Food Premise Information Form

1. General Information

Application Date:______________________________

Facility Name:________________________________________________________________________

Facility Address:______________________________________________________________________

Applicant Name:______________________________________________________________________

Applicant’s Mailing Address________________________________________________________________________ (where approval letter will be mailed to)

Contact Numbers:_______________________________________________________________________

(daytime number/cell number for plan approval questions)

2. Premise Type (check one)

☐ Public Eating Establishment (restaurant/food cart) ☐ Abattoir

☐ Food Distributor (grocery store) ☐ Food Processor

☐ Liquor Outlet (bar/pub/lounge) ☐ Meat Processor

☐ Care Home – Specify Type (group/special/approved/assisted)
Food Premise Information Form (Continued)

3. Washrooms
   a. Public Washrooms are located so that access does not require passage through areas where food is stored or prepared
      □ Yes □ No
   b. Staff washrooms do not open directly into a room where food is stored or prepared
      □ Yes □ No

4. Kitchen/Processing Area
   Number of Plumbing Fixtures
   _____ hand basins
      ▶ Is there at least one in each processing area? □ Yes □ No
   _____ 2 compartment sinks
   _____ 3 compartment sinks
   _____ commercial dishwasher
      ▶ Are disposable wares served to the public? □ Yes □ No
   _____ floor drains
   _____ grease interceptor
   _____ mop/ janitor sink

5. Finishing Materials
   a. General Areas
      ▶ Floors
      ▶ Walls
      ▶ Ceiling
   b. Washrooms
      ▶ Floors
      ▶ Walls
      ▶ Ceiling
      ▶ Countertops
   c. Food Contact Surfaces
      ▶ Work Stations/Countertops
      ▶ Shelving

6. Ventilation
   a. Range Hood is NFPA 1996 compliant
      □ Yes □ No
   b. Washroom ventilation supplied
      □ Yes □ No
7. Lighting
   a. Lighting fixtures shall be located and be of a safety type (Shields) or protected to prevent contamination of food and packaging.
   b. The intensity in the various areas should be no less than:
      - **110 Lux** (Above the floor) in walk-in coolers, freezers, dry food storage areas.
      - **220 Lux** (Above the floor) in areas used for dining, handwashing, dishwashing, utensils and equipment storage.
      - **540 Lux** At the surface where a food handler is working with food or utensils and equipment such as knives, slicers, grinders or saws where food handler safety is a factor.

8. Storage (Size and Type)
   a. Dry Storage______________________________________________________________
   b. Coolers________________________________________________________________
   c. Freezers_________________________________________________________________
   d. Janitorial Supplies________________________________________________________

   Note: Cold storage units must be able to accommodate the number of meals/sittings proposed per day. Approximately 0.25 – 0.3 ft³ (.007 - .008 M³) per meal cold storage and 0.1 – 0.3 ft³ (.003 - .008 M³) per meal freezer space.

9. Cooking Equipment (list pieces of equipment)
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

10. Menu Type (Full service, sushi/sashimi, shawama/donair, buffet, deep fried, snacks, self-serve, food cart, etc.) ________________________________

11. Employee clothing storage area (state where, separate from food service area)
   _______________________________________________________________________

12. Water Supply (City, private well, etc.)
    _______________________________________________________________________
13. Comments/Reason for plan submission (new facility, renovations, addition etc.)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please submit completed application form with plans to your local public health inspection office.