



Oklahoma City - County Health Department
Food Safety & Environmental Health
2400 NW 36th Street
Oklahoma City, OK 73112
Telephone: (405) 425-4400
www.occhd.org

FOOD ESTABLISHMENT PRE-OPERATIONAL INFORMATION

(Must be completed before licensing)

Name of Establishment: _____

Establishment Address: _____

Type of Food Operation:

☐ Food Service Establishment
☐ Bar
☐ Retail Food Store
☐ School
☐ Food Wholesalers
☐ Water Bottling Facilities

☐ Convenience Store with Food Service
☐ Seasonal Food Service
☐ Food Processor/Manufacturer
☐ Medical Marijuana Dispensary
☐ Medical Marijuana Processor
☐ 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:

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.)

Where the food will be stored

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

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

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)

PRODUCE

POULTRY

MEAT

SEAFOOD

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?

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.

	<u>Yes</u>	<u>No</u>	<u>NA</u>
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? If yes, where? _____	()	()	()
4. Will air curtains be used? 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 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.

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

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: _____

How often will linens be delivered and picked up? _____