GNR PUBLIC HEALTH

ENVIRONMENTAL HEALTH OFFICES

GWINNETT	NEWTON	ROCKDALE
455 Grayson Highway, Suite 600	1113 Usher Street, Suite 303	1329 Portman Drive, Suite F
Lawrenceville, GA 30046	Covington, GA 30014	Conyers, GA 30094
770.963.5132	770.784.2121	770.278.7340
866.265.4293	866.493.8452	866.551.0133

MOBILE UNIT FOOD SERVICE PERMIT APPLICATION

Use this application ONLY if your Mobile Base of Operation is PERMITTED in Gwinnett, Newton, or Rockdale counties. If adding an additional mobile unit to an existing mobile base of operation, a Remodel Application may be required for the base of operations.

Application Date ______________________

Smoking Designation ❑ 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 1 ( ) ______________ Phone 2 ( ) ______________ Fax ( ) ______________

Base Owner Name ______________________ Base Owner Email ______________________

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 ____

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

Facility Name ______________________ Attention ______________________

Address ____

City ______________________ State ______________________ Zip ______________

Phone ( ) ______________ E-mail ____

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. 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.

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

Office Use Only: PR1 PR2 PR3 PR4 PR5 Inspector Area _________ Property Tax ID ______________

NEW PPF 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 ________

MOBILE UNIT FOOD SERVICE PLAN REVIEW REQUIREMENTS

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

❑ **Completed Application Packet**

- ❑ Pages 1-12 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 _______________________________

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

   ❑ 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): ____

- ❑ **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://www.gnrhealth.com/restaurant-regulations-and-forms/)
- ❑ **Property Use Agreement Form** (https://www.gnrhealth.com/restaurant-regulations-and-forms/)
- ❑ **Toilet Use Agreement Form** (https://www.gnrhealth.com/restaurant-regulations-and-forms/)
- ❑ **Remodel Application** (if adding an additional mobile unit to an existing mobile base of operations)

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.

____

____

____

____

- 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 60°F rise.

OR

❑ **Tankless Model.** Provide one 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. If on TANKLESS, the specification sheet MUST document gallons per minute (GPM).

- ❑ **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)
- ❑ **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 Plan** (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
Cooking (Areas exposed to high heat)	❑ Quarry Tile ❑ Poured Epoxy ❑ Commercial Grade Vinyl Composition Tile (VCT) ❑ Commercial Grade Sheet Linoleum with Chemically Welded Seams	❑ Stainless Steel ❑ Aluminum ❑ Ceramic Tile	❑ Stainless Steel ❑ Smooth, Non-Acoustical Plastic Coated or Metal-Clad Fiberboard ❑ Dry-wall Sealed with an Epoxy Finish ❑ Plastic Laminate ❑ Glazed Surfaces	❑
Food Preparation (No or low heat exposure)	❑ Quarry Tile ❑ Poured Epoxy ❑ Commercial Grade Vinyl Composition Tile (VCT) ❑ Commercial Grade Sheet Linoleum with Chemically Welded Seams	❑ Stainless Steel ❑ Fiberglass Reinforced Polyester Panels (FRP) ❑ Concrete Block filled with Epoxy Paint or Glaze ❑ Ceramic Tile	❑ Smooth, Plastic Coated or Metal-Clad Fiberboard ❑ Dry-wall sealed with an Epoxy Finish ❑ Glazed surfaces ❑ Plastic laminate	❑
Warewashing	❑ Quarry Tile ❑ Poured Epoxy ❑ Commercial Grade Vinyl Composition Tile (VCT) ❑ Commercial Grade Sheet Linoleum with Chemically Welded Seams	❑ Stainless Steel ❑ Fiberglass Reinforced Polyester Panels (FRP) ❑ Concrete Block filled with Epoxy Paint or Glaze ❑ Ceramic Tile	❑ Smooth, Plastic Coated or Metal-Clad Fiberboard ❑ Dry-wall sealed with an Epoxy Finish ❑ Glazed surfaces ❑ Plastic laminate	❑
Food Storage	❑ Quarry Tile ❑ Poured Epoxy ❑ Commercial Grade Vinyl Composition Tile (VCT) ❑ Commercial Grade Sheet Linoleum with Chemically Welded Seams	❑ Stainless Steel ❑ Fiberglass Reinforced Polyester Panels (FRP) ❑ Concrete Block filled with Epoxy Paint or Glaze ❑ Ceramic Tile ❑ Epoxy Sealed Dry-Wall	❑ Plastic Coated or Metal-Clad Fiberboard ❑ Dry-wall sealed with an Epoxy Finish ❑ Glazed surfaces ❑ Plastic laminate	❑

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
Warewashing Sink	______ L x ______ W x ______ D		
Prep Sink	______ L x ______ W x ______ D		
Service Sink	______ L x ______ W x ______ D		
Handwashing Sink [1]	______ L x ______ W x ______ D		
Other: ______________________________	______ L x ______ W x ______ D		
Other: ______________________________	______ L x ______ W x ______ D		
TOTAL GALLONS OF POTABLE WATER NEEDED			

1. Two (2) gallons/person for handwashing for service during shift.
*Conversion factor (.003255 in3/gallon) = overall 75% reduction of hot water usage allowance for equipment and utensils submerged within compartments.

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 Water Storage Tank Size Installed	
Waste Water Storage 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 or ❑ 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 or ❑ No
b. Is the drain equipped with a shut-off valve? ❑ Yes or ❑ No

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

POWER SUPPLY

Power Supply (select all that apply):

❑ Generator:

Make: ______________________________ Model: ______________________________

Fuel type: ___________________________ Watts: _______________________________

❑ Electrical power cord only (will plug into existing outlet at vending location)

❑ Propane

❑ Battery

Equipment Using Generator	Watts
Lights	
Electric Steam Table	
Cooler	
Cooler	
Freezer	
Water Pump	
Water Heater	
Hood Vent	
Other Equipment: ______________________________	
Other Equipment: ______________________________	
TOTAL WATTS NEEDED	

STORAGE TANK WATER HEATER SIZING (IF APPLICABLE)

Faucet/Inlet Types	Gallons Needed To Fill One Time	Rise	Total KW Needed*
Three-Compartment Utensil Wash Sink		**60°F**	
Four-Compartment Utensil Wash Sink		**60°F**	
One-Compartment Food Preparation Sink		**60°F**	
Two-Compartment Food Preparation Sink		**60°F**	
Mop Sink		**60°F**	
Service Sink		**60°F**	
Hand Washing Sink		**35°F**	
Other:			
		TOTAL KW NEEDED	

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

Water Heater Information

Manufacturer	Model Number	Number	BTU or KW	Recovery Rate (GPH) at 60°F Rise

--END STORAGE TANK WATER HEATER SIZING--

TANKLESS WATER HEATER SIZING (IF APPLICABLE)

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

A. The applicant submits a manufacturer's specification sheet showing the flow rate in gallons per minute (GPM) at 50°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 Fixtures	GPM Per sink	Total GPM Per Sink Type
Three-Compartment Utensil Wash Sink			
Four-Compartment Utensil Wash Sink			
Food Preparation Sink 1-Compartment			
Four-Compartment Bar Sink			
Food Preparation Sink 2-Compartment			
Mop Sink			
Service Sink			
Hand Washing Sink			
Other:			
TOTAL GPM DEMAND AT 50°F RISE			

Water Heater Information

Manufacturer	Model Number	Number	BTU or KW	Recovery Rate (GPM) at 50°F Rise

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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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 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. <u>Additional fees will be charged</u> if more than two (2) visits from the plan reviewer (one preliminary and one opening inspection) are required for a facility to be permitted.

   <u>NOTE:</u> In <u>Gwinnett County</u>, 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. <u>A documented training plan and records are highly recommended.</u>
- ❑ **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).