



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION**

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SHARED PERMANENT FOOD FACILITY REVIEW FORM

To initiate the review of your request for a health permit to operate a food business from a shared food facility (**Permanent** food facility); **complete and submit this form**, along with **all additional relevant documents** indicated below, and a **health permit application** as a **Food Service/Caterer permit** with the **applicable fee** to the Environmental Health Services Division.

SUPPLEMENTAL FORMS AND DOCUMENTS

Indicate below all provided items included along with this form for review (check all that apply):

<input type="checkbox"/> *Health Permit Application	<input type="checkbox"/> * Shared Food Facility Use Agreement	<input type="checkbox"/> *Sample menu and/or product label(s)	<input type="checkbox"/> Business License No.
<input type="checkbox"/> Written Operational Procedures (Catering operations only)	<input type="checkbox"/> CDPH Processed Food Registration or Cannery Lic.	<input type="checkbox"/> CDFA License	

DEPENDENT FOOD FACILITY OPERATOR INFORMATION

Name of Business:			
Owner's Name:		Operator Name (if different from owner):	
Owner's Address:		City:	State: ZIP:
Billing Address:		City:	State: ZIP:
Owner Phone Number:		Operator Phone Number (if different):	
Email(s):			

PERMANENT FOOD FACILITY OPERATOR INFORMATION

Facility Name:		Contact Person & Title:		PR#
Facility Address:		City:	State:	ZIP:
Email:		Phone Numbers:		

PROPOSED DEPENDENT OPERATION

1. Days/Hours of Operation:

Sun: _____ Mon: _____ Tue: _____ Wed: _____ Thu: _____ Fri: _____ Sat: _____

2. Type of Business:

Catering Operation Retail Food Service (check all that apply): On-site service Off-site service Delivery service

Mixed: _____ % Catering Op _____ % Retail _____ % Wholesale

Other (describe):

3. Type of Food Preparation and Service

Prepare/prepackage only nonpotentially hazardous (*non*-PHF[†]) foods.

Involves the preparation of potentially hazardous food (PHF[†]), and the PHF travels through the temperature danger zone (41-135°F) more than once.

Food preparation is limited to same-day service only; prepared foods that are not sold or served the same day are discarded.

[†]Non-PHF are similar to shelf-stable foods and do not need temperature control to prevent foodborne illness.

[†]PHF foods require temperature control to prevent growth of organisms that cause foodborne illness.

4. Where will food products be sold or provided to the consumer?

<input type="checkbox"/> Off-site Catered Event	<input type="checkbox"/> At a Catering Host Facility	<input type="checkbox"/> Customer Pick-up	<input type="checkbox"/> Delivery to Customer	<input type="checkbox"/> Third-party Delivery
<input type="checkbox"/> Local Businesses or Market (CDPH/CDFA licenses req'd)		<input type="checkbox"/> Community Event (Temporary food facility permit required)		
<input type="checkbox"/> Mail Delivery (CDPH/CDFA licenses req'd)		<input type="checkbox"/> Other (describe):		

5. How will the food be transported to and from the shared food facility and the location where the food will be sold or provided to the consumer?

PERMANENT FOOD FACILITY - EQUIPMENT OVERVIEW

1. Do you require the use of equipment not currently available in the permanent food facility? Yes No

1a. If yes, identify the type of equipment (attach Equipment Specification Sheet): _____

2. Indicate the equipment**/utensils at the permanent food facility you plan to use:

- | | | | | |
|---|--|--|---|---------------------------------|
| <input type="checkbox"/> Handwashing sinks | <input type="checkbox"/> Food prep sink | <input type="checkbox"/> Three-compartment sink | <input type="checkbox"/> Commercial dishwashing machine | <input type="checkbox"/> Mixers |
| <input type="checkbox"/> Cooking equipment | <input type="checkbox"/> Prep tables | <input type="checkbox"/> Hot holding equipment | <input type="checkbox"/> Rapid cooling blast chiller | |
| <input type="checkbox"/> Refrigerator (<input type="checkbox"/> walk-in) | <input type="checkbox"/> Freezer (<input type="checkbox"/> walk-in) | <input type="checkbox"/> Barbeque (permitted use only at commissary or community events) | | |
| <input type="checkbox"/> Other (describe): | | | | |

3. If food is prepared or multi-use utensils and equipment are used, is washing and sanitizing equipment provided? Yes No

3a. If no, how will these items be washed and sanitized? clean-in-place protocols Other (describe):

4. Type of sanitizer to be used (test strips must be provided for confirmation):

- | | | |
|--|--|--|
| <input type="checkbox"/> Chlorine (100 ppm/30 sec) | <input type="checkbox"/> Quaternary Ammonium (200 ppm/1 min) | <input type="checkbox"/> Iodine (25 ppm/1 min) |
|--|--|--|

FOOD PRODUCT & PROCESSING / PACKAGING / SOURCE / FOOD & SUPPLIES STORAGE

FOOD PRODUCT(S):

1. Generally speaking, what food products or types of food products will you produce? _____

2. List typical ingredients used for production. Indicate if ingredients are refrigerated or frozen, purchased raw or precooked:

3. Describe the process for making your product, or general procedures used when making numerous foods at one time. In brief terms, go from start to finish, including what types of equipment** will be used and if additional food preparation will occur at any off-site locations. Use reverse or additional pages if necessary: _____

4. Is cooling a part of your food process? If so, please describe what foods are cooled and how you do it: _____

5. Indicate below the final product sold or provided to the consumer (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Prepared from refrigerated and served cold | <input type="checkbox"/> Cooked, cooled, then reheated and served hot (at or above 135oF) |
| <input type="checkbox"/> Cooked then held hot (at or above 135°F) | <input type="checkbox"/> Served at ambient temperature |
| <input type="checkbox"/> Served prepackaged | |
| <input type="checkbox"/> Other (describe): | |

6. Describe what you will do with leftovers (note - potentially hazardous foods hot held at or above 135oF must be discarded at the end of each operating day): _____

FOOD PACKAGING

7. Indicate the type of food packaging that will be utilized:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Cook-chill packaging | <input type="checkbox"/> Reduced Oxygen Packaging | <input type="checkbox"/> Vacuum Packaging | <input type="checkbox"/> Canning/bottling foods |
| <input type="checkbox"/> Sous Vide | <input type="checkbox"/> Prepackaged Juice | <input type="checkbox"/> Other (describe): | |

FOOD SOURCE (All food ingredients must be obtained from an approved source. Maintain receipts)

8. Indicate where food will be obtained: Retail store **Store Name(s):**
 Delivery service **Company Name(s):**

9. How often will refrigerated or frozen foods be obtained/delivered? Daily Weekly Other (describe):

10. How often will dry foods or supplies be obtained/delivered? Daily Weekly Other (describe):

*Indicates required item

** Equipment must be NSF approved or equivalent

FOOD, UTENSILS, LINENS, AND OTHER SUPPLIES STORAGE

11. Identify amount of shelving utilized specifically assigned to your business:

	Dry Storage (sq ft)	Refrigerated Storage (sq ft)	Frozen Storage (sq ft)
<u>Ingredients:</u>			
<u>Finished product:</u>			
<u>Utensils, linens, supplies:</u>			

12. Are you storing any food items at any place other than the commissary or mobile food facility? Yes No

12a. If yes, describe:

STATEMENT OF INTENDED COMPLIANCE

NOTE: During the review of your food operation, you may be required to provide additional forms and/or obtain approvals (licenses, registrations etc.) from other State or Federal agencies for special processes such as canning/jarring, producing products with meat, poultry, eggs and/or milk, or mail order and/or online sales. These approvals will need to be obtained prior to operation. **You must contact this Agency in writing prior to changes in the menu, location, equipment, or operations are made, or the Dependent food facility operator's health permit may be void.**

Dependent Food Facility Operator Name (print and sign): _____ **Date:** _____

OFFICE USE ONLY

Proposed permanent food facility is: Approved Rejected

Reviewed by: _____ **Date:** _____

*Indicates required item

** Equipment must be NSF approved or equivalent