



**BOROUGH OF CHAMBERSBURG
LAND USE AND COMMUNITY
DEVELOPMENT DEPARTMENT
FOOD HEALTH LICENSE
APPLICATION PACKET**

**NEW FACILITIES
AND RESTAURANTS,
CHANGE OF OWNERSHIP
Includes Change in Menu
and/or Food Service Style,
AND RENEWAL OF LICENSES**

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Welcome, Instructions, Guidelines, and Checklists	Attachment



RETAIL FOOD FACILITY LICENSE APPLICATION

- This is a: _____ New Food Facility License Application
 _____ Renewal of Existing License Application
 _____ Change of Ownership of the Facility Application
 _____ Change in Menu and/or Food Service Style Application

Name of the Facility (Common public name familiar to the consumer):

Legal Business Ownership Name (if different than above):

Address of the Facility (Street Address, City/Town, State, and Zip)

Mailing Address (if different than above) (Street Address, City/Town, State, and Zip):

Name: Owner/Manager Person in Charge (Please state which position you hold):

Phone Number: _____ Cell Phone Number: _____

Facility/Owner E-mail Address: _____

If Renewing a License, has there been any changes to the Facility within the last 3 months?
(please circle) YES NO

If there were NO changes, please sign below and return application. Do not fill out any other pages. If you answered YES to any changes in the last 3 months, please continue to the next page.

IN ORDER FOR THE LICENSE TO BE VALID, A CURRENT SERV SAFE CERTIFICATE MUST TO BE ATTACHED TO THIS APPLICATION, UNLESS YOUR FACILITY IS EXEMPT. IF YOU SERVE ALCOHOL, YOU MUST ALSO ATTACH YOUR CURRENT LCB LICENSE AND RAMP CERTIFICATION

Signature Date

Official Use:
Payment information - Amount Paid: _____ Type of Payment: _____ Date: _____

**CONTINUE IF APPLYING FOR A NEW RETAIL FOOD FACILITY LICENSE,
A CHANGE OF OWNERSHIP and/or,
A CHANGE IN MENU AND/OR FOOD SERVICE STYLE**

Proprietor/Owner Type: Sole Proprietor
 Corporation
 Non-Profit or Association
 Partnership
 Limited Liability Co. (LLC) or Partnership (LLP)

Legal Business Name (if different than facility name):

Legal Owner Mailing Address (if different than facility address or mailing address) (Street Address, City/Town, State, and Zip):

Days & Times of Operation (please list days of the week and times for each day):

Type of Service (check all that apply)

<input type="checkbox"/> Dine-in Food Service	<input type="checkbox"/> Retail Grocery Store	<input type="checkbox"/> School
<input type="checkbox"/> Take-Out Food Service	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Bar/Club
<input type="checkbox"/> Organized Camp	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Catering
<input type="checkbox"/> Salvage Food	<input type="checkbox"/> Frozen Dessert	
<input type="checkbox"/> Church/Fire Hall	<input type="checkbox"/> Seasonal Operation	<input type="checkbox"/> Other (please list below):

Type of Menu (check all that apply)

<input type="checkbox"/> Full-Service Menu (numerous items)	<input type="checkbox"/> Limited Menu (a few items)
<input type="checkbox"/> Full-Service Grocery with departments:	<input type="checkbox"/> Bakery
<input type="checkbox"/> Deli <input type="checkbox"/> Produce	<input type="checkbox"/> Meat
<input type="checkbox"/> Seafood <input type="checkbox"/> Dairy	<input type="checkbox"/> Other (please list below):

Specialized Processes (such as Sous Vide, Cook-Chill, Vacuum Packing, ROP, Curing/Smoking for preservation, Sprouting, Fermentation, Acidification, Canning)
* Specialized process, must have a Hazard Analysis and Critical Control Points (HACCP) Plan submitted and approved prior to processing those foods.

Do you plan on serving any animal food undercooked, raw, or cooked to order?

No
 Yes List: _____
Is a consumer advisory on your menu? Yes No

Anticipated Projected Capacity

Number of inside seats _____ Mark "0" if no seating provided
Number of outside seats _____
Patrons served daily (projected) _____

Employee Information

Anticipated number of employees/volunteers, including owner _____
Do you have a Certified Food Manager on Staff? Yes No
Are you exempt (non-profit) from having a Serv Safe Certification? Yes No
Do you have an employee health policy? Yes No
Do you have a written employee policy for cleanup of vomiting or diarrheal events in the facility? Yes No
Do you have a vomit and diarrheal cleanup kit available in your facility? Yes No

Water, Sewer Waste Information

If you plan to use a different Water, Sewer or Sanitation provider other than the Borough of Chambersburg, please explain the exact source of each:

Sales Tax

A license to collect sales tax has been obtained or applied for. A copy of the sales Tax license or proof of application is required with this application.

Per the PA Department of Revenue rules and regulations, I have determined that my business is exempt from collection of sales tax.

Anticipated date of ownership settlement for the facility: _____

A Change of Ownership is for actively operating facilities (operational in the last 3 months) who are changing ownership but maintaining essentially the same food service operation. Change of ownerships are required to submit an application prior to the sale and preparation of foods. Retail food licenses are NOT transferable between owners. If the application has been submitted in a timely manner, the facility may continue operation until the licensing inspection. If the inspector has not contacted you at least 10 days prior to the change of ownership date, the applicant should contact the Food Inspection Technician.

The applicant understands and agrees that this document is an application for licensure of a retail food facility. The applicant understands and agrees that only a "proprietor" of a retail food facility may obtain a retail food facility license; and that a "proprietor" may be a person, partnership association or corporation operating a retail food facility within the Commonwealth of Pennsylvania. The applicant verifies by signature below, that they are the "proprietor" of the retail food facility that is the subject of this application. The applicant verifies that all statements and information in this application is true and correct to the best of the applicant's knowledge, information and belief; and makes these statements subject to the penalties of 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities.

_____ Individual Person/Sole Proprietor
 Signature _____
 Legibly Print Name _____
 Date _____ Date of Birth _____

_____ Partnership (attached additional partner information if appropriate):
 Signature – General Partner _____
 Legibly Print Name _____
 Date _____ Date of Birth _____

_____ Corporation / Association / Non-Profit Entity
 Name of Corporation or Non-Profit Entity _____
 Name of Current CEO/President/or Similar _____
 Official Title _____ Date of Birth _____
 Signature of Corporate/Association/Non-Profit _____
 Official Title of Signatory _____ Date _____
 Legibly Print Name _____

_____ Limited Liability Company (LLC) or Limited Liability Partnership (LLP)
 Name of LLC or LLP _____
 Name of Senior Official/Partner or Similar _____
 Official Title _____ Date of Birth _____
 Signature – Member _____ Date _____
 Legibly Print Name _____
 Signature – Member _____ Date _____
 Legibly Print Name _____

IF this is a Change of Ownership, Change in Menu and/or Food Service Style please sign the application below. Do not fill out any other pages. If this application involves remodeling or equipment additions, a NEW Retail Food Facility Application is needed. Please continue if this is a NEW Retail Food Facility Application or if remodeling and/or equipment additions are requested or have happened within the last 3 months.

IN ORDER FOR THE LICENSE TO BE VALID, A CURRENT SERV SAFE CERTIFICATE NEEDS TO BE ATTACHED TO THIS APPLICATION UNLESS YOUR FACILITY IS EXEMPT. IF YOU SERVE ALCOHOL, YOU MUST ALSO ATTACH YOUR CURRENT LCB LICENSE AND RAMP CERTIFICATION. IF YOU HAVE A CHANGE OF OWNERSHIP, A SALES TAX LICENSE AND MENU ARE ALSO REQUIRED.

_____ Signature _____ Date _____

Official Use:
 Payment information - Amount Paid: _____ Type of Payment: _____ Date: _____

**COMPLETE IF APPLYING FOR A NEW RETAIL FOOD FACILITY LICENSE OR
REMODELING OR EQUIPMENT ADDITIONS ARE BEING REQUESTED**

New License

- New construction of a new food facility
- New food business opening in an existing physical structure not previously a food business
- New food business opening in a food facility that has been non-operational for more than 3 months
- A food business that is operational or has been actively licensed and operational within the last 3 months but a new owner is taking over and is undertaking a significant menu change, food service style (ex: Asian food facility changing to an American style food menu).
- Other: _____

Construction, Structural, and Equipment Information

- New construction
 - Existing food facility – no construction or changes
 - Major remodel of an existing food facility
 - Major equipment change or addition to a food facility
 - Minor construction to the food facility
 - This is not a structure or building but a modular unit, stick stand or similar located in same location
- * All construction and finish coat changes must be addressed on your plans or drawing. This applies to your general structure, floors, walls and ceiling materials. Aesthetic changes only, such as paint, carpet, and decoration changes in non-food preparation or storage areas do not need to be address.

Facility Floor Plan and Equipment Schedule (ALL facilities must SUBMIT copies of):

- Facility floor plan/layout
- Location of all food service equipment
- List of equipment including manufacture's names and model numbers
- Water and sewer connection locations
- Restroom locations and fixtures
- Lighting schedules
- Surface or finish coat material of floors, walls and ceilings (even if temporary)
- Site plan of exterior building structures including storage areas, trash receptacles, outside refrigeration units, etc.

Plans may be hand drawn, but must be to approximate scale, neat and legible. Plans will NOT be returned. See "Instructions for Completing the Retail Food Facility Application" for more guidance on completing this section of the application.

I have attached the appropriate documents related to the facility with this application.

Applicant Signature _____

Zoning and Other Codes

Building Codes and Zoning:

- _____ Facility/Unit/Business is compliant with local zoning requirements.
- _____ Facility/Structure is compliant with all building code requirements (electrical, plumbing, ventilation, structural, etc.) where applicable.

Sales Tax:

- _____ A license to collect sales tax has been obtained or applied for. For information on applying for a sales tax license, contact the Pennsylvania Department of Revenue. **A copy of the sales tax license or proof of application is required with this application.**
- _____ According to the PA Department of Revenue rules and regulations I have determined that my business is exempt from collection of sales tax.

I certify the facility is compliant with the above requirements.

IN ORDER FOR THE LICENSE TO BE VALID, A CURRENT SERV SAFE CERTIFICATE NEEDS TO BE ATTACHED TO THIS APPLICATION UNLESS YOUR FACILITY IS EXEMPT. IF YOU SERVE ALCOHOL, YOU MUST ALSO ATTACH YOUR CURRENT LCB LICENSE AND RAMP CERTIFICATION. IF YOU HAVE A CHANGE OF OWNERSHIP, A SALES TAX LICENSE AND MENU ARE ALSO REQUIRED.

Applicant Signature _____

Anticipated date of opening and/or construction completed for the facility: _____

All material must be fully completed and returned with any necessary accompanying documentation to our office located at 100 S. Second Street, Chambersburg, PA 17201. All material should be submitted at least 60 days prior to the preparation/sale of food from a retail food facility. Failure to provide all required information could delay your plan review. The Borough of Chambersburg Food Inspector will review all plans and notify you of its approval/disapproval. Please allow 4-6 weeks for processing. Once you receive your approval, notify your Food Inspector at least 10 days prior to operation to arrange a licensing inspection.

MAILING ADDRESS/CONTACT NUMBER:

Borough of Chambersburg
 Attention: Jody Mayer
 100 S. Second Street
 P O Box 1009
 Chambersburg, PA 17201
 (717) 251-2465
jmayer@chambersburgpa.gov

This application is NOT for Mobile Food Facilities or Farmer Markets

Official Use:

Payment information - Amount Paid: _____ Type of Payment: _____ Date: _____

NEW FACILITIES AND RESTAURANTS

INCLUDING CHANGE IN MENU and/or FOOD SERVICE STYLE

Welcome, Congratulations and Thank You!

The Borough of Chambersburg is excited to welcome your food business to the Borough's outstanding array of restaurants and other food establishments. It is the Borough of Chambersburg's goal to make the process of opening a food business as smooth, transparent, and customer-friendly as possible for the business owner.

Instructions for Completing the Retail Food Facility Application

Purpose of the Plan Review

Select which best describes why you are filling out this application. Are you a new business looking to get an initial license to operate? Are you a new owner significantly changing the menu or food service style of an operation? Have you been non-operational for more than 3 months? If none of these choices seems to describe why you are applying, select "other" and describe why are you applying for a Retail Food License

Facility Information and Facility Service Information

These sections capture information about your facility and about your operation. Fill in all sections completely. Select your owner type, and enter the most responsible official at the food facility if that is not the owner. Select the days of the week and time in which the facility will be operating.

Type of Service

This section addresses information regarding the type of food service your facility is providing to consumers. Select all types of food service that apply. If your type is not listed, please select 'other' and describe.

Type of Menu

This section requests information regarding your intended menu. For full and limited menu facilities, you must submit a copy of your menu with your plans. If a formal menu has not been developed, please provide a list of items that you are considering making/selling. If your facility is a grocery store selling packaged food and consists of departments, check any departments that will be included in the facility. If your facility will be performing specialized processes such as sous vide, cook-chill, vacuum packaging, reduced oxygen packaging (ROP), curing/smoking for preservation, sprouting, fermentation, acidification or canning, a Hazard Analysis and Critical Control Points (HACCP) plan must be submitted and approved by the Borough prior to processing of those foods. If your facility plans to serve raw and/or undercooked animal foods, indicate the type of foods. These types of foods may include, cook to order steaks, cooked to order eggs, sushi, cook to order meats, or any other raw animal foods or food containing raw animal food, that are being provided in a ready-to-eat form, whether packaged or not packaged. Additionally, these items may require a consumer advisory to be provided on the menu or packaging. Finally, indicate if you have applied for a PA Liquor License.

A HACCP plan must be submitted with this application if you are processing any of the following:

Sprouting, Reduced Oxygen Packaging, Packaging Juice, Curing, Smoking of Meat, Fish and Poultry, Drying of Meat and Poultry, Fermentation of Sausage, and Adding Components/Additives to Render Shelf Stable.

Anticipated Projected Capacity

Indicate the total number of seats anticipated in the food facility. Include all seating for the on-site consumption of foods. Include inside seating and any outside seating if food service occurs at the seating or the seating is only accessible from inside the facility. If there are not seats, please indicate '0'. Indicate the number of anticipated patrons you plan on serving per day.

Employee Information

Select which category is applicable to your facility with consideration of the information below:

Food Employee Certification: A certified food protection manager is a person in charge of the retail food facility who has taken and passed a nationally recognized food safety exam. National exams are those that have been approved by ANSI using the Conference of Food Protection certified food protection manager standards. For more information on the type and location of acceptable programs contact our office at 717-251-2465 or jmayer@chambersburgpa.gov. You may use any vendor of your choosing to take this course and exam. Your certification must be kept valid and current (not expired). If you do not currently have a certified food manager in the facility, you will have 90 days from the date your license is issued to certify the person-in-charge.

Unless exempt from certification as described below, facilities handling exposed Time and Temperature Control for Safety (TCS) foods must comply with these regulations. A retail food facility is exempt from the food employee certification if:

1. Retail Food Facility sells only commercially pre-packaged foods and beverages (non-TCS and TCS)
2. Retail Food Facility sells only non-TCS foods and beverages (packaged or unpackaged)
3. Retail Food Facility operated by a charitable non-profit organization

Employee Health Policy: An employee health policy establishes how to handle ill employees. Even if you are the only employee, the FDA Food Code, requires that the person in charge understand under what conditions an employee, including themselves, may work while ill and at what point restriction or exclusion of the person from the food facility should take place. This Policy does not need to be a written policy. The question is asked to bring your attention to this very important issue. Your Inspector, as part of a routine inspection, will discuss your policy with you. If you do not currently have a policy developed, a policy must be established, either in writing or verbal, prior to opening and presented to every employee of the facility and your Inspector.

Clean-up of Vomiting and Diarrheal Events: The FDA Food Code requires procedures for employees to follow when responding to vomiting or diarrheal events involving the discharge of vomitus or fecal matter onto surfaces in a facility must be written. The procedures should address the specific actions employees must take to minimize the spread of contamination and exposure to employees, consumers, food and surfaces to vomitus or fecal matter.

Water, Sewer, Waste Information

If you will not be using the Borough of Chambersburg's Water, Sewer or Waste systems you must provide more information on the application such as the source of such service. Testing of a different Water source will be necessary.

Ownership Signature

Enter the **date** the retail food facility is anticipating opening or the legal change of ownership will occur. Read the remainder of this section and fill in the appropriate '**ownership**' block with signatures. The 'owner' or 'proprietor' of a retail food facility may be a person, partnership, association, corporation, or an LLC or

LLP. Only the 'proprietor' may apply for and obtain a retail food facility license in the Commonwealth of Pennsylvania. NOTE: When an association, corporation, LLC, or LLP is the 'proprietor', at least one governing official must sign the application. **All licenses issued for the retail food facility will indicate the legal company name AND the 'Senior' officials name indicated on the application (if applicable).** If, in the future, the Senior Official's name on the license is not correct, a written document must be provided to the Department signed by the 'new' company official.

Construction, Structural, and Equipment Information

This section captures the detail of your facility structure and any construction that may be occurring to the facility. Select which best described the nature of your construction, if any, that may apply to your facility.

Facility Floor Plan & Equipment Schedule

Applicants must submit floor plans, equipment schedules, materials and construction plans for New Retail Food Facilities, as well as when remodeling or equipment additions are requested. Plans must include the basic layout of the facility, location of all food service equipment, listing of equipment (including manufacturer's name and model numbers), water and sewer connection locations, restroom locations and fixtures, lighting schedules, surface or finish coat materials of floors, walls and ceilings (even if temporary), and site plan showing exterior building structures (including storage areas, trash receptacles, outside refrigeration units, etc.). Aesthetic changes only that do not affect food storage, production or other food related areas do not need to submit any plans (i.e. re-decorating the dining room, painting the walls a new color).

Plans do not need to be signed and sealed. Only one copy is required for the review. Drawing/floor plans may be 'hand-drawn,' but must be clear, concise, legible, to approximate scale, and of such size to enable all information to be clearly shown. Drawings will not be returned to you unless specifically requested. The Borough does not maintain a copy of your plans.

Zoning and Other Codes

This section captures information related to compliance with building code and enforcement and sales tax collection. Please select which best applies to your facility. Some of this information may need verified with the property or building owners/operators.

You must contact the PA Department of Revenue for information on obtaining a license to collect sales tax. A copy of the sales tax license or proof of application is required with this application. You can contact the Department of Revenue at 717-787-8201 or <https://www.pa100.state.pa.us/Registration.htm>.

Information and Checklists for Opening Inspections and Routine Inspections

Opening Facility Checklist

- Make sure all walls in the food prep and ware washing areas are easily cleanable.
- Replace any missing floor or ceiling tiles and eliminate carpet in the food prep areas.
- Provide an area for chemical storage to prevent contamination of food, equipment, linens, utensils, and single service articles.
- Be sure there is adequate dry storage space.
- Make sure all lights are properly shielded or shatter proof.
- All entrance/exit doors and restroom doors must have self-closing devices.
- Have a designated area for employees to eat, drink and store personal items to prevent contamination of food, equipment, linens, utensils, and single service articles.
- Appropriate non-smoking signs, hand washing signs, choking posters and any other necessary signage must be posted prior to the opening inspection.

- Ensure all holes, cracks, and gaps are sealed from the outside.
- Mop Sink must be installed.
- Hand washing sink(s) installed conveniently.
- Three compartment sink needs to be installed properly.
- Eliminate or repair any non-functioning equipment before opening inspection.
- Make sure that all gaskets on refrigerators and freezers are clean, attached securely to the frame of the doors, and in good repair.
- Provide paper towels and soap at all hand washing sinks.
- Trash cans must be available at all hand washing stations.
- At least one person involved in the daily operation of the facility needs to be registered for a Certified Food Safety Manager's Training Course before the opening inspection and class must be completed within 90 days of the opening inspection.
- Make sure to have an employee health policy in place and be sure all employees abide by and understand it.
- Contact local Fire Department to have the hood vent inspected and approved.
- Outside garbage receptacles should be on a nonabsorbent material, such as concrete or asphalt, slanted, have a drain plug, and tight fitting lids to be closed at all time.

Routine Inspection Checklist

Employee Hygiene

- Employees must wear hairnets, and male employees cover facial hair.
- Jewelry is limited to simple earrings, plain rings, and watches.
- Employees working with exposed food should not have fingernail polish or artificial fingernails.
- Cuts or bandages are covered when handling food.
- Employees wash their hands regularly using proper hand-washing techniques and sign stating so at all hand sinks.
- Preset tables, silverware is to be wrapped.
- Eating and smoking are limited to designated areas away from food prep areas.
- Employees wash their hands after sneezing, coughing, blowing their nose, or using the restroom.
- Employees wash their hands after working with raw food, handling money, or switching between stations.
- Hand sink to be designated and to have sign to state "Employees must wash hands" and water needs to be at least 100°.
- Women's toilet room to provide covered waste receptacle.
- Employees wear clean clothes and proper, closed-toed shoes.
- Provide periodic training for staff.
- Do you have an employee health program? Report "Big 6" Foodborne Illnesses to regulatory authority (Norovirus, Shigella, Shiga Toxin-producing E. Coli, Hep A, Salmonella Typhi, and Non-Typhoidal Salmonella).
- Food facility has a manager that has taken food safety training programs that was accredited Certified Food Manager Program and posted for public view and a Certified food employee available all hours of operation. Food facility must post permit and Eat Safe PA.com sign in location for consumers.
- Food facility must have a Serv Safe person that has passed the Manager's program present at all times of operation.

Food Preparation

- All food covered, labeled and dated in all areas.
- Food is protected from cross-contamination.
- Dented cans stored in special area.
- Staff uses gloves, clean hands, or utensils when handling food.
- Can opener clean.
- Tasting utensils are not used more than once before being cleaned.
- Frozen food is thawed properly in a refrigerator or submerged under running water.
- Food is heated to the correct temperature to remove all bacteria before being placed in the hot holding area.
- Ice scoop should not be store in the ice machine and machine is clean.

- Microwave oven to meet CFR standards.
- Potentially hazardous foods need to be cooled from 135° to 70° within two hours; from 70° to 41° within 4 hours; the total time for cooling from 135° to 41° should not exceed six hours.
- Replace deep scored cutting boards.

Food Storage

- Food is kept at least 6" off the ground.
- Food is stored in a clean, dry location that is not exposed to contamination.
- Containers are labeled with the food name and delivery date.
- Chemicals and food are separated.
- Food is stored using the FIFO (First In, First Out) method.
- Check all vent ducts in all areas of facility and fan covers in walk-in and freezer.
- No ceiling tiles missing or stained and all lights with covers.
- What is TCS food? – Food requiring time and temperature control for safety.
- What is FATTOM? – Conditions for bacteria to grow: Food, Acidity, Temperature, Time, Oxygen, Moisture.

Freezer and Refrigerator Maintenance

- Ready to eat food needs to be stored above raw food.
- Thermometer is easily visible and displays the correct temperature.
- Refrigeration temperature is within food safe range and inside thermometer visible.
- Potentially hazardous foods stored at a temperature of 41° or below.
- Food is stored using the FIFO method.
- Food is stored at least 6" off the ground in walk-in refrigerators and freezers.
- Refrigerators and freezers are clean.
- Refrigerators and freezer door seals are clean and no door gaskets loose or broken.
- Check calibration of thermometer.
- Whole eggs to be stored on bottom shelf.

Refuse and Garbage Disposal

- Garbage and refuse is properly disposed of.
- Garbage and recycling bins are emptied.
- Garbage bins are cleaned regularly to prevent pests.
- Outside receptacles have lids or covers.
- The area around the dumpster is clean and free of pests.
- The lid of the dumpster is shut.
- Grease from fryer is stored properly.

Sanitation

- Washing station is organized into three sections for washing, rinsing, sanitizing and labeled.
- Chemicals to have labels on containers.
- Utensils are covered to protect them from dust and contaminants when stored.
- Small equipment and utensils are cleaned between uses.
- The sanitizer is mixed to the correct concentration and wiping cloths are being stored in sanitizer solution.
- Ice machine is clean and free of mold.
- Equipment is clean to sight and touch.
- Are thermometers properly sanitized before using?
- Food preparation area, shelving, and cabinets are all clean with no chipping paint or mold and are clean to sight and touch.
- Water temperature is heated to the correct temperature for sanitizing. High temp machine to be 180° at rinse.
- Utensils and pans are allowed to air dry after washing.
- Provide an air gap for drains or install an approved back flow prevention device 1" from floor drain.
- Dish machine must have curtains or baffles between wash & rinse compartments.

- Food facility must have available sanitizer test strips to determine appropriate sanitizer. Also check expiration date.
- Hood vents clean of grease and cleaned frequently. How often clean in stacks?
- Facility must have clean-up of vomiting and diarrheal event kits.
- Pots, Plates, and Pans need to be inverted.
- Employee drinks to be in designed areas so not to contaminate exposed food.

Fire Department Tri-annual Inspection Checklist

- Property address must be clearly visible from the roadway.
- Electrical boxes, outlets and switches properly covered.
- Electrical panel accessible.
- Extension cords: temporary use only, no plugging multiple cords together.
- Electrical multi-plug adapters: UL approved internal circuit breaker type only.
- Exit doors unlocked during business hours.
- Exit ways free from obstructions and combustible storage.
- Lighted exit signs operating properly.
- No storage under unprotected exit stairways.
- Means of egress must be continuous and cannot be blocked.
- Dry and wet chemical suppression systems inspected every six months.
- Cooking hood system must be cleaned every six months.
- Proper number and placement of Fire Extinguishers.
- Fire Extinguishers annually inspected by an approved agency.
- Extinguishers mounted at proper height and accessible (height not <4', nor >5').
- Exterior free of litter and weeds.
- Oily rags stored in approved containers.
- No combustibles stored in furnace or boiler room.
- Furnace, boiler, water heater, etc. are vented to prevent a fire hazard.
- Fire and life safety systems are maintained in an operable condition.
- All storage 18" below sprinkler head level.
- Storage maintained 2' below the ceiling in non-sprinkler protected areas.
- Sprinkler systems shall be inspected and tagged annually, with documentation on premises.
- All suspended ceiling panels in place.
- Use of Occupancy permit posted.
- Occupancy limit posted in each assembly area.