

Is the food establishment: (check appropriate box) Permanent Temporary
 Seasonal (months of operation: _____)

Type: Full Service Fast Food Take-out Caterer Hospital School Concession
Other / (please explain) _____

Hours of Operation: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Does the establishment: (check yes or no)

(1) Prepare, offer for sale, or serve "*potentially hazardous food*: (food that requires temperature control for safety- meats, cheese, soups, sauces, pasta, cooked vegetables, sliced fruit, etc.): Yes or No

(a) Only to order upon a consumer's request: Yes or No

(b) In advance quantities: Yes or No

(c) Using *time* as the public health control (i.e., not temperature controlled): Yes or No

(2) Prepare potentially hazardous food in advance using a food preparation method that involves two or more steps which may include combining potentially hazardous food ingredients, cooking, cooling, reheating, hot or cold holding, freezing, or thawing: Yes or No

(3) Prepare food as specified under (2) for delivery to and consumption at a location off premises of the food establishment where it is prepared (i.e. catering): Yes or No

If yes, is catering: Full Service Limited

(4) Prepare food as specified under (2) of this section for service to a *highly susceptible population* (i.e. the elderly, children, or those with weakened immune systems): Yes or No

(5) Does not prepare but offers for sale only prepackaged food that is not potentially hazardous: Yes or No

(6) Prepares only food that is not potentially hazardous: Yes or No.

Number of Seats: _____ **Number of Outdoor Seating:** _____

Water Supply: (check appropriate box) Public- Name _____ or Private- Type _____

Sewage: (check appropriate box) Public- Name _____ or Private- Type _____

I/we attest to the accuracy of the information provided, affirm to comply with the Food Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Signature: _____

Title: _____

Print Name: _____

Date: _____

For Official Use

Census Tract: _____

Environmental Health Spec. _____

Issue Date: _____

Expiration Date: _____