



GENESEE COUNTY HEALTH DEPARTMENT  
 630 S. Saginaw Street, Suite 4, Flint, MI 48502-1540  
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<http://www.gchd.us>

FEE: \_\_\_\_\_  
 Ck#: \_\_\_\_\_ R#: \_\_\_\_\_  
 Date: \_\_\_\_\_

**NON-ROUTINE INSPECTION APPLICATION – FOOD SERVICE ESTABLISHMENTS**

This application will assist in the evaluation of the food service establishment or operation. A food service license is **NOT** transferable as to person or place. Failure to obtain a license before operating carries a monetary civil penalty of \$500.00 per day.

**IN ALL CASES, SUBMIT WITH THIS APPLICATION:**

- Proposed Menu
- Standard Operating Procedures [SOP's] worksheets
- Completed Plan Review Worksheet (Pgs. 1 – 6)
- Current Certified Manager Certificate – OR- proof of class enrollment

**1. REASON FOR INSPECTION:**

- New owner of a previously licensed establishment  
 Field evaluation of an unlicensed establishment  
 Significant Change in Menu or Procedures  
 Other \_\_\_\_\_

2. **NAME** of establishment (doing business as): \_\_\_\_\_

3. Establishment Address: \_\_\_\_\_  
 (Number and Street) (City) (State) (Zip)

4. In  City / Village of: \_\_\_\_\_  Township of: \_\_\_\_\_

5. **PREVIOUS NAME OF ESTABLISHMENT:** \_\_\_\_\_

**6. PROPOSED TYPE** of establishment: (please circle one)

- Serving Site Only; Bar Only; Take-Out Pizza Only; Ice Cream Only; Donut Shop; Bagel Shop; Coffee Shop; Concession;  
 Full Service **WITHOUT** Alcohol; Bar With Small Food Menu; Fast Food; Catering; Ethnic Menu Without Alcohol;  
 Full Service **WITH** Alcohol; Institutional Setting; Ethnic with Alcohol; Mobile Unit; Special Transitory Food Unit

7. **NEW OWNER'S NAME:** \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX #: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Number and Street) (City) (State) (Zip)

8. **OWNERSHIP:**  Individual or Partnership  Corporation  Educational  
 Religious / Charitable / Fraternal / Other Non-Profit [organization has 501 (c) (3) status]

**FOR NEW OWNERS:**

9. Is the establishment currently open for business?  YES  NO If no, when is the anticipated opening? \_\_\_\_\_  
 If yes, is the establishment already operating under the new ownership?  YES  NO
10. Will the management and/or personnel change?  YES  NO
11. Will the type of menu change?  YES  NO
12. Is the kitchen equipment from the previous owner present and intact?  YES  NO
13. Are equipment changes in the establishment planned?  YES  NO  
If yes, specification sheets are required to be submitted with this application.
14. Are construction changes in the establishment planned?  YES  NO  
If yes, provide scaled drawing of kitchen, storage, equipment and plumbing fixtures with this application.
15. Is the facility serviced by a private well?  YES  NO  
If yes, additional testing is required.

## IMPORTANT INFORMATION

- Permits, inspections, and approvals must be obtained from local mechanical and plumbing inspectors for any ventilation or plumbing changes to the facility.
- If this facility has not been an operating food service facility within the past year, a scaled drawing of the kitchen and equipment including storage areas and plumbing fixtures must be included with this application.
- **THIS ENTIRE PACKET OF INFORMATION NEEDS TO BE COMPLETELY FILLED OUT SO STAFF CAN MAKE AN ACCURATE DETERMINATION AND APPROVAL OF YOUR REQUEST FOR LICENSURE.**

### Food Manager Knowledge

**Under the Michigan Food Law of 2000, as amended, retail food establishments are required to have a Certified Food Service Manager on staff that has passed an accredited program. The law also requires a person in charge (PIC) be present during all hours of operation.**

#### 1. Check all that apply

\_\_\_\_\_ A designated person in charge that can demonstrate knowledge of: foodborne disease prevention, application of food safety (HACCP) principles, and the requirements of the Food Code, will be available during all hours of operation.

\_\_\_\_\_ I or one of my staff have a current management certification.

\_\_\_\_\_ Formal training program for new or existing staff will be provided. (OPTIONAL)

\_\_\_\_\_ I or one of my staff have enrolled in a class for Food Management Certification.

\_\_\_\_\_ There is a written policy that excludes or restricts food workers who are ill or have infected cuts or lesions. (OPTIONAL)

\_\_\_\_\_ SOP's- I understand that standard operating procedures must be submitted and reviewed prior to opening if my establishment is new or remodeled with operation or menu changes.

\_\_\_\_\_ Animal based foods, such as meat, poultry, fish, shellfish or eggs served raw, or undercooked or not otherwise processed to eliminate pathogens.\*\*

\*\*If you checked this item, then the customer must be informed by means of a written disclosure, at the point of ordering, that a particular menu item contains raw or undercooked foods of animal origin and a reminder that identifies the increased risk of foodborne illness when consuming these foods. The disclosure and reminder must be made whether the food is normally prepared undercooked or is prepared undercooked only at the customer's order. Submit a copy of the disclosure and reminder and state how it will be conveyed to the consumer.

### ***Food Preparation Review***

#### 2. How Will Potentially Hazardous Food be Thawed? (Check all that apply)

<u>Thawing Method</u>	Foods less than 1" thick	Foods more than 1" thick
Refrigeration		
Running water (less than 70°F)		
Microwave as part of cooking process		
Cook from frozen		
Other:		

**3. Cooking & Reheating Potentially Hazardous Food**

List all cooking & reheating equipment and check all applicable boxes.

Equipment Name	Cooking	Reheating	New	Used	NSF Approved or Equivalent

**4. Hot and Cold Holding of Potentially Hazardous Food**

List all hot & cold holding equipment and check all applicable boxes.

Equipment Name	Hot Holding	Cold Holding	New	Used	NSF Approved Or Equivalent

5. Will ice be used as a refrigerant for potentially hazardous foods? \_\_\_Yes \_\_\_ No  
 If yes, describe which foods will be held on ice, for how long, where this will occur and the source of the ice.

\_\_\_\_\_

\_\_\_\_\_

6. Will time be used for bacterial growth control, instead of hot or cold holding? \_\_\_Yes \_\_\_No  
 If yes, submit a list of the foods involved and fill out the standard operating procedures worksheet pertaining to the use of time as a control.

\_\_\_\_\_

\_\_\_\_\_

7. **Cooling Potentially Hazardous Food:** List foods that will be cooled using each of the following methods. Foods must be cooled to 41°F within 6 hours (140°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). More than one method may be used.

- A. Shallow pans in refrigerator: \_\_\_\_\_
- B. Ice baths: \_\_\_\_\_
- C. Volume reduction (i.e. quartering a large roast): \_\_\_\_\_
- D. Rapid chill devices (i.e. blast freezers): \_\_\_\_\_
- E. Ice paddles: \_\_\_\_\_
- F. Other: \_\_\_\_\_

**8. Food Preparation**

A. List foods that will be prepared a day or more in advance of service or sale.

\_\_\_\_\_  
\_\_\_\_\_

B. How will employees avoid bare-hand contact with ready-to-eat foods? (Check all that apply)

- Disposable gloves
- Suitable utensils
- Deli tissue
- Other: \_\_\_\_\_

C. Will produce be cleaned on-site?  Yes  No

D. If C is yes, describe which sink(s) will be used for food preparation.

\_\_\_\_\_  
\_\_\_\_\_

**Date Marking:** When potentially hazardous food is ready-to-eat and will be kept under refrigeration for more than 24 hours after preparation / opening, a last date of use must be placed on the item.

E. Will the establishment have food items that must be date marked?  Yes  No

If yes, describe the date marking system that will be used or provide written standard operating procedures.

\_\_\_\_\_  
\_\_\_\_\_

**9. Catering/Off-Site/Satellite:** complete if establishment will cater foods to another location.

A. List menu items to be catered:

\_\_\_\_\_

B. Maximum number of catered meals per day will be \_\_\_\_\_

C. How will hot food be held at proper temperature during transportation and at the remote serving location? \_\_\_\_\_

\_\_\_\_\_

D. How will cold food be held at proper temperature during transportation and at the remote serving location? \_\_\_\_\_

\_\_\_\_\_

**Dishwashing**

10. Dishwashing methods (check all that apply)  Dishmachine  Sink

Dishwashing Sinks	Length (inches)	Width (inches)	Depth (inches)
A. Sink 1, Size of compartments			
B. Sink 2, Size of compartments			
C. Sink 3, Size of compartments			

D. What is the largest item that will have to be washed in a sink and its size?

E. List the location of all garbage disposals:

## General

11. Will employee dressing rooms be provided?  Yes  No

12. If no, describe how personal belongings will be stored:

13. Check which of the following will be used on-site:  Washer  Dryer

14. Describe what will be laundered on-site: \_\_\_\_\_  
\_\_\_\_\_

15. What type of mop sink will be provided (i.e. curbed floor drain, mop sink on legs, etc)?  
\_\_\_\_\_  
\_\_\_\_\_

***I hereby certify that all information provided in this application is true and complete.***

**APPLICANT'S NAME:** \_\_\_\_\_ **DAYTIME PHONE #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### OFFICE USE ONLY

\_\_\_\_\_  
HEALTH DEPARTMENT REPRESENTATIVE

\_\_\_\_\_  
DATE OF INSPECTION

\_\_\_\_\_  
EXPIRATION DATE

\*\*\*IF FACILITY IS ON A WELL, SIGNATURE MUST BE OBTAINED FROM TYPE II COORDINATOR BEFORE APPROVAL WILL BE GIVEN.\*\*\*

\_\_\_\_\_  
HEALTH DEPARTMENT REPRESENTATIVE  
TYPE II PROGRAM

\_\_\_\_\_  
DATE OF REVIEW

\_\_\_\_\_  
DATE APPROVED