



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

FOOD ESTABLISHMENT MANUFACTURER / WAREHOUSE PLAN REVIEW QUESTIONNAIRE

Food establishment Plan Review Questionnaire 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.

WATER SOURCE / SITE EVALUATION APPROVAL _____

CHECK ONE: CITY SEWAGE _____ SEPTIC TANK _____ (**SUBMIT LETTER, CERTIFICATION or APPROVAL FROM HEALTH or ENVIRONMENT**)

BUILDING SIZE _____

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 _____

HAVE YOU SUBMITTED PLANS TO THE FOLLOWING? PLEASE GIVE DATES AND SUBMIT DOCUMENTATION OF APPROVALS.

FIRE CODES _____ PLUMBING _____

ZONING PLANNING _____ ELECTRIC _____

BUILDING CODES _____ OTHER _____

CERTIFICATE OF OCCUPANCY RECEIVED: YES _____ NO _____ DATE SCHEDULED _____

BUSINESS LICENSE: YES _____ NO _____ **SUBMIT DOCUMENTATION** LEASE / PURCHASE AGREEMENT / SUBMIT COPY _____

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS:

_____ PRODUCTS (INCLUDING SEASONAL): PLEASE LIST

_____ MANUFACTURER SPECIFICATION SHEETS FOR EACH PIECE OF EQUIPMENT SHOWN ON THE PLAN

_____ SITE PLAN SHOWING LOCATION OF BUSINESS IN BUILDING; LOCATION OF BUILDING ON SITE INCLUDING ALLEYS, STREETS;
AND LOCATION OF ANY OUTSIDE EQUIPMENT (DUMPSTERS, WELL, SEPTIC SYSTEM – IF APPLICABLE)

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

_____ LABELING FOR PRODUCTS PRODUCED/PACKAGED NUTRITIONAL LABELING EXEMPTION? YES ___ NO ___ SUBMIT DOCUMENTATION

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

_____ **HACCP PLAN ATTACHED** HAS HACCP PLAN BEEN APPROVED YES _____ NO _____

HONEY PROCESSORS: YES ___ NO ___ HOW MANY GALLONS PER YEAR _____

ARE HONEY BEE HIVES REGISTERED WITH THE STATE AS REQUIRED ? YES___ NO___

LIST REGISTRATION NUMBER: _____

COPY OF REGISTRATION SUBMITTED: YES___ NO___

DESCRIBE COMPLETE PROCESS : How ingredients are prepared ; Processing/ cooking / [packaging ,labeling steps; How you will measure the quality and safety of the product. Give examples of ph levels, cooking temperatures, and verification of containers nad closures. Recommend attaching a file to the application which explains :How ingredients tracked; ingredient specifications from the supplier; MSDS for containers and closures:

ATTACH ADDITIONAL SHEET IF NEEDED.

PLEASE INDICATE WHICH MATERIALS (QUARRY TILE, STAINLESS STEEL, COVERED MOLDING, ETC.) WILL BE USED IN THE FOLLOWING AREAS.

Table with 5 columns: Area, FLOOR, COVING / BASEBOARD, WALLS, CEILING. Rows include: KITCHEN / DELI / PROCESSING, SALES / DISPLAY AREA, GARBAGE AND REFUSE STORAGE, MOP SERVICE BASIN AREA, WAREWASHING AREA, WALK IN FREEZERS AND REFRIGERATORS, RESTROOM AREAS.

INSECT AND RODENT CONTROL

NAME OF PEST CONTROL SERVICE _____

ADDRESS _____

IS THERE ANY AREA TO STORE RETURNABLE DAMAGED GOODS (MORGUE)? YES _____ NO _____ N/A _____

PLEASE ATTACH COPY OF WRITTEN APPROVAL AND / OR PERMIT

IS ICE MADE ON PREMISES? YES _____ NO _____ PURCHASED COMMERCIALY? YES _____ NO _____

IF MADE ON PREMISE, ARE SPECIFICATIONS FOR THE ICE MACHINE PROVIDED? YES _____ NO _____

HANDSINK PROVIDED IN ICE MAKER AREA? YES _____ NO _____ N/A _____

ARE GREASE TRAPS PROVIDED? YES _____ NO _____ IF SO, WHERE _____

PROVIDE SCHEDULE FOR CLEANING AND MAINTENANCE _____

IS THERE A WATER TREATMENT DEVICE? YES _____ NO _____ N/A _____

IF YES, HOW WILL THE WATER TREATMENT DEVICE BE INSPECTED & SERVICED? _____

DRESSING ROOMS PROVIDED? YES _____ NO _____ N/A _____

DESCRIBE STORAGE FACILITIES FOR EMPLOYEES PERSONAL BELONGINGS (I.E., PURSE, COATS, BOOTS, UMBRELLAS, ETC.)

GENERAL

ARE INSECTICIDES / RODENTICIDES STORED SEPARATELY FROM CLEANING AND SANITIZING AGENTS? YES _____ NO _____

ARE ALL TOXICS FOR USE ON THE PREMISE OR FOR RETAIL SALE (THIS INCLUDES PERSONAL MEDICATIONS), STORED AWAY FROM FOOD PREPARATION AND STORAGE AREAS? YES _____ NO _____

ARE ALL CONTAINERS OF TOXICS INCLUDING SANITIZING SPRAY BOTTLES CLEARLY LABELED? YES _____ NO _____

WILL LINENS BE LAUNDERED ON SITE? YES _____ NO _____ N/A _____

IF YES, IS THE WASHER AND DRYER LOCATED IN A SEPARATE AREA? YES _____ NO _____ N/A _____

ARE CONTAINERS CONSTRUCTED OF SAFE MATERIALS TO STORE BULK FOOD PRODUCTS? YES _____ NO _____

ARE EXHAUST HOODS INSTALLED? YES _____ NO _____ WHERE? _____

HAS THIS SYSTEM BEEN APPROVED BY A LOCAL CODES DEPARTMENT? YES _____ NO _____ N/A _____
PLEASE ATTACH COPY OF WRITTEN APPROVAL AND / OR PERMIT.

MOP SINKS

IS A MOP SINK PRESENT? YES _____ NO _____

IF NO, PLEASE DESCRIBE FACILITY FOR CLEANING MOPS AND OTHER EQUIPMENT: _____

DRY GOODS STORAGE

HOW WILL DRY GOODS BE STORED OFF THE FLOOR? _____

HANDWASHING / TOILET FACILITIES

PLEASE CHECK APPROPRIATE BOXES	YES	NO
IS THERE A HANDWASHING SINK IN EACH FOOD PREPARATION AND WAREWASHING AREA?		
DO ALL HANDWASHING SINKS, INCLUDING THOSE IN THE RESTROOMS, HAVE A MIXING VALVE OR COMBINATION FAUCET?		
DO SELF-CLOSING METERING FAUCETS PROVIDE A FLOW OF HOT OR COLD WATER FOR AT LEAST 15 SECONDS WITHOUT THE NEED TO REACTIVATE THE FAUCET?		
IS HAND CLEANSER AVAILABLE AT ALL HANDWASHING SINKS?		
ARE HAND DRYING FACILITIES (PAPER TOWELS, AIR BLOWERS, ETC.) AVAILABLE AT ALL HANDWASHING SINKS?		
ARE COVERED WASTE RECEPTACLES AVAILABLE IN EACH RESTROOM?		
ARE ALL TOILET ROOM DOORS SELF-CLOSING?		
ARE ALL TOILET ROOMS EQUIPPED WITH ADEQUATE VENTILATION?		

WHAT PRODUCTS ARE TO BE PREPARED OR MANUFACTURED? _____

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 _____

