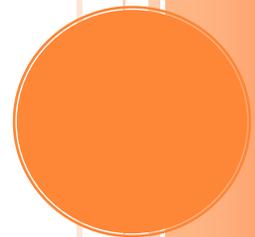


# INSTRUCTIONS FOR COMPLETING SUPPLEMENTAL APPLICATION FOR FOOD ESTABLISHMENT (FORM B)



Division of Environmental Health  
Department of Public Health and Social Services  
155 Hesler Place, Hagatna, GU 96910  
Tel. (671) 922-2530 Fax (671) 922-2534



# INSTRUCTIONS

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FORM B is to be completed only by applicants that will be operating a \*FOOD ESTABLISHMENT, as defined in the Guam Food Code. Please do not leave any areas blank in the application; if not applicable, write “N/A.”

The acceptance of this completed Form B by the Division of Environmental Health, (DEH) of the Department of Public Health and Social Services (DPHSS) is not an approval by the DEH for the applicant to begin its operation. The application must be reviewed and the facility must be inspected prior to the issuance of the Sanitary Permit. An illegible application form will be returned and not processed. Please type, or print legibly, using black or blue ink.

The application and its supporting documents must be submitted at least 30 days prior to the planned opening of the establishment. Upon submission of the application, DPHSS representative at the Permit Center will review the documents. At this time, a non-refundable deposit of Twenty Dollars (\$20.00) must be made prior to scheduling the Pre-operation Inspection. The cost of the initial Pre-operation Inspection is included in the Sanitary Permit fee. However, a fee of Fifty Dollars (\$50.00) per hour will be assessed for all subsequent inspections. An applicant may request for an expedited Pre-operation Inspection and may be granted one if such inspection does not cause the disruption of any pre-existing inspections scheduled for other applicants. The fee for expedited Pre-operation Inspection is One Hundred Fifty Dollars (\$150.00) in addition to all other required fees.

Applicants are encouraged to read all applicable rules and regulations, which are provided by DPHSS, so that all required equipment and materials are available and functioning during the Pre-Operation Inspection. The application will not be processed until the facility passes this inspection and all of the required supporting documents have been received and approved by DPHSS. Failure to submit all the required documents will result in the non-processing of the application.

*\*The Guam Food Code defines Food Establishment as a facility that stores, prepares, packages, serves, or vends food directly to the consumer, or otherwise provides food for human consumption, such as a restaurant; satellite or catered feeding location; catering operation if the operation provides food directly to a consumer or to a conveyance used to transport people; market; vending location; conveyance used to transport people; institution; or food bank; and that relinquishes possession of food to a consumer directly, or indirectly through a delivery service such as home delivery of grocery orders or restaurant takeout orders, or delivery service that is provided by common carriers. Food Establishment does not include a food processing plant or a produce stand that only offers whole, uncut fresh fruits and vegetables.*

# FORM B

## SUPPLEMENTAL APPLICATION FOR FOOD ESTABLISHMENT

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This form is to be completed only if applying for a Sanitary Permit to operate a FOOD ESTABLISHMENT. The required attachments must be submitted with this form. Applications without the required attachments will not be processed.

### PART I: Establishment Information

- NAME OF OWNER: Name of owner as indicated on the Business License.
- NAME OF ESTABLISHMENT: “Doing Business As” (DBA) name of the business as indicated on the Business License.
- PHYSICAL ADDRESS: Physical location of the establishment to include building name/number, unit number, street name, and village as indicated on the Business License.
- TELEPHONE NO.: Best contact number for conducting business related conversations (this may not necessarily be the establishment’s telephone number).
- FAX NO.: Best facsimile number for receiving company related documents (this may not necessarily be the establishment’s fax number).
- EMAIL: Best email address for conducting business related electronic, written communication (this may not necessarily be the establishment’s email address).

### PART II: Plan Review Type

Please check the appropriate category:

- *New Food Establishment* – If opening a new food facility
- *Remodel* – If remodeling an existing facility
- *Conversion* – If changing the category/sub-category of your existing facility

Projected Opening Date – Estimated date the establishment is planning to open.

### PART III: Type of Operation

Check all types of food operation that are applicable to your establishment. If it is not listed, please check the *Others* box and specify the type of establishment on the space provided. A description of each type of establishment is listed below:

- *Bakery* – An establishment that serves, manufactures, stores, and sells food products in which flour or meal is the principal ingredient
- *Bar* – An establishment that serves drinks, especially alcoholic beverages and pre-packaged snacks
- *Beverage Vending Machine* – A self-service device that, upon insertion of a coin, paper currency, token, card, or key, or by optional manual operation, dispenses unit servings of beverages in bulk or in packages without the necessity of replenishing the device between each vending operation
- *Café* – A small and informal establishment serving various refreshment
- *Cafeteria* – A restaurant in which customers are served at a counter and usually carry their meals on trays to a table
- *Catering* – An establishment that manufactures food at a fixed location and serves at another location
- *Coffee Shop* – A small and informal establishment serving various refreshments and light meals
- *Delicatessen* – An establishment that sells freshly prepared foods that are ready for serving
- *Drink Stand* – A booth, stall, or counter that serves drinks only
- *Food Vending Machine* – A self-service device that, upon insertion of a coin, paper currency, token, card, or key, or by optional manual operation, dispenses unit servings of food in bulk or in packages without the necessity of replenishing the device between each vending operation
- *In-plant Employee Eating Establishment* – An establishment where food is manufactured and/or served to the employees by the employer
- *Mobile Food Service Establishment* – A food establishment capable of moving or being moved from one location to another
- *Retail* – A self-service establishment where food and/or household goods can be purchased
- *Restaurant* – An establishment where meals are served to the public and where seating area is provided for customers
- *Sandwich Stand* – A booth, stall, or counter that serves sandwiches only
- *Short Order Establishment* – A restaurant where food is quickly prepared and served for take-out orders only
- *Soda Fountain* – An establishment with an equipment or counter for preparation and serving of primarily sodas, sundaes, and ice cream
- *Stall Stand* – A small booth, stall, or counter that serves food
- *Tavern* – A saloon or bar that manufactures and/or serves food
- *Temporary Food Service Establishment* – A eating and drinking establishment operating temporarily at a fixed location for less than six months

If your establishment is serving or catering specifically to a highly susceptible population (HSP), please check the box. According to the Guam Food Code (GFC), HSP means persons who are more likely than other people in the general population to experience foodborne diseases because they are immune-compromised, preschool age children (0-5 years old; or 0-9 years old, if serving freshly packaged juice), or older adults.

## PART IV: PLAN REVIEW COMPONENTS

Food Establishment Plan Review has been developed for the purpose of assisting both regulatory and industry personnel in achieving uniformity in the plan review process. A good review of plans helps to avoid future problems. Food Establishment Plan Review is recognized as an important food program component that allows:

- DEH to ensure that food establishments are built or renovated according to current regulations;
- Industry to establish an organized and efficient flow of food; and
- DEH to eliminate GFC violations prior to construction.

### 1. Establishment Information

- a. **Period of Operation:** Provide the hours of operation for your establishment. If your establishment is closed on a particular day, write CLOSED.
- b. **Number of indoor dining seats:** Provide the total number of indoor seating.
- c. **Number of outdoor dining seats:** Provide the total number of outdoor seating. If no outdoor dining is provided, write “N/A”.
- d. **Total number of staff:** Provide the total number of employees your establishment is/will be employing.
- e. **Maximum number of staff per shift:** Provide the maximum number of employees working per shift.
- f. **Total square feet of facility:** Provide the total square footage of your establishment.

2. **Intended Menu** – If you have a food menu for your establishment, please provide it as an attachment and check the box labeled *Check this box if actual menu is provided as an attachment instead*. If menu is not provided as an attachment, please list down all the food and drinks your establishment serves or will be serving. Provide the primary ingredient/ingredients used for each item. If more space is needed, attach

another sheet, and check the box labeled *If additional list is included, please check this box.*

3. Anticipated Volume of Food: Stored, Prepared, and Sold/Served

- a. Approximate number of meals the establishment will be serving daily: Provide numeric response to the number of meals that the establishment is anticipating to prepare and serve daily for each type of foods.
- b. Estimated number of days between delivery of foods to the establishment: Provide numeric response to the number of days the establishment is expecting between deliveries for each type of foods. For example, if meat products are delivered once a week on a Monday, then there are SIX days between deliveries.

4. Proposed Layout - Provide the following as attachments:

- a. Floor Plan - The floor layout of the establishment must be submitted with all rooms identified by name (i.e., main kitchen, male restroom, etc.). The drawing need not be to scale; however, the floor layout must be as accurate as possible. All writing made on the layout must be legible.
  - All major fixed assets (those equipment that are not readily moveable, such as sinks, stoves, etc.) listed below in Part IV, 5. (“Proposed Equipment”) must be labeled on the floor layout using that item’s corresponding “ID” number. (For example, if the hand-washing sink in the main kitchen is listed as B.1. in Part IV, 5., then the sink drawn on the floor layout in the main kitchen must be labeled as B.1.)
  - In lieu of a drawing, the professional construction plan of the facility may be submitted. However, it must be labeled according to the designated ID numbers of Part IV, 5.a.-5.d.
- b. Vicinity Map – The vicinity map shows the location of the establishment so that the Public Health official can locate the facility for inspection. Please include street names and other identifiable landmarks (i.e.; business, church, park, etc.).
- c. Construction materials and interior finish schedule - Please complete the table on the type of material and finish for the floor, wall, and ceiling constructed (i.e.; concrete, wood, etc.) for each room/area in your establishment. All floor coverings, walls, and ceiling finishes in food preparation, food storage, warewashing areas, walk-in refrigeration units, and toilets shall be smooth, non-absorbent, and easily cleanable. Concrete block, if used, must be rendered non-porous and smooth. All wood materials must be finished to provide an easily cleanable surface.

## 5. Proposed Equipment

### a. Cold Storage Equipment

- Each equipment, and its information, is to be provided in rows identified in sequential order (A1, A2, A3...). If additional rows are necessary to list the cold storage equipment, please check mark the appropriate box and attach the list; please ensure that the same information is provided for each and continue the “Item #” numbering sequence.
- List all equipment, and the quantity, that the establishment possesses that will be used to chill, store, and/or display food at temperatures of 41°F and below.
- Provide the manufacturer and model for each equipment listed and where in the establishment it will be located. The location may be identified by room name, which must be so indicated in layout plan required in Part IV, 4.a.

### b. Hot Holding Equipment

- Each equipment, and its information, is to be provided in rows identified in sequential order (B1, B2, B3...). If additional rows are necessary to list the hot holding equipment, please check mark the appropriate box and attach the list; please ensure that the same information is provided for each and continue the “Item #” numbering sequence.
- List all equipment, and the quantity, that the establishment possesses that will be used to cook, store, and/or display food at temperatures of 140°F and above. Include those equipment for roast beef and other foods that require hot holding of less than 140°F.
- Provide the manufacturer and model for each equipment listed and where in the establishment it will be located. The location may be identified by room name, which must be so indicated in layout plan required in Part IV, 4.a.

### c. Sinks

- Each sink, and its information, is to be provided in rows identified in sequential order (C1, C2, C3...). If additional rows are necessary to list the sinks, please check mark the appropriate box and attach the list; please ensure that the same information is provided for each and continue the “Item #” numbering sequence.

- List all sinks (i.e., handwashing, warewashing, mop, curb, food prep, etc., and the quantity) installed in the establishment.
- For each sink listed under “Equipment,” indicate type of sink (i.e., handwashing). Also, provide the manufacturer and model for each and where in the establishment it will be located. The location may be identified by room name, which must be so indicated in layout plan required in Part IV, 4.a.

d. Other Equipment

- List all other equipment and its quantity in the establishment that are not provided above in Part IV, 5.a.-5.c.
- Each equipment, and its information, is to be provided in rows identified in sequential order (D1, D2, D3...). If additional rows are necessary to list the other equipment, please check mark the appropriate box and attach the list; please ensure that the same information is provided for each and continue the “Item #” numbering sequence.
- Provide the manufacturer and model for each equipment listed and where in the establishment it will be located. The location may be identified by room name, which must be so indicated in layout plan required in Part IV, 4.a.

## PART V: DESCRIPTION OF ACTIVITY

The information on the types of food prepared, methods used, and the consumers of the establishment are requested for inspection purposes. Potentially Hazardous Food/Time-Temperature Control for Safety Food (PHF/TCS) are foods that require time and temperature control to limit pathogenic microorganism growth or toxin formation. PHF/TCS includes animal food that is raw or heat-treated; a plant food that is heat-treated or consists of raw seed sprouts; cut melons; cut tomatoes or mixtures of cut tomatoes that are not modified in a way so that they are unable to support pathogenic microorganism growth or toxin formation; or garlic-in-oil mixtures that are not modified in a way that results in mixtures that do not support pathogenic microorganism growth or toxin formation.

1. *No food preparation; only offers for sale pre-packaged food that is not PHF/TCS*

Check this box if the establishment will be selling only bottled, canned, cartoned, securely bagged, or securely wrapped foods from an approved source. Pre-packaged does not include a plastic wrap, carry-out box, or other nondurable container used to

containerize food with the purpose of facilitating food protection during service and receipt of the food by the consumer.

2. *Prepares only non-PHF/non-TCS food*

Check this box if the establishment prepares for sale/service foods that do not require time and temperature control for safety to limit pathogenic microorganism growth or toxin formation.

3. *Prepares, offers for sale, or services PHF/TCS food:*

Check all activities that the establishment will perform.

a. *Only to order upon consumer's request*

Potentially hazardous food is prepared only upon receiving an order; there is no advance preparing of meals. (Examples: Fast-food establishments and some restaurants)

b. *In advance in quantities based on projected consumer demand and discards food that is not sold/served at an approved frequency*

A set amount of potentially hazardous meals are prepared for the day, and any remaining, unsold/unserved meals are thrown away. (Examples: Delis and some stall stands)

c. *In advance for on-site consumption (or take-out) using a food preparation method that involves two or more steps which may include combining PHF/TCS ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing*

Potentially Hazardous Foods/Time-Temperature Control for Safety Foods are prepared in advance for on-site service or pick-up, and any unserved foods are properly stored for later use. (Example: Many restaurants)

d. *In advance for off-site consumption using a food preparation method that involves two or more steps which may include combining PHF/TCS ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing*

Potentially Hazardous Foods/Time-Temperature Control for Safety Foods are prepared in advance for serving at another location. (Example: Caterers)

e. *In advance for on-site consumption by highly susceptible population (HSP) using a food preparation method that involves two or more steps which may include combining PHF/TCS ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing*

Potentially Hazardous Foods/Time-Temperature Control for Safety Foods are prepared in advance for on-site or off-site serving to young children, elderly, or

immune-compromised (Examples: child care centers, hospital kitchen, establishments serving to older adults)

## PART VI: Activities Requiring a Variance and HACCP Plan

An establishment planning to perform any of the listed activities below will require the prior approval of DEH. The “Guam Food Code Variance Application” (FORM C) must be submitted, along with a HACCP Plan that has been developed or reviewed by an entity with retail HACCP certification. Leave this part blank if the establishment will not be performing any of the activities.

1. Serving raw, undercooked, or unprocessed animal products without providing a consumer advisory. [GFC 3-401.11(D)]

*The Guam Food Code requires that an establishment provide a written advisory to consumers if potentially hazardous raw or undercooked beef, eggs, pork, fish, lamb, milk, poultry, and shellfish are served (i.e., rare steak or sunny-side eggs) as ready-to-eat (RTE) foods, or used as an ingredient to RTE foods (i.e., undercooked eggs on hot rice). These advisories need to be publicly available, written statements that are clear and visible and warn consumers of the potential foodborne illness associated from consuming certain raw or undercooked foods. A variance is required if a consumer advisory will not be provided, and appropriate alternate safeguards will be implemented by the establishment.*

2. Smoking food as a method of food preservation rather than as a method of flavor enhancement. [GFC 3-502.11(A)]

*Foods that will be smoked for the purpose of preserving them will require a variance approval under the Guam Food Code. Foods that are smoked for the sole purpose of adding flavor will not require a variance.*

3. Curing food as a method of food preservation rather than as a method of flavor enhancement. [GFC 3-502.11(B)]

*Foods that will be cured by using salt, sugar, or nitrates/nitrites for the purpose of preserving them will require a variance approval under the Guam Food Code. Foods that are cured for the sole purpose of adding flavor will not require a variance.*

4. Adding vinegar or other food additives to preserve food (not to enhance flavor), or render food as non-potentially hazardous food. [GFC 3-502.11(C)]

*If vinegar will be added to food, such as sushi rice, to increase its acidity so it does not require any temperature control, a variance must be sought from DEH.*

5. Packaging food using reduced oxygen packaging (ROP) method with only one safety barrier to control *Clostridium botulinum*. [GFC 3-502.11(D)]

*Clostridium botulinum is a bacterium that can produce toxin that cause botulism, which is a serious, life-threatening, paralytic illness. These bacteria produce the toxin in an environment with low oxygen, such as foods in ROP. ROP includes modified atmospheric packaging (MAP), controlled atmospheric packaging (CAP), sous vide, vacuum packaging (VP), and cook-chill. The Guam Food Code requires a variance if using ROP with only one safety barrier (refrigeration) to prevent the growth of Clostridium botulinum.*

6. Custom processing animals for personal use and not for sale or service. [GFC 3-502.11(F)]

*The custom processing of animals, such as wild game or home raised chickens, for personal consumption and not for sale in a permitted establishment requires a variance from DEH.*

7. Sprouting seeds or beans. [GFC 3-502.11(H)]

*An approval from DEH is required for the cultivation of seeds or sprouts including alfalfa, clover, sunflower, broccoli, mustard, radish, garlic, dill, and pumpkin as well as mung, kidney, pinto, navy, soy beans, and wheat berries (wheat grass) for service or sale in a permitted establishment.*

8. Operating a molluscan shellfish life-support system display tank used to store and display shellfish that are offered for human consumption. [GFC 3-502.11(E) and 4-204.110]

*This is applicable for the operation of a display tank (aquarium) containing any molluscan shellfish, including oysters, clams, mussels and scallops. This does not apply to fish and lobsters.*

9. Using time only as a public health control. [GFC 8-103.10]

*With the exception of those establishments serving to a highly susceptible population, DEH may allow for the preparation and display of PHF/TCS foods without the required temperature control if necessary safety measures are in place.*

10. Other proposed variance. [GFC 3-502.22(G) and 8-103.10]

*Any other section of the GFC for which a modification or waiver is sought requires a variance.*

## **PART VII: Activities Requiring only a HACCP Plan**

The activities listed will not require the prior approval of the Division of Environmental Health; however, a HACCP Plan must still be developed and implemented by the establishment. Such HACCP Plan needs to be created or reviewed by an entity with retail HACCP certification. This HACCP Plan must be made available to the inspector

of the Division of Environmental Health when requested. Leave this part blank if the establishment will not be performing any of the activities listed.



# FORM B

GOVERNMENT OF GUAM  
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH



## SUPPLEMENTAL APPLICATION FOR FOOD ESTABLISHMENT

Please type or print legibly using black or blue ink.

Applications must be submitted at least 30 days prior to the planned opening. *Please read the Instructions for completing this application. Failure to complete this application in its entirety may delay the processing of your Sanitary Permit application.*

### PART I. Establishment Information

Name of Owner: \_\_\_\_\_ Name of Establishment: \_\_\_\_\_

Establishment's Physical Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

### PART II. Plan Review Type

- New Food Establishment
- Remodel
- Conversion

Projected Opening Date: \_\_\_\_\_

### PART III. Plan Review Components

#### 1. Establishment Information

a. Period of operation:

Days of Operation	Hours of Operation
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

b. Number of dining seats: \_\_\_\_\_

c. Total number of staff: \_\_\_\_\_

d. Number of shifts: \_\_\_\_\_

e. Total square feet of facility: \_\_\_\_\_

**2. Intended Menu** (Use menu, if available. If more space is needed, attach another sheet.)

Check this box if actual menu is provided as an attachment instead.

No.	Item Name on Menu (Food and Drinks)	Primary Ingredient(s)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

If additional list is included, please check this box:

**3. Anticipated Volume of Food:** Stored, Prepared, and Sold/Served

a. Approximate number of meals the establishment will be serving daily for:

Meat, poultry and seafood	
Dairy (milk, eggs, etc.)	
Vegetables and fruits	
<b>Total of all above</b>	

b. Estimated number of days between delivery of foods to the establishment:

Meat, poultry and seafood	
Dairy (milk, eggs, etc.)	
Vegetables and fruits	

**4. Proposed Layout** - Provide as attachments (a & b) to this form.

- a. Floor plan
- b. Vicinity map

c. Construction materials and interior finish schedule

Room/Area Name	Floor Finish	Wall Finish	Ceiling Finish	Comments
Bar				
Buffet Area				
Kitchen				
Dry Storage				
Walk-in Refrigerators and Freezers				
Warewashing Area				
Toilet Rooms				
Mop Service Area				

5. Proposed Equipment (If additional space is needed, attach another sheet.)

a. Cold Storage Equipment.

Item #	Quantity	Type	Dimension (inches)	Location
A1.				
A2.				
A3.				
A4.				
A5.				
A6.				
A7.				

If additional list is included, please check this box

b. Hot Holding Equipment.

Item #	Quantity	Type	Dimension (inches)	Location
B1.				
B2.				
B3.				
B4.				

If additional list is included, please check this box

c. Sinks.

Item #	Quantity	Type	Dimension (inches)	Location
C1.				
C2.				
C3.				
C4.				
C5.				
C6.				

If additional list is included, please check this box

d. Other Equipment (not including furniture, kitchen equipment only).

Item #	Quantity	Type
D1.		
D2.		
D3.		
D4.		
D5.		
D6.		
D7.		
D8.		
D9.		
D10.		

If additional list is included, please check this box

**PART IV – VII: FOR DEH USE ONLY**

**PART IV. Type of Food Operation**

Bakery	Delicatessen	Sandwich Stand
Bar	Drink Stand	Short Order Establishment
Beverage Vending Machine	Food Vending Machine	Soda Fountain
Café	In-plant Employee Eating Establishment	Stall Stand
Cafeteria	Mobile Food Service Establishment	Tavern
Catering	Retail	Temporary Food Service Establishment
Coffee Shop	Restaurant	Others (Please Specify)

**PART V. Description of Activity**

- 1. No food preparation; only offers for sale pre-packaged food that is not PHF/TCS
- 2. Prepares only non-PHF/non-TCS food
- 3. Prepares, offers for sale, or services PHF/TCS food: (Check all activities that the establishment will perform)
  - a. Only to order upon consumer's request
  - b. In advance in quantities based on projected consumer demand and discards food that is not sold/served at an approved frequency
  - c. In advance for on-site consumption (or take-out) using a food preparation method that involves two or more steps which may include combining PHF/TCS ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing
  - d. In advance for off-site consumption using a food preparation method that involves two or more steps which may include combining PHF/TCS ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing
  - e. In advance for on-site consumption by highly susceptible population (HSP) using a food preparation method that involves two or more steps which may include combining PHF/TCS ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing

#### **PART VI. Activities Requiring a Variance and a HACCP Plan**

- 1. Serving raw, undercooked, or unprocessed animal products without providing a consumer advisory. [GFC 3-401.11(D)]
- 2. Smoking food as a method of food preservation rather than as a method of flavor enhancement. [GFC 3-502.11(A)]
- 3. Curing Food. [GFC 3-502.11(B)]
- 4. Adding vinegar or other food additives to preserve food (not to enhance flavor) or render food as non-potentially hazardous food. [GFC 3-502.11(C)]
- 5. Packaging food using reduced oxygen packaging (ROP) method with only one safety barrier to control *Clostridium botulinum*. [GFC 3-502.11(D)]
- 6. Custom processing animals that are for personal use and not for sale or service. [GFC 3-502.11(F)]h
- 7. Sprouting seeds or beans. [GFC 3-502.11(H)]
- 8. Operating a molluscan shellfish life-support system display tank used to store and display shellfish that are offered for human consumption. [GFC 3-502.11(E) and 4-204.110(B)]
- 9. Others. [GFC 3-502.22(G) and 8-103.10]
- 10. Using time only as a public health control. [2005 FDA Model Food Code 3-501.19]
- 11. Not applicable.

#### **PART VII. Activities Requiring only a HACCP Plan**

- 1. Juice packaged in the establishment [GFC 3-404.11]
- 2. Packaging food using a cook chill or *sous vide* process [GFC 3-502.12(D)]
- 3. Packaging food using ROP with refrigeration and two or more barriers against *Clostridium* and *Listeria* [GFC 3-502.12(A)]
- 4. Packaging cheese using ROP [GFC 3-502.12(E)]
- 5. Serving unpackaged juice prepared on-site to children age 9 or less [GFC 3-801.11(F)(3)]
- 6. Serving non-pasteurized combined eggs to highly susceptible population [GFC 3-801.11(F)(3)]
- 7. Not applicable.

Name of Establishment: \_\_\_\_\_

**DEH USE ONLY**

	<b>Contents</b>	<b>Date Completed</b>	<b>Received By</b>
1.	Sanitary Permit Application (Form A)		
2.	Business License		
3.	Pre-Operational Inspection Report		
4.	Floor Plan		
5.	Vicinity Map		
6.	Smoking Policy		
7.	Personnel Listing		
8.	Health Certificate		
9.	Manager's Certificate/Sign-up		
10.	Form B: Supplemental Application for Food Est.		
11.	Form C-1: Application for Variance		
12.	Other:		

Approved

Not Approved

Reason for denial: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURES**

**DATES**

Environmental Public Health Officer: \_\_\_\_\_

Environmental Public Health Officer Administrator: \_\_\_\_\_

Chief Environmental Public Health Officer: \_\_\_\_\_