/> Poured Epoxy <input type="checkbox"/> Insulated Metal Flooring provided by the Manufacturer of the Walk-In	<input type="checkbox"/> Fiberglass Reinforced Polyester Panels (FRP) <input type="checkbox"/> Aluminum <input type="checkbox"/> Insulated Metal Walls provided by the Manufacturer of the Walk-In	<input type="checkbox"/> Insulated ceiling panels provided by the Manufacturer of the Walk-In <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass Reinforced Polyester Panels (FRP)	<input type="checkbox"/>

## TANK WATER HEATER SIZING

Equipment Types	Number of Sinks	GPH Per Sink	Total GPH Per Sink Type
Three-Compartment Utensil Wash Sink <sup>1</sup>		79	
Four-Compartment Utensil Wash Sink <sup>1</sup>		105	
Three-Compartment Utensil Wash Sink (Single Service Only) <sup>1</sup>		63	
Four-Compartment Utensil Wash Sink (Single Service Only) <sup>1</sup>		84	
Three-Compartment Bar Sink <sup>1</sup>		15	
Four-Compartment Bar Sink <sup>1</sup>		20	
One-Compartment Food Preparation Sink		5	
Two-Compartment Food Preparation Sink		10	
Mop Sink		10	
Service Sink		10	
Pre-Flush/Rinse Basin For A Dish Machine		45	
Hand Washing Sink		5	
Clothes Washer		15	
Dish Machine <sup>2</sup> Manufacturer _____ Model _____			
Glass Washer <sup>2</sup> Manufacturer _____ Model _____			
Other:			
<b>TOTAL GPH DEMAND AT 100°F RISE</b>			

**Instructions:** To determine “Total GPH Per Sink Type”: multiply “Number of Sinks” by “GPH per Sink”. To determine “TOTAL GPH DEMAND”: add all the values under “Total GPH per Sink Type”.

1. Gallons per hour (GPH) based on most common sink size. GPH may be adjusted based on the sink size. Compartment wash sink must be sized so that the largest utensil is accommodated for proper dishwashing procedure.
2. GPH water usage from manufacturer’s specification sheet.

## TANK WATER HEATER SIZING (continued)

### Water Heater Information

Manufacturer	Model Number	Number	# of BTU or KW	Recovery Rate (GPH) at 100°F Rise	Efficiency Rating

If multiple tanks, how are they connected?  
 Series  
 Parallel  
 Not Applicable

Hot Water Heater Sizing Calculations If Recovery Rate is unknown

If proposing to use a gas hot water heater uses this:

Total Number of gallons from above \_\_\_\_\_

Multiple by 83.3 \_\_\_\_\_

Divide by 76 \_\_\_\_\_

Number of BTU's in 1000's needed

If proposing to use an electric hot water heater uses this:

Total Number of gallons from above \_\_\_\_\_

Multiple by 833 \_\_\_\_\_

Divide by 3413 \_\_\_\_\_

Number of KW's needed

### Booster Heater Information

Manufacturer	Model Number	# of BTU or KW

**--END TANK WATER HEATER SIZING--**

## TANKLESS WATER HEATER SIZING (IF APPLICABLE)

Tankless water heaters are sized with one of the three following methods (options B and C are on bottom of page 13):

- A. 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 these Faucets	GPM Per Sink	Total GPM Per Sink Type
Three-Compartment Utensil Wash Sink <sup>1</sup>			
Four-Compartment Utensil Wash Sink <sup>1</sup>			
Three-Compartment Utensil Wash Sink (Single Service Only) <sup>1</sup>			
Four-Compartment Utensil Wash Sink (Single Service Only) <sup>1</sup>			
One-Compartment Food Preparation Sink			
Two-Compartment Food Preparation Sink			
Three-Compartment Bar Sink <sup>1</sup>			
Four-Compartment Bar Sink <sup>1</sup>			
Mop Sink			
Service Sink			
Pre-Flush/Rinse Basin For A Dish Machine			
Hand Washing Sink			
Clothes Washer			
Dish machine <sup>2</sup> Manufacturer _____ Model _____ GPM of the final rinse			
Glass washer <sup>2</sup> Manufacturer _____ Model _____ GPM of the final rinse			
Other:			
<b>TOTAL GPM DEMAND AT 100°F RISE</b>			

**Instructions:** To determine “Total GPM per Sink Type”: multiply “Number of Sinks” by “GPM per Sink”. To determine “TOTAL GPM DEMAND”: add all the values under “Total GPM per fixture”.

- GPM based on the flow rate of the faucet. Compartment wash sink must be sized so that the largest utensil is accommodated for proper dishwashing procedure.
- Gallons per minute (GPM) water usage from manufacturer’s specification sheet. Must include a specification sheet for a storage tank.

### Water Heater Information

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

## TANKLESS WATER HEATER SIZING (continued)

### Storage Tank Information

Manufacturer	Model Number	Size

**NOTE:** The storage tank must be at least 25 gallons or at least 25% of the gallons per minute (GPM) demand of the warewashing machine(s). The larger value of the two is the required storage size.

**NOTE:** The storage tank must be installed in the hot water supply line located between the heater unit(s) and the hot water distribution line. A recirculation line and aquatat (water thermostat) must be installed at the storage tank to assure the water in the tank remains at the appropriate temperature (120°F to 140°F). The recirculation line must be connected between the storage tank and the cold water supply line at the heater unit(s).

### Booster Heater Information

Manufacturer	Model Number	# of BTU or KW

- B. The applicant provides a letter from a licensed plumber, engineer, or architect listing GPM for ALL faucets. FOR EXISTING FACILITIES ONLY.

**--END TANKLESS WATER HEATER SIZING--**

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## ENVIRONMENTAL HEALTH OFFICES

### GWINNETT

455 Grayson Highway, Suite 600  
Lawrenceville, GA 30046  
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📠 866.551.0133

## **\*\*ATTENTION\*\***

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

## **FOLLOW-UP, INFORMAL, AND REQUIRED ADDITIONAL ROUTINE INSPECTIONS**

A yearly permit and inspection fee is collected and provides for the routine inspection(s) as required by applicable codes. If an establishment requires a re-inspection, an informal re-inspection, or a required additional routine inspection, additional fees will be charged for these inspections (check <https://www.gnrhealth.com/restaurant-regulations-and-forms/> for more information). **It is the responsibility of the food service permit holder to pay these fees.** Below is a breakdown of these inspections:

### **Follow-up Inspection (Re-inspection):**

- A follow-up inspection will be conducted when an establishment earns a “C” or “U” on a routine inspection.
- A follow-up inspection will be conducted when an establishment does not earn a “B” grade or higher from a previous follow-up inspection.
- A new score will be posted on the inspection report.

### **Informal Follow-up Inspection (Partial Reinspection):**

- An informal follow-up inspection will be conducted when an establishment has earned an “A” or “B” on a routine inspection and violations were not corrected on-site.
- This inspection is to confirm the correction of uncorrected violations cited on the previous inspection report. An inspection report addendum will be completed and added to the file.
- The establishment will keep the score earned on the previous routine inspection (a new score will not be issued).

### **Required Additional Routine Inspections:**

- Establishments that earn a “C” or “U” grade on a routine inspection will have at least one additional routine inspection added and may have more inspections at the discretion of the Health Authority.
- A new score will be posted on the inspection report.

If a food service permit is suspended\* and a compliance conference is required, payment must be made at the compliance conference and/or prior to reopening. Otherwise, an invoice will be sent to the food service establishment.

\*“Suspended” means the temporary invalidation of the food service permit, resulting in the closure of the facility until further notice. Permit suspensions are temporary and will be resolved after the reason for the suspension is addressed (e.g., after on-site training, a compliance conference, or payment of delinquent fees). However, if the food service permit is suspended four (4) times within a rolling twelve (12) month period, the permit may be revoked (i.e., the permanent closure of the facility).

## PLAN REVIEW PROCESS

1. A plan reviewer will be assigned to your application. Your application will receive a complete plan review.
2. Please allow up to 10 business days for your plan review to be completed. You will be notified if your plan review is completed sooner. 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 phone and/or email as indicated on page 3 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 finalize the process.
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 “preliminary” inspection. 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. Additional fees will be charged if more than two (2) visits from the plan reviewer (one preliminary and one opening inspection) are required for a facility to be permitted.

NOTE: In Gwinnett County, 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

**This is not a comprehensive list.**  
**Your inspector may inform you of additional requirements at the time of inspection.**

- 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-approved (or equivalent) 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 (6) inches off the floor.
- Food service equipment must be NSF-approved and on six (6) inch casters or sliders unless it can be easily moved by one person.
- 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, quaternary ammonium—aka “quat”—or other sanitizers approved for food contact surfaces) 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). If you have a high-temperature sanitizing dish machine, you must have an irreversible method of checking the sanitizing temperature (i.e., maximum registering thermometer or heat-sensitive test strips).
- Have a thin-tipped probe thermometer on-site that 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 have at least six (6) inches legs 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
  - Ice storage bins
  - Dipper wells
  - Dishwashing machine
- Replace any missing floor/ceiling tiles and cove base.

- Thoroughly clean all floors, walls, and ceilings (see “Finish Schedule” on page 8 of this document for approved materials).
- Ensure walls are clean and in good repair.
- Ensure all tile grout is in good repair (i.e., no missing sections, smooth, flushed, no spacing between tiles).
- Is the warewashing sink (3 or 4 compartment sink) large enough to submerge the largest food contact utensil? Is the largest utensil able to fit in the compartments of the warewashing sink? If not, must have procedures to manually wash/rinse/sanitize. Drainboards are required.
- Provide designated sink for washing raw fruits and vegetables.
- Provide NSF-approved scoops with handles for all dry products and ice.
- Provide paper towels and soap at all hand sinks, including the restrooms.
- Ensure the hot water at all of the hand sinks reaches at least 85°F. All other sinks must have hot water of at least 110°F.
- Provide a covered waste receptacle for the female restrooms. If only one unisex restroom is provided, a covered waste receptacle is required.
- Drive-thru windows must be self-closing or have a functioning air curtain.
- Ensure all gaps around pipes passing through walls, floors, and ceilings are sealed properly.
- All entrances/exits must have adequate tight-fitting and self-closing doors.
- All restrooms must have adequate tight fitting and self-closing doors.
- Make sure that lights (including heat lamps made of glass) are shielded or shatterproof.
- Provide an adequate area for chemical storage.
- Eliminate all exposed wood in the food preparation and storage areas.
- 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, tight-fitting lids/doors, and located on concrete/asphalt.
- Ensure refrigeration units:**
  - Are commercial grade and ANSI-approved.
  - 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 all equipment is ANSI-approved (sinks, utensils, counter top equipment, warmers, freezers, etc.)

- 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. *For guidance, please see Section E of the DPH Design, Installation, and Construction Manual (located <https://dph.georgia.gov/environmental-health/food-service> under "Food Manuals").*
- 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 the following posters (available at <https://www.gnrhealth.com/restaurant-regulations-and-forms/>)
  - A choking poster that is displayed in a prominent place in the dining room.
  - Appropriate signage for the smoking designation of the facility (Smoking Allowed or No Smoking/Vaping).
  - Signage provided at all handwashing sinks reminding food employees to wash their hands.
- Key Drop Delivery.** Must have a written agreement between your establishment and food delivery company if food is delivered after-hours (when no employee is present to receive it). The agreement should require that food temperatures be taken and recorded by the delivery company. The agreement must be kept on-site.
- Vomit/Diarrhea Clean-up Procedures.** Must have written procedures for cleaning up a vomit or diarrheal incident and all supplies needed. Disinfectant must be approved against Norovirus under EPA List G.

- Employee Health.** Have an appropriate *Employee Health Policy* on-site and be prepared to answer questions regarding this policy with your inspector. In addition, 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. Both the *Employee Health Policy* and *Employee Health Reporting Agreement* form (both available in multiple languages) can be found at the following website <https://www.gnrhealth.com/restaurant-regulations-and-forms/>
- Allergy Awareness Training.** All employees shall have training as it relates to their assigned duties. Be aware of the nine major food allergens, food allergy symptoms, and how to prevent allergen cross-contact. A documented training plan and records are highly recommended.
- Allergen Disclosure.** An effective written disclosure must be provided for any major food allergen used in unpackaged foods. The wording and placement of the disclosure are not specific. May be physical or electronic (visit <https://www.gnrhealth.com/restaurant-regulations-and-forms/> for more information). Consider drive-thru menu boards and separate ordering kiosks.
- Emergency Operations Plan.** This is a written, detailed operations plan outlining how a food the facility may continue operations in the event an imminent health hazard exists because of an emergency such as an interruption of electrical or water service for two or more hours that may endanger public health.
  - The operation plan should demonstrate and outline procedures and actions of how the facility will ensure food can continue to be prepared and served safely without comprising the public's health.
  - The plan should demonstrate how the facility can provide potable water, temperature control, cleaning and sanitizing, and general sanitization when resources may not be available during the event.
  - This plan MUST be approved by the Health Department before use (visit <https://www.gnrhealth.com/restaurant-regulations-and-forms/> for more information).
- 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. This person must have either managerial or supervisory responsibility to better direct the staff and make decisions for the restaurant. The ORIGINAL certificate must be posted within public view. Certificates 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 (visit <https://www.gnrhealth.com/servsafe-food-safety-certification/> for more information).

Additional accredited programs and classes taught in other languages may be found at <https://dph.georgia.gov/environmental-health/food-service> (under "Additional Resources" then click "Accredited Certified Food Safety Manager Courses").