



TENNESSEE DEPARTMENT OF AGRICULTURE  
REGULATORY SERVICES ATTN: FOOD & DAIRY  
BOX 40627 MELROSE STATION  
NASHVILLE, TN 37204  
PHONE# 615-837-5153 FAX# 615-837-5005

## MANUFACTURING / WAREHOUSE WITHIN...PLAN REVIEW QUESTIONNAIRE

Food establishment Plan Review to be completed by the owner / operator and submitted to the Regulatory authority.  
Please refer to the Tennessee Statutes Title 53, Food, Drug and Cosmetic Act, 21 CFR Part 110 Good Manufacturing Practices,  
and the Basic Requirements for more information.

**PLEASE CHECK ALL THAT APPLY: \*\*\* DO NOT SEND MONEY \*\*\***

MANUFACTURING \_\_\_\_\_ WAREHOUSE \_\_\_\_\_ CUSTOM SLAUGHTER \_\_\_\_\_ DEER PROCESSING \_\_\_\_\_

SEAFOOD \_\_\_\_\_ NEW \_\_\_\_\_ REMODEL \_\_\_\_\_ CONVERSION \_\_\_\_\_

**CHECK ONE:** WELL WATER \_\_\_\_\_ CITY WATER \_\_\_\_\_ SPRING \_\_\_\_\_

**Submit Well water approval** from local Health Department or **Spring approval** from Environment & Conservation.

**CHECK ONE:** CITY SEWAGE \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ ( **Submit documentation/ letter / certification, or approval** ).

NAME OF ESTABLISHMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE IF AVAILABLE \_\_\_\_\_ COUNTY \_\_\_\_\_

HOURS OF OPERATION \_\_\_\_\_ DATE OF OPENING \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**BUSINESS LICENSE: YES \_\_\_\_\_ SUBMIT DOCUMENTATION CONTRACT OR LEASE / AGREEMENT: YES \_\_\_\_\_ SUBMIT COPY**

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS:

\_\_\_\_\_ **PLAN DRAWN TO SCALE** OF FOOD ESTABLISHMENT SHOWING LOCATION OF EQUIPMENT, PLUMBING, ELECTRICAL SERVICES,  
AND MECHANICAL VENTILATION

\_\_\_\_\_ **SUBMIT LABELING FOR PRODUCTS PRODUCED AND PACKAGED**

HAVE YOU APPLIED FOR NUTRITIONAL LABELING EXEMPTION? YES \_\_\_ NO \_\_\_ SUBMIT COPY OF DOCUMENTATION

**WHAT PRODUCTS ARE TO BE HANDLED, PREPARED OR PROCESSED**

\_\_\_\_\_ JAMS, JELLIES, SORGHUMS, HONEYS

\_\_\_\_\_ BEVERAGES, WATERS

\_\_\_\_\_ COLD PROCESSED FOODS (EX: NON – MEAT SALADS, SANDWICHES, and VEGETABLES)

\_\_\_\_\_ CANDY

\_\_\_\_\_ BAKERY GOODS (EX: PIES, CUSTARDS, CREAM FILLINGS & TOPPING)

\_\_\_\_\_ SAUCES

\_\_\_\_\_ OTHER (PLEASE LIST): \_\_\_\_\_

\_\_\_\_\_ SCHEDULED PROCESS ON FILE WITH FDA for LACF or ACIDIFIED FOODS - **SUBMIT DOCUMENTATION**

DESCRIBE THE PROCESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WILL FOOD EMPLOYEES BE TRAINED IN GOOD FOOD SANITATION PRACTICES? YES \_\_\_\_\_ NO \_\_\_\_\_

WILL DISPOSABLE GLOVES AND/OR UTENSILS AND / OR FOOD GRADE PAPER BE USED TO PREVENT HANDLING OF READY-TO-EAT  
FOODS? YES \_\_\_\_\_ NO \_\_\_\_\_

IS THERE A WRITTEN POLICY TO EXCLUDE OR RESTRICT FOOD WORKERS WHO ARE SICK OR HAVE INFECTED CUTS AND LESIONS, BOILS  
OR OPEN SORES?

YES \_\_\_ NO \_\_\_ PLEASE DESCRIBE BRIEFLY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS A HACCP PLAN PROVIDED FOR SPECIALIZED PROCESSING METHODS SUCH AS VACUUM PACKAGED FOOD ITEMS PREPARED ON-SITE  
OR OTHERWISE REQUIRED BY THE REGULATORY AUTHORITY? YES \_\_\_ NO \_\_\_ NA \_\_\_ **IF YES, SUBMIT DOCUMENTATION**

HOW WILL THE TEMPERATURE OF FOODS BE MAINTAINED WHILE BEING TRANSFERRED FROM PROCESSING TO DISTRIBUTION ?

**EXPLAIN** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT:** I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND I FULLY UNDERSTAND THAT ANY DEVIATION FROM  
THE ABOVE WITHOUT PRIOR PERMISSION FROM THIS STATE REGULATORY AGENCY MAY NULLIFY FINAL APPROVAL.

SIGNATURE(S): \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

\*\*\*\*\*

**APPROVAL OF THESE PLANS AND SPECIFICATIONS BY THIS REGULATORY AUTHORITY DOES NOT INDICATE COMPLIANCE WITH ANY  
OTHER CODE, LAW, OR REGULATION THAT MAY BE REQUIRED – FEDERAL , STATE, OR LOCAL. IT FURTHER DOES NOT CONSTITUTE  
ENDORSEMENT OR ACCEPTANCE OF THE COMPLETED ESTABLISHMENT (STRUCTURE OR EQUIPMENT). THE REGULATORY AUTHORITY  
SHALL CONDUCT ONE OR MORE INSPECTIONS TO VERIFY THAT THE FOOD ESTABLISHMENT IS CONSTRUCTED AND EQUIPPED IN  
ACCORDANCE WITH THE APPROVED PLANS OR MODIFICATIONS AS REQUIRED OF PLANS AS NECESSARY TO ACHIEVE COMPLIANCE  
WITH THE APPROPRIATE REGULATION. PERMIT APPROVAL WILL BE CONTINGENT UPON ACTUAL FACILITY INSPECTION.**