



**Protective  
Health Services**  
Oklahoma State  
Department of Health

**OCCHD**  
Food Safety & Environmental Health  
2400 NW 36th Street  
Oklahoma City, OK 73112  
Telephone: (405) 425-4347  
www.occhd.org



## FOOD ESTABLISHMENT PRE-OPERATIONAL INFORMATION

(Must be completed before licensing)

**Name of Establishment:** \_\_\_\_\_

**Establishment Address:** \_\_\_\_\_

**Type of Food Operation:**

- |   |  |
|---|--|
| <input type="checkbox"/> Food Service Establishment | <input type="checkbox"/> Convenience Store with Food Service |
| <input type="checkbox"/> Bar                        | <input type="checkbox"/> Seasonal Food Service               |
| <input type="checkbox"/> Retail Food Store          | <input type="checkbox"/> Food Processor/Manufacturer         |
| <input type="checkbox"/> School                     | <input type="checkbox"/> Medical Marijuana Dispensary        |
| <input type="checkbox"/> Food Wholesalers           | <input type="checkbox"/> Medical Marijuana Processor         |
| <input type="checkbox"/> Water Bottling Facilities  | <input type="checkbox"/> Other _____                         |

**Owner's Name:** \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Owner's Telephone: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

Title (owner, manager, architect, etc.): \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Telephone: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

**GENERAL INFORMATION**

1. Hours of Operation: Sun \_\_\_\_\_ Thu \_\_\_\_\_  
Mon \_\_\_\_\_ Fri \_\_\_\_\_  
Tue \_\_\_\_\_ Sat \_\_\_\_\_  
Wed \_\_\_\_\_ Seasonal (what months) \_\_\_\_\_

2. Type of Service (check all that apply): Sit Down Meals \_\_\_\_\_  
Take Out \_\_\_\_\_  
Caterer \_\_\_\_\_  
Single Use Utensils \_\_\_\_\_  
Multi-Use Utensils \_\_\_\_\_

3. Provide the proposed menu or complete list of food and beverages to be offered  
(Include seasonal, off-site and banquet menus)

**FOOD SUPPLY**

- 1. How often will frozen foods be delivered? \_\_\_\_\_
- 2. How often will refrigerated foods be delivered? \_\_\_\_\_
- 3. How often will dry goods be delivered? \_\_\_\_\_
- 4. Identify the location and containers that will be used to store bulk food products (rice, flour, sugar, etc.)? \_\_\_\_\_

Identify all food suppliers:

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**FOOD PREPARATION PROCEDURES**

Explain the following with as much detail as possible. Provide descriptions of the specific areas on the plan where food is prepared.

How the food will arrive (frozen, fresh, packaged, etc.)

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Where the food will be stored

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Where will the food be washed, cut, marinated, breaded, cooked, etc. (prep table, sink, counter, etc.)

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When (time of day and frequency/day) will food be prepared?

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**HANDLING/PREPARATION PROCEDURES**

Explain the HANDLING/PREPARATION PROCEDURES for the following categories of food. Describe the processes from receiving to service including:

**READY-TO-EAT FOOD** (e.g., salads, cold sandwiches, raw molluscan shellfish)

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**PRODUCE**

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**POULTRY**

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**MEAT**

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**SEAFOOD**

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**THAWING TIME/TEMPERATURE FOR SAFETY FOODS**

Thawing Method(s) (Check all that apply and indicate where thawing will take place):

Under Refrigeration: \_\_\_\_\_

Running Water less than 70°F (21°C): \_\_\_\_\_

Microwave (as part of the cooking process): \_\_\_\_\_

Cooked from frozen state: \_\_\_\_\_

**FOOD PREPARATION PROCEDURES**

List all foods that will be cooked and served: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all foods that will be hot held prior to service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all foods that will be cooked and cooled: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all foods that will be cooked, cooled and reheated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOT/COLD HOLDING**

How will Time/Temperature Control for Safety Foods be maintained at 135°F (57°C) or above during hot holding?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will Time/Temperature Control for Safety Foods be maintained at 41°F (5°C) or below during cold holding?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COOLING**

Indicate by checking the appropriate boxes how Time/Temperature Control for Safety Foods will be cooled to 41°F (5°F) within 6 hours (135°F to 70°F in 2 hours).

COOLING METHOD	*THICK MEATS	*THIN MEATS	HOT FOODS	PRE-CHILLED FOODS	FOOD MADE FROM AMBIENT INGREDIENTS	LOCATION
Shallow Pans in Refrigerator						
Ice Baths						
Reduce Volume or Size and place in Refrigerator						
Mechanical Rapid Chill Unit						
Stirring with Frozen Stir Sticks						
Other (describe)						

\* Thick meats = more than an inch; Thin meats = one inch or less.

**REHEATING**

How and where will Time/Temperature Control for Safety Foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds within 2 hours?

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**HACCP PLAN**

Provide a HACCP plan for specialized processing methods of foods such as Reduced Oxygen Packaging (vacuum packaging, cook-chill, etc.), use of additives to render a food non-Time/Temperature Control for Safety Foods, curing and smoking for preservation, and molluscan shellfish tanks.

**PEST CONTROL** – Outside doors must be self-closing and rodent proof.

- |  | <b><u>Yes</u></b> | <b><u>No</u></b> | <b><u>NA</u></b> |
|--|-------------------|------------------|------------------|
| 1. Will screens be provided on all entrances left open to the outside?   | ( )               | ( )              | ( )              |
| 2. Will all windows that open have a minimum #16 mesh screening?   | ( )               | ( )              | ( )              |
| 3. Will electrical insect control devices be used?<br>If yes, where? _____   | ( )               | ( )              | ( )              |
| 4. Will air curtains be used?<br>If yes, where? _____  | ( )               | ( )              | ( )              |
| 5. Identify how all pipes & electrical conduit chases will be sealed. _____  |                   |                  |                  |
| 6. How will the area around the building be kept clear of unnecessary brush, litter, boxes and other<br>harborage? _____ |                   |                  |                  |

**REFUSE, RECYCLABLES, AND RETURNABLES**

1. Will refuse/garbage be stored inside? If so, where? \_\_\_\_\_
2. Identify how and where garbage cans and floor mats will be cleaned.  
\_\_\_\_\_
3. Will a dumpster or a compactor be used? \_\_\_\_\_  
Number \_\_\_\_\_ Size \_\_\_\_\_ Frequency of pickup \_\_\_\_\_
4. Will garbage cans be stored outside? \_\_\_\_\_
5. Describe surface and location where dumpster/compactor/garbage cans will be stored outside the establishment.  
\_\_\_\_\_
6. Identify location of grease storage containers \_\_\_\_\_
7. Will there be an area to store recyclables? \_\_\_\_\_ If yes, describe \_\_\_\_\_
8. Identify the area to store returnable damaged goods. \_\_\_\_\_

## WATER SUPPLY

Is ice made on premise ( ) or purchased commercially ( )? Will there be an ice bagging operation? YES ( ) NO ( )

What is the capacity of the water heater? \_\_\_\_\_

## SEWAGE DISPOSAL

Will grease traps/interceptors be provided? YES ( ) NO ( )

If so, where? \_\_\_\_\_

## DISHWASHING FACILITIES

### **Manual Dishwashing**

1. Will the largest pot and pan fit into each compartment of the 3-compartment sink? \_\_\_\_\_

If no, what will be the procedure for manual cleaning and sanitizing of items that will not fit?

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

2. Describe size, location and type (drain boards, wall-mounted or overhead shelves, stationary or portable racks) of air-drying space: \_\_\_\_\_

\_\_\_\_\_

3. What type of sanitizer will be used? Chemical ( ) or Hot Water ( )

### **Mechanical Dishwashing**

1. Identify the make and model of the mechanical dishwasher: \_\_\_\_\_

2. What type of sanitizer will be used? Chemical ( ) or Hot Water ( )

3. Will ventilation be provided? YES ( ) NO ( )

4. What will be used to signal detergent or sanitizer needs to be added?

\_\_\_\_ Visual means \_\_\_\_ Audible alarm \_\_\_\_ Visual alarm

## DRESSING ROOMS

1. Will dressing rooms be provided? YES ( ) NO ( )

2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, etc.)

\_\_\_\_\_

**TOXIC ITEMS**

1. Identify the location for the storage of poisonous or toxic materials.

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2. Where will cleaning and sanitizing solutions be stored at workstations? How will these items be separated from food and food contact surfaces?

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**LAUNDRY/LINENS**

Will linens be laundered on site? \_\_\_\_\_

If yes, what will be laundered and where? \_\_\_\_\_

If no, how and where are linens cleaned? \_\_\_\_\_

Identify location of clean and dirty linen storage: \_\_\_\_\_

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How often will linens be delivered and picked up? \_\_\_\_\_