



GRAHAM COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health (928) 428-1962

826 West Main Street, Safford, Arizona 85546

FAX (928) 428-8074

Application for a Food Establishment Permit

Name of Establishment: _____

Street Address: _____

City/Zip Code: _____ Business Phone: _____

Business Owner/Agent: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Send annual permit renewal notices & permits to: Business Address Owner Address

Person In Charge / Manager: _____

Date of Food Manager's Certification: _____

Hours of Operation: _____ Days of Operation: _____

Establishment Information: (Check all that apply)
 Fixed (restaurant, bar, food processor, etc.) **Mobile** (*must also complete Mobile Food Establishment Supplemental Application*)
 New construction **Remodel** **Change of ownership**

Wholesale food sources that will be used: _____

Have the applicable zoning and building requirements been met? Yes No

Will the establishment be served by an on-site septic system? Yes No

Food Preparation Information: Please check all boxes that apply to how potentially-hazardous foods will be prepared and served in the establishment:

- To order only In advance and discarded at end of day
- Using time as a public health control Only non-potentially hazardous foods prepared
- Potentially hazardous foods are prepared in advance with two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing or thawing
- Potentially-hazardous foods are prepared for delivery to, and consumption at, off-premise location
- Foods are prepared and served to a highly susceptible population (elderly and young children)

Food Permit Application Checklist:

As you prepare your application, please remember that your thoroughness and attention to detail will expedite the permitting processing. Below is a detailed outline of the information our department will need to complete our review. Please answer each question – attaching details and supporting information as needed – and submit this checklist with your application.

Note: This information is a guideline to assist you in preparing your plans for review. You will be responsible for meeting all the requirements of the Arizona Food Code.

1. Have you submitted a menu? Yes No
2. Did you describe the preparation process for each menu item? (See Example 1) Yes No
3. Have you prepared a scale drawing (indicate scale) showing the entire establishment and all existing and proposed new equipment and facilities? (These plans do not have to be professionally drawn. See Example 2) Yes No
4. Have you provided copies of specification sheets and/or model numbers for all equipment? (All equipment must be ANSI/NSF approved or its equivalent.) Yes No
5. All equipment/cabinets should be permanently attached to floors/walls; if not, they should be easily moveable for cleaning. If the equipment/cabinets are permanently attached, there should be a gap of at least 6" between the floor and the bottom shelf or between equipment and floor - OR - the equipment/cabinets should be flush with the floor and coved for easy cleaning. Does your equipment/cabinetry meet these requirements? Yes No
6. Foods should be cooled in shallow metal pans using either ice baths or a walk-in cooler/freezer. If cooling with ice baths, an ice machine is needed. If using a cooler or freezer, you must have adequate space to accommodate cooling foods in addition to stored foods. Do you have adequate equipment to safely cool foods? Yes No
7. Have you provided sneeze guards for food service lines, buffet, self-service, and salad bars? N/A Yes No
8. Surfaces of walls, floors, ceilings counters, shelving and equipment throughout the establishment must be smooth, non-absorbent, durable and easily cleanable. Have you included a finish schedule (list of types surface materials used, e.g. tile, enamel paint, stainless steel) with the plans? (See Example 3) Yes No
9. Surfaces of all food preparation/storage/service areas must be smooth, durable, non-absorbent and easily cleanable. Have you included a finish schedule with the plans? Yes No
10. Are all floor-wall junctures and permanent equipment floor junctures coved? Yes No
11. Are all wood and concrete surfaces properly sealed? Yes No
12. Handwashing sinks must be provided in all food preparation and service areas. More than one may be required. Do you have handwashing sinks available in these areas? (See Example 4) Yes No
13. Handwashing instructional signs are required at each handwashing sink. Will signs or posters be provided? (See Example 5) Yes No

14. Dishwashing sinks and dishwashers in all food preparation/service areas including liquor service areas must be large enough to wash, rinse, and sanitize all utensils, dishes and cookware used in the establishment. A three-compartment sink is required regardless of whether a dishwasher is installed. Dishwashing sinks and machines must be ANSI/NSF approved. A pre-rinse sink is required for dishwashers. Does your dishwashing set up meet these requirements? (See *Example 4*) Yes No
15. Safe sanitizer levels must be consistently maintained for dishwashers, three-compartment sinks, and sanitizer pails. Is there a procedure in place for this? Yes No
16. Will the automatic sanitizer system for the dishwasher and/or three-compartment sink be serviced by a third party? (e.g. Ecolab, Pro-Clean) N/A Yes No
17. Do you have drain boards on both sides of dishwashing sinks and/or dishwasher? Yes No
18. Is a utility/mop sink provided inside the facility? Yes No
19. Is a food preparation sink provided? A three-compartment, mop or handwash sink may not be used for food preparation. More than one food preparation sink may be needed. Do you have the necessary food preparation sinks? (See *Example 4*) Yes No
20. Have you provided indirect drains for food preparation sinks, ice machines, condensate from refrigeration units and any unit used to dispense food or beverages? (See *Example 6*) Yes No
21. Are vacuum breakers installed on all faucets with threaded hose bibs? N/A Yes No
22. Have you provided employee restrooms which meet local building department standards? (Contact local building department for standards.) Yes No
23. Have you provided public restrooms? (While not required, customers may not enter food preparation areas to use employee restroom.) Yes No
24. Do restrooms have handwashing sinks with hot and cold water? Are they provided with soap and single-service towel dispensers or air hand drying devices? Yes No
25. Are the restroom doors self-closing? Yes No
26. All food, utensil and single-service item storage must be at least 6" above the floor, and no storage can be under sewer and water lines. A separate storage area must be provided for chemicals such as cleaners, lubricants, pest control materials and other toxins. Does your storage facility meet these requirements? Yes No
27. Have you indicated the proposed exhaust ventilation system on the plans? (Contact your local building department for requirements. Exhaust hoods may be required.) Yes No
28. Are filters and grease-extracting equipment easily removable for cleaning? Yes No
29. Do you have provisions for the exclusion of insects and rodents (e.g. screens, self-closing doors, air curtains, weather stripping, etc.)? Yes No

30. Lighting must be adequate in all food preparation, service, storage, restrooms, and equipment and ware washing areas. All lights in food preparation, service, storage, and dishwashing areas must be shielded. Does your lighting meet these requirements? Yes No
31. Are all electrical boxes flush mounted with no exposed conduit, wiring or duct work? Yes No
32. Have you indicated a refuse storage location with an area for container and equipment washing on your plans? Yes No
33. The refuse area must be provided with a concrete or machine laid slab. A screen or fencing around the refuse area is recommended. Wastewater generated at the garbage storage area must be drained into a sanitary sewer or an approved on-site sewage system. Waste water must not enter the storm sewers. Does your refuse area meet these requirements? Yes No

Food Safety Questionnaire

The Person In Charge (PIC) as referenced in the Food Code, sections 2-101.11, 2-102.11, 2-103.11, and 2-201.11, will be responsible for the overall operation of the food establishment. The PIC shall demonstrate to the Department knowledge of foodborne disease prevention and the requirements of the Food Code as it pertains to their food operation. The PIC shall be responsible for having employees report to them information about their health and activities as they relate to diseases that are transmissible through food. In addition, the menu and manner of transportation, storage, cooking, preparation, and service of food and beverages must be specifically identified and evaluated by the Department. Any changes to the menu must be submitted to and approved by the Department prior to implementation.

(If more space is needed, attach answers on additional paper.)

1. FOOD PREPARATION

A. Explain how cross contamination will be prevented during preparation, holding, and storage.

B. Explain how food-contact surfaces and utensils will be cleaned and sanitized, and how often.

C. What are safe levels for each sanitizer used? How frequently will levels be tested? _____

D. What will be used to avoid bare hand contact with ready-to-eat foods? _____

E. What will happen to foods that are left over at the end of the day? _____

F. Describe how and when to properly wash hands. _____

2. COOLING & REHEATING

A. Which menu items will be cooked and then cooled for later service? _____

B. Explain the process, timeframes, and temperatures for cooling foods. _____

C. How are cooling temperatures monitored? _____

D. Explain the process, timeframes, and temperatures of reheating food for hot holding.

E. How are reheating temperatures monitored? _____

3. COLD & HOT HOLDING

A. What is the maximum temperature that cold foods are to be held? _____

B. What is the minimum temperature that hot foods are to be held? _____

4. PERSONNEL

- A. Describe your written or verbal policy to exclude or restrict food employees who are ill, and list the symptoms that should prevent the employee from working with food.

STATEMENT: I hereby certify that the above information is correct to the best of my knowledge. I fully understand that any deviation from the above without prior approval from the Graham County Health Department is prohibited.

Signature

Date

Approval of these plans and specifications by Graham County Health Department 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 of acceptance of the completed establishment (structure or equipment). A final inspection of the establishment with equipment in place will be necessary to determine if it complies with the state laws governing food service establishments.

For Office Use Only:

Date Received:
Plan Review Fee Received: <input type="checkbox"/>
Notes: