Gwinnett Environmental Health Services
455 Grayson Highway - Suite 600
Lawrenceville, GA 30046
Phone: 770.963.5132
Fax: 770.339.4282
www.gnrhealth.com

FOOD SERVICE APPLICATION

Application Date: _____

FOOD SERVICE TYPE ☐ Permanent ☐ Mobile ☐ School ☐ Catering ☐ Institutional

NUMBER OF SEATS _____ ☐ Smoke Free ☐ Designated Smoking* ☐ All Smoking*

*(*Refer to the GA SmokeFree Air Act for correct selection)*

FACILITY INFORMATION

Facility Name _____

Address _____

City,State,Zip _____

Phone ( ) _____ Fax ( ) _____ Property Tax ID _____
(District-Land Lot-Parcel)

OWNER INFORMATION

Name _____ **CORPORATION NAME OR LLC IF APPLICABLE**

Address _____

City,State,Zip _____

Phone ( ) _____ Work ( ) _____ FAX ( ) _____ Other ( )

_____ E-mail _____

BILLING INFORMATION

Facility Name _____ Attention: _____

Address_____

City,State,Zip_____

NOTICE TO ALL FOOD SERVICE PERMIT APPLICANTS

Effective November 13, 2007, all newly permitted food service establishments are required to employ a manager who has successfully completed an approved food safety certification course and exam within ninety (90) days from the date of permit issuance. Gwinnett County Environmental Health regularly conducts training meeting this requirement. Scheduled dates of training opportunities are available by contacting this office. Applications with no activity will be void after one year and a new application and fees will be required.

ANY CHANGE TO OWNER NAME CONSTITUTES A CHANGE IN OWNERSHIP. ANY CHANGE IN OWNER/OWNERSHIP WILL REQUIRE A NEW PLAN REVIEW AND PERMITTING FEE.

PERMITS ARE NOT TRANSFERABLE FROM OWNER-TO-OWNER OR PLACE-TO-PLACE.

CONTINUED OPERATION WITHOUT A VALID PERMIT IS A VIOLATION OF FOOD SERVICE REGULATIONS AND MAY RESULT IN LEGAL ACTION

AUTHORIZED OWNER/AGENT INFORMATION

Print Name _____ Phone ( ) _____

Sign Name: _____

Affiliation with facility (check one): Owner Contractor Architect Other _____

FOR PLAN REVIEW:

Main hours of food prep:
- ☐ 4am – 2pm
- ☐ 10am – 10pm
- ☐ 4pm – 4am
- ☐ Open 24 hours

Operation Offered:
- ☐ Take Out/Fast Food
- ☐ Dine-In
- ☐ Delivery
- ☐ Catering
- ☐ Cafeteria
- ☐ Buffet/self-service
- ☐ Bar

Planning to serve any of the following?
- ☐ Raw seafood
- ☐ Molluscan shellfish (oysters, clams...)
- ☐ Meat/eggs cooked-to-order
- ☐ Dressings/sauces prepared on-site

Primary Service Type:
- ☐ China/metal flatware
- ☐ Disposable containers/flatware
- ☐ Dishwasher on premises

Food Service Plan Review Requirements

Note that the Gwinnett County Environmental Health Office will keep one set of site/construction plans and specifications provided during the plan review process. If additional, identical copies with a final approval stamp are needed for other departments, provide the number of copies necessary for your project. ***Once plans are approved it will be necessary to call and make an appointment with your inspector to have additional copies of the plans stamped and signed.***

The following is a list of the minimum information we will need to review your plans for a food service establishment. These are in addition to the usual construction drawings.

1. Submit a completed application and plan review fee. Make sure that the contact information submitted with the application is accurate and legible.

2. Provide a copy of the proposed menu. (If products served are not the typical cuisine, please provide a list of ingredients and any unique forms of preparation that may be required during the cooking process.)

3. For all food prep areas, provide an equipment layout and identification schedule, drawn to scale. Specify whether the equipment will be new (or if used, reconditioned). All equipment in food prep areas must be commercial grade and NSF-approved.

4. Provide manufacturer's specification sheets with the make and model of the following:
    a. Commercial water heater
        i. Include information about the storage capacity.
        ii. Include the recovery rate in gallons per hour at a 100^{o}F rise.
    b. Commercial dishwasher (if applicable)
        i. Include the flow rate in gallons per hour at maximum capacity.
        ii. Include whether the sanitization will be based on temperature or chemicals.
        iii. NOTE: If a facility with a commercial dishwasher plans to use TANKLESS water heaters, it is often required that more than one heating unit is provided.
    c. All refrigeration equipment (include food preparation units with under-the-counter cooling capacity).

5. Be advised that the Gwinnett County Department of Public Utilities (Water Resources) has approved an ordinance requiring a **1500-gallon minimum grease trap** for all new food service facilities, pending a review of the equipment list and menu for the food service establishment. **You must get a form indicating that you have met the requirements for the correct grease trap from Planning and Development at 466 West Crogan Street Suite 105 Lawrenceville, GA 30046.**

NO APPLICATIONS WILL BE ACCEPTED UNLESS ALL OF THE ABOVE ITEMS ARE INCLUDED.

NOTES: Stamp of approval on final plans will not be given if an application has not been submitted and the plan review fee has not been paid.
A copy of the newly-updated State Food Service Code and no smoking signs are available online at: www.gnrhealth.com. For a comprehensive list of NSF-approved commercial restaurant equipment, visit the NSF website at www.nsf.org.

If you have questions or concerns regarding these requirements, please call (770) 963-5132 for further clarification.

Food Service Opening Requirements
Checklist for Restaurant Owners

☐ **Make sure that the facility's water heater is sized appropriately and approved by your health inspector.**

☐ **Set aside a small area for food containers that are delivered as bent or broken (example: dented cans). These foods are not to be used for public consumption.**

☐ **Obtain NSF-approved food-safe containers with tight-fitting lids for storage in all coolers and dry storage areas.**

☐ **Make sure that all gaskets on refrigerators and freezers are clean, attached securely to the frame of the doors, and in good repair.**

☐ **Place hanging thermometers in all refrigeration equipment.**

☐ **Choose a chemical sanitizer for the manual dishwashing procedure, the dish machine, and all wiping cloth buckets. Provide test strips for this sanitizer. (If the dish machine uses a high temperature as a sanitation method, you must provide a testing device, either test strips or an approved thermometer, to pass through the dish machine during a normal wash cycle.)**

☐ **Have a thermometer on site that is appropriate to your menu.**

☐ **Provide drain stoppers for all compartments of the manual dish sink.**

☐ **Confirm that the following types of equipment (if applicable) are installed with approved indirect connections (air gaps) to sewerage/floor drains:**

- **All food prep sinks**
- **Three-compartment dish sink**
- **Four-compartment dish sink**
- **Ice machine**
- **Dish washing machine**

☐ **Replace any missing floor or ceiling tiles. Eliminate ALL carpet in the food prep areas.**

☐ **Thoroughly clean all floors, walls, and ceilings.**

☐ **All shelving must be clean and at least 6 inches above the floor for all food and clean dish storage.**

☐ **Use NSF-approved scoops with handles for all dry products and ice. It is recommended that the scoops are stored outside of the product on a clean, sanitized surface.**

☐ **Provide paper towels and soap at all hand sinks, including the restrooms.**

☐ **Provide a covered waste receptacle for the female restrooms. If only one unisex restroom is provided, a covered waste receptacle is required.**

☐ **All entrance/exit doors and restrooms doors must have adequate self-closing devices.**

☐ **Make sure that lights are shielded or shatterproof.**

☐ **Provide a small area for the storage of employee personal belongings away from food prep.**

☐ **Provide a small area for chemical storage.**

☐ **If necessary, identify a certified pest control operator. Permits may not be issued if a pest problem exists in the facility. There is no tolerance for roaches, rats, flies, or anything else crawling around in your kitchen.**

☐ **Eliminate all exposed wood in the facility. If wood cannot be eliminated, cover with a heavy-duty semi-gloss paint of white/light-colored finish.**

☐ **Contact the Gwinnett County Department of Water Resources (Public Utilities) to ensure that the facility's grease trap is sufficient and get a form indicating that you have met the requirements for the correct grease trap.**

☐ **Eliminate all residential-grade equipment in the prep areas, and if necessary, replace with commercial-grade equipment.**

☐ **Thoroughly clean all interiors and exteriors of equipment.**

☐ **Make sure the facility's dumpster is installed with an adequate drain plug and tight-fitting lids/doors.**

☐ **Register for a Certified Food Safety Manager's Training Course. If you do not have the certification already, registration is available at the Gwinnett County Environmental Health Office.**

☐ **<u>If the requirements listed before this one have not been addressed, do not schedule your opening inspection with your inspector.</u> If addressed, call to schedule an appointment with your inspector.**

<u>Once final inspection is scheduled with your health inspector:</u>

☐ **Make sure that hot water is provided to all sinks.**

☐ **All refrigeration equipment must be at or below 41^{o}F.**

☐ **You must have an Employee Health policy**

☐ **Products must be date marked as required**

☐ **You must have a CFSM or be able to demonstrate knowledge**

☐ **Appropriate no smoking signs must be posted on all entry doors**

☐ **You cannot have any foodborne illness risk factor or public health interventions on your inspection if so you will not be allowed to operate**

FEES FOR RE-INSPECTIONS AND REQUIRED ADDITIONAL ROUTINES

A yearly food service inspection fee is collected and provides for the routine inspections as required by the Food Code. If a routine inspection score requires by code a re-inspection, an informal re-inspection or a required additional routine inspection, additional fees will be charged for these inspections**. It is the responsibility of the food service permit holder to pay these fees.** Below is a breakdown of the fee schedule:

Follow up Inspection: A fee of $200.00 will be charged for this inspection.

- A follow up inspection will be conducted when an establishment earns a "C' or "U" on a routine inspection. A new score will be posted on an inspection report.
- A follow up inspection will be conducted when an establishment does not earn a "C" grade or higher from a previous follow up inspection. A new score will be posted on an inspection report.
- A follow up inspection will be conducted when a food service permit is suspended. A new score will be posted on an inspection report.

Informal Follow up Inspection: A fee of $50.00 will be charged for this inspection

- An informal follow up inspection will be conducted when an establishment has earned an "A" or "B" on a routine inspection and violations were not corrected on site. This inspection will be to confirm corrections of violations cited on the inspection report. An inspection report addendum will be completed and added to the file and the establishment will keep the score earned on the previous routine inspection.

Required Additional Routine Inspections: A fee of $300.00 (for restaurants with 30 seats or more) or a fee of $200.00 (for restaurants with less than 30 seats) will be charged for this inspection.

- Establishments that earn a "C" or "U" grade will have **at least one** additional routine inspection added and may have more inspections at the discretion of the Health Authority

If a food service permit is suspended, payment must be made at time of compliance conference and prior to reopening. If a follow-up inspection is completed and the permit has not been suspended, a bill will be forwarded to the food service establishments.

Plan Review Checklist

General Information

1. **It is the responsibility of the owner or his/her representative to submit all of the required information to the Environmental Health Department. DO NOT assume that other departments will submit this information for you.**
2. **According to Georgia's Food Service Code Chapter §290-5-14-.02(3a), the application for a permit must be submitted to the County Environmental Health Office *at least* 10 business days prior to the anticipated date of opening and commencement of food service operation.**
3. **According to Georgia's Food Service Code Chapter §290-5-14-.02(4b), plans for the food service establishment must be submitted to the County Environmental Health Office *at least* 14 business days prior to beginning construction.**
4. **Georgia's Food Service Code Chapter §290-5-14-.02(6), the permit will not be issued to the food service facility until the following requirements are met:**
    a. **Completed application**
    b. **Fees submitted**
    c. **Plans and specifications approved**
    d. **Pre-opening inspection**

☐ **Application completed**

☐ **Contact Person and Information identified**

☐ **Plan review fee paid**

Plans (*prior to submission*) must include:

☐ **Copy of the proposed menu**

☐ **Primary service type offered:**

☐ **China/metal flatware**

☐ **Disposable containers/flatware**

☐ **Projected # of meals prepared between deliveries: _____**

☐ **Number of seats: _____**

☐ **Finish schedule for floors, cove bases, walls, and ceilings**

☐ **Type of sewage disposal used by facility**

☐ **Grease trap location and size**

☐ **Plumbing schedule**

☐ **Equipment layout/schedule drawn to scale**

☐ **Required sinks included**

- **Adequate # of hand sinks**
- **Vegetable Prep Sink**
- **Four-compartment dishwashing sink**
- **Mop sink/can wash**

☐ **Specification sheet for Commercial Water Heater**

☐ **Specification sheet for Commercial Dishwasherlease allow sufficient time for the Plan Review Committee to complete the review. If you have further questions, please contact a member of the Food Service Plan Review Committee.**

I have completed and submitted all the above requirements for the Food Service Plan Review. I understand that any deviation from what I have submitted without prior permission from this regulatory office may nullify the approval of these plans.

Signature:

_____

Gwinnett County Environmental Health:
Food Service Plan Review

☐ Plan Review Fee Paid ☐ New ☐ Remodel ☐ Change of ownership

Name of Facility: _____

Address: _____

Contact Person: _____

☐ Contractor ☐ Architect ☐ Owner

Contact Method: ☐ Phone/FAX #: _____

☐ Email: _____

Main hours of food prep:

- ☐ 4am-2pm
- ☐ 10am-10pm
- ☐ 4pm-4am
- ☐ Open 24 hours

# of seats: _____
(claimed on application)

Occupancy limit: _____
(from Fire Marshall)

Type of Operation:

- ☐ Take Out/Fast Food
- ☐ Dine-In
- ☐ Delivery
- ☐ Catering
- ☐ Cafeteria
- ☐ Buffet/self-service
- ☐ Bar

Projected # meals prepared between deliveries:

- ☐ Less than 100
- ☐ Less than 150
- ☐ Less than 200
- ☐ Less than 300
- ☐ More than 300

Primary Service Type Offered:

- ☐ China/metal flatware
- ☐ Disposable containers/flatware
- ☐ Dishwasher on premises

Any of the following foods on the menu?

- ☐ Raw seafood (sushi, ceviche, etc.)
- ☐ Molluscan shellfish (oysters, clams, scallops, etc)
- ☐ Meat/eggs cooked-to-order
- ☐ Dressings/sauces prepared on-site

According to 2005 Food Code, facility needs to apply for a variance for:

- ☐ Use of food additives as a method of food preservation (ex. Sushi rice with vinegar)
- ☐ Reduced oxygen packaging
- ☐ Smoking food as a method of food preservation
- ☐ Curing food
- ☐ Operation of molluscan shellfish life-support system, when shellfish are intended for human consumption
- ☐ Sprouting seeds or beans
- ☐ Preparing/storing food by another method that is determined by GCEH to require a variance

Comments:

_____

_____

Finish Schedule:

Area	Floor	Cove Base	Wall	Ceiling
Food prep				
Mop sink				
Restrooms				
Wait station				
Other				
Other				

☐ All surfaces are smooth, nonabsorbent, and easily-cleanable

☐ Floor mats and duckboards must be removable and easily cleanable

☐ Studs, joists, and rafters not exposed in areas subject to moisture

Insect and Rodent Control:

☐ All outside doors equipped with self-closers
☐ Building rodent-proofed
☐ All vents and duct openings for heating and air conditioning should be screened or raised and/or guarded with an excluder device
☐ Metal kick plates and gnaw-proof edge guards on doors

Sewage system:

Sewage disposal
☐ Connect to public sewer only
☐ Individual sewage system approved

Grease trap must be approved by the Department of Water Resources
Size: _____ Location: _____

Water Supply Systems:

☐ Must have potable water from a municipal water supply
☐ Hot and cold water under pressure must be applied to all necessary fixtures

Ice:
☐ Commercial
☐ Made on Premises

Plumbing:

All plumbing adequately sized and typed according to Standard Plumbing Code
☐ Insulating connections must exist between pipes of dissimilar metals
☐ Specifications call for adequate system disinfection and sampling by local health department
☐ All plastic pipe must bear the NSF seal.

Install back-siphonage protection devices on:
☐ Urinals
☐ Dishwashers
☐ Sinks
☐ Ice machine
☐ Lavatories
☐ Steam tables
☐ Mop sink
☐ Other

Install air gaps at:
☐ Dish machine
☐ 3-compartment sinks
☐ 4-compartment sinks
☐ All food prep sinks
☐ Ice machine
☐ Other

Hot/cold water mixing faucets required for:
☐ All sinks in food prep area
☐ All lavatories

☐ Separate hot water system must be provided for kitchen

☐ At least one hose bibb with a mixing faucet and vacuum breaker in the kitchen area if water flushing is planned

☐ Liquid waste drain lines do not pass through an ice machine or ice storage bin

Comments:

_____

_____

Hand Sinks:

Provide at least one hand sink per work area, as listed below:

☐ Any/all prep areas
☐ Cook Line
☐ Dishwashing area
☐ Bar area

Total # hand sinks in food prep area: _____

Four-Compartment Sink:

☐ Compartments sized so that largest utensil is accommodated for proper dishwashing procedure
☐ Drain boards large enough to separately accommodate all soiled and cleaned items that may accumulate during hours of operations

Sanitizing method to be used:
☐ Chemical
☐ High-temp

Restrooms/Lavatories:

	Employee restroom(s)	Patron restroom(s)
Adequately and conveniently located		
Fully-enclosed room		
Door is self-closing		
Adequate ventilation		
Hot/cold water mixing faucet		
Sanitary towel and soap dispensers		
Covered waste receptacle		

Mop sink:

☐ Floor drain properly located
☐ Floor sloped to drain
☐ Can wash drain discharges through grease trap if effluent to septic tank or if required by plumbing code
☐ Hot and cold water provided
☐ Vacuum breaker (or other backflow prevention device) provided

Vegetable Prep Sink:

compartments: _____

☐ Protected from contamination
☐ Size and number of drain boards adequate

☐ Meat Prep Sink provided (if necessary)

Splash guards, as required:

Comments:

Commercial Dish Machine:

☐ Check if applicable for facility

Manufacturer: _____ Model: _____

Flow rate at maximum usage = _____ gph at 100°F rise

Sanitation method:

☐ Chemical
☐ High temp

Final rinse temperature: _____°F

Accessories properly installed:

☐ Pressure-reducing valve
☐ Pressure-temperature gauge
☐ Shock absorber
☐ Gauge cock

Drain boards must be self-draining

Approval of commercial dish machine by GCEH is required prior to opening inspection.

Commercial Glass Washer:

☐ Check if applicable for facility

Manufacturer: _____ Model: _____

Flow rate at maximum usage = _____ gph at 100°F rise

Commercial Water Heater:

Calculation of Hot Water Demand:

Item	GPH per Item	# on Plans	Total GPH
1-Compartment Prep Sink	25		
2-Compartment Prep Sink	45		
4-Compartment Dish Sink (full)	120		
4-Compartment Dish Sink (paper)	80		
4-Compartment Dish Sink (bar)	40		
Single Sink	30		
Pre-rinse Basin	45		
Lavatory/Hand sinks	5		
Service Sink	20		
Mop/Can Wash	20		
Sink Total			

Sink Total GPH ÷ 2 = _____ + _____ = _____

DW Flow Rate (GPH) | Hot Water Demand

***Peak hour demand required*: _____ gph at 100°F rise**

Manufacturer: _____ Model: _____
Storage Capacity: _____ gallons
Recovery Rate at 100°F rise: _____ gph

#KWs = _____ #BTUs/hr = _____

Approval of commercial water heater by GCEH is required prior to opening inspection.

Comments:

_____
_____
_____

Storage facilities:

☐ All shelving units are 6 inches above the floor
☐ No exposed wood in the facility
☐ Storage room flats and over-sized bulk bins are on casters
☐ Aisles between equipment measure at least 3 feet in width

Storage of Food-Contact Items and Linens

☐ Not stored in/underneath any one of the following:
- Locker rooms/employee break rooms
- Restroom facilities
- Mechanical rooms
- Under sewer lines
- Under open stairwells

☐ Stored on clean, dry surfaces
☐ Not exposed to:
- Splash
- Dust
- Other possible sources of contamination

☐ Stored in a self-draining position that allows for air-drying
☐ Kept in original protective packaging that affords protection from contamination until used

Linens

☐ Laundered on-site
- Washing machine
  Manufacturer: _____
  Model: _____

  Flow rate at maximum usage = _____ gph

☐ Laundered off-site

Chemical Storage Area:

Location

- Not above food, equipment, utensils, linens, or single-service articles
- Pesticides/paints stored separate from detergents and sanitizers

Employee Temporary Personal Belongings Storage Area:

☐ Facilities are available for employee personal belongings storage

Equipment and Dry Storage Space:

Allow a minimum 25% of total geometric area of the food prep/work area for equipment and dry storage space.

Food Protection:

☐ Adequate space for separation of raw animal foods during storage, preparation, holding, and display from all ready-to-eat foods
☐ Adequate space for protection of all foods from potential sources of contamination

☐ Dispenser(s) provided for unpackaged condiments
☐ Public notice informing self-service consumers to use clean tableware is posted in a conspicuous place in the self-service area
☐ Self-service counter areas, buffet lines, and/or food bars have adequate and approved shielding

Comments:_____
_____
_____

Kitchen Facilities:

- ☐ Adequate space for all equipment in facility
- ☐ Existing equipment is in good repair, capable of being maintained in a sanitary condition, and the food-contact surfaces are non-toxic
- ☐ All commercial equipment
- ☐ All equipment must meet NSF Standard 2

Installation

- ☐ Floor-mounted equipment is on 6-inch legs, on casters, on raised platforms, or sealed to the floor
- ☐ Counter-mounted equipment is on 4-inch legs, sealed to the counter, or portable
- ☐ Designed and constructed to be durable, and to retain their characteristic qualities under normal use conditions
- ☐ All equipment is easily cleanable and easily movable so that all surrounding floor/wall surfaces are easily cleanable

Multiuse food-contact surfaces shall be:

- ☐ Smooth
- ☐ Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections
- ☐ Free of sharp internal angles, corners, and crevices
- ☐ Finished to have smooth welds and joints

Non food-contact surfaces shall be:

- ☐ Free of unnecessary ledges, projections, and crevices
- ☐ Designed and constructed to allow easy cleaning and to facilitate maintenance

Ice machines:

- ☐ Located at sufficient distance from potential sources of contamination
- ☐ Approved location for storage of ice scoop

Testing Equipment Required:

Testing device for temperatures (choose at least one of the following)

- ☐ Bimetallic thermometer(s) for testing foods more than 2 inches thick
- ☐ Thermistor (digital instant read) for foods more than ½ inches thick
- ☐ Thermocouple for foods less than ½ inches thick

Testing device for refrigeration unit temperatures:

- ☐ Hanging thermometers for all refrigeration units, to include:
  - Walk-in coolers and freezers
  - Reach-in coolers and freezers
  - Prep coolers and freezers

Testing device for sanitizers

a. Dish machines using high-temp as sanitization method

- ☐ Integral heating device (min-max thermometer or equivalent) capable of maintaining integrity in water at a temperature higher than 171°F
- ☐ Provided with a rack or basket to allow complete immersion of the device during the rinse cycle
- ☐ Pressure measuring device provided for water supply line at the hot water sanitizing rinse in increments of 1 pound per square inch or smaller

b. Chemical sanitization in dish machines, manual dishwashing procedure, and cloth sanitization buckets

- ☐ Test strips (or equivalent test kit) that measures concentration of solution in mg/L
- ☐ Thermometer for frequently measuring wash/sanitize temperatures

Refrigeration Units:

- ☐ Meet NSF Standard 7
- ☐ In good repair and calibration
- ☐ Doors and hinges are in good repair and are tight-fitting to the frame
- ☐ Gaskets are in good repair and free of contaminants
- ☐ All cooler units maintain temperatures below 41°F
- ☐ All freezer units maintain temperatures that keep the frozen foods solidly frozen
- ☐ Adequate and approved storage shelving
- ☐ Approved cove basing around the interior and exterior of walk-in units

Comments:

_____

_____

_____

Ventilation:

☐ Hoods must be sized and approved by Fire Marshall
☐ Adequate dishwasher hood used
☐ Adequate ventilation system for toilet facilities

Lighting:

Light bulbs must be shielded, coated, or otherwise shatterproof in areas where there is/are:

- Exposed Food
- Clean Equipment, utensils, and linens
- Unwrapped single-service/single-use articles

Garbage Disposal Areas:

Type of Receptacle Used:

☐ Dumpster ☐ New
☐ Compactor ☐ Existing

Number of receptacles available for facility use: _____

Frequency of garbage pickup:

☐ Daily
☐ 2-3 days per week
☐ Weekly
☐ Other _____

Location:

Approximate distance from facility: _____ feet
Description: _____

Condition:

☐ Lids and side doors are installed properly and in good repair
☐ Drain plug is properly installed
☐ No obvious punctures/holes present
☐ Stored on approved concrete/asphalt slab
☐ Curbed/graded to drain liquid waste
☐ Installed so that accumulation of debris and pest harborage are minimized

STATEMENT:

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this regulatory office may nullify this approval.

Signature: _____
(Owner or responsible representative)

Date: _____
Month-Day-Year

Approval of these plans and specifications does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local; furthermore, plan approval does not constitute endorsement or acceptance of the completed establishment. A final inspection of each completed establishment with the necessary equipment will be necessary to determine if it complies with the Rules and Regulations Governing Food Service Establishments.

A permit from the **Gwinnett County Environmental Health Department** must be secured before this establishment can operate as a food service establishment.

Plans ☐ Approved
☐ Need revision; did not meet all GCEH requirements

Inspector Signature: _____

Date: _____
Month-Day-Year

Comments:

_____
_____
_____