

Retail Food Plan Review Questionnaire

1. Name of establishment: _____
_____ Phone #: (____) _____
2. Physical address of establishment: _____

3. Mailing address if different from physical address: _____

4. Owner of business: _____
5. Name of corporation, partnership, LLC, or LLP (if applicable):

6. If a partnership, list partner name(s): _____

7. Business owner contact information: Home #: (____) _____ Cell phone #: (____) _____
Email address: _____
*Used for inspection reporting, recall information, boil water advisories, and other pertinent information.
8. Owner of the real property (land and building): _____
Phone #: (____) _____ Cell phone #: (____) _____
9. Has the facility for which this application is hereby made been previously permitted by the Department of Health for the purposes of operating a Retail Food Establishment? yes no
10. If you answered yes to the previous question, what was the name of the previous business?

11. Will the occupancy classification (*i.e.* bar, restaurant, grocery) of the business for which you are applying remain exactly the same as the previous business? yes no
12. Name of responsible agent if different from business owner: _____
Phone #: (____) _____ Email address: _____
Mailing Address: _____
13. Type of business: Enter letter for type of business from choices: _____
A. restaurant
B. restaurant/bar
C. bar
D. grocery- Packaged only (chips and candy)
E. grocery – deli (kitchen)
F. nursing home cafeteria
G. group home – number of residents _____
H. other–be specific _____
I. seafood market
J. meat market
K. bakery
L. hospital/clinic cafeteria
M. day care/with food prep

**Please complete a Mobile Unit Plan Review Questionnaire if you will be operating a mobile unit.*

PLANS AND SPECIFICATIONS MUST BE APPROVED BEFORE CONSTRUCTION AND RENOVATION BEGINS.

Louisiana Administrative Code Title 51, Part XXIII, Chapter 3, §307.A.

15. Type of submission: Enter letter from choices below: _____
- A. change of existing business ownership only
 - B. conversion of non-food establishment to food establishment
 - C. new construction of retail food establishment
 - D. renovation/remodel of existing retail food business
 - E. reopening of previously closed food establishment. How long was it closed? _____
 - F. change of existing retail food business and real property ownership _____
 - G. other – be specific _____

16. If increasing the square footage of the business or the usable area, indicate the following:
- Existing footage: _____
- Proposed square footage change: + _____
- Total:** = _____

17. Total square footage of the business: _____
- Usable square footage of the business: _____

18. Plumbing: (*For information purposes only)
- | | | | <u>Restrooms</u> | | | |
|-------------------------|--|---------------------------|-------------------|-------------------------|--|--|
| Ladies | | Men | | UNISEX | | |
| _____ # toilets * | | _____ # toilets * | _____ # urinals * | _____ # toilets * | | |
| _____ # hand wash sinks | | _____ # hand wash sinks * | | _____ # hand wash sinks | | |

- Self-closing doors (when applicable): yes no
- Self-closing, self-metered faucets (when applicable): yes no
- Mechanically vented to outside atmosphere: yes no
- Public access: yes no
- Toilets are in separate compartments/stalls: yes no
- Privacy partition provided for urinals: yes no
- Floor drains: yes no not applicable (reason) _____

Other plumbing

- *Water fountains: number provided _____ not applicable (state reason) _____
- Indirect drain connections provided at food preparation sinks (including three compartment sink):
- yes no not applicable (state reason) _____

19. Does this establishment now hold or will apply for an alcohol license? yes no
20. Does this establishment now or in the future plan to wholesale food products? yes no
- If yes, you must contact the Food and Drug Office at (225) 342-7533.
- If wholesale product is seafood contact the Seafood Office at (225) 342-7653.

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21. Is this establishment connected to a public water system?
___yes Name of System: _____
___no (must submit water well plans)
22. Is this establishment connected to a public sewer system?
___ yes Name of System: _____
___ no (must submit sewage system plans)
23. Grease trap provided or proposed for facility _____
24. What is the method of garbage/waste disposal? _____
25. If a dumpster pad is required, will hot and cold water be available to the site for cleaning and will a drain to the approved sewage system be available directly in the dumpster area? Yes No
26. Will you serve raw oysters? Yes No

Note: You must indicate on the menu, on placards, at any point of sale, clearly visible messages to the consumer either of the following advisories regarding the consumption of raw oysters and other protein products. LAC Title 51. Part XXIII. §1109. A.

"1."THERE MAY BE A RISK ASSOCIATED WITH CONSUMING RAW SHELLFISH AS IS THE CASE WITH OTHER RAW PROTEIN PRODUCTS. IF YOU SUFFER FROM CHRONIC ILLNESS OF THE LIVER, STOMACH OR BLOOD OR HAVE OTHER IMMUNE DISORDERS, YOU SHOULD EAT THESE PRODUCTS FULLY COOKED"; or

2."CONSUMING RAW OR UNDERCOOKED MEATS, POULTRY, SEAFOOD, SHELLFISH OR EGGS MAY INCREASE YOUR RISK OF FOODBORNE ILLNESS, ESPECIALLY IF YOU HAVE CERTAIN MEDICAL CONDITIONS."

27. Will you serve crawfish or shrimp that originated in a country other than the United States?
 Yes No

Note: If you use menus and serve crawfish or shrimp that originates in a foreign country, you must indicate on the menu its country of origin or use the term "imported" immediately adjacent to the menu listing of the seafood item being sold, in the same font, size and shade as the menu item. Alternately, if menus are not used, a sign must be posted at the main entrance to the establishment that states "Certain crawfish and shrimp originate from a foreign country". The sign must be 18 inches tall and 18 inches wide, written in English letters at least 1 inch in size and posted in a conspicuous location not less than thirty-six inches from the floor.

Permits are not transferable. After permitting, any change in operation requires notification be made to the Louisiana Department of Health Environmental Office and may require submission of a modified plans review packet. Substantial renovation is defined in the definitions section of the Sanitary Code Retail Food Part XXIII.

A MENU MUST BE SUBMITTED WITH THIS APPLICATION. Please complete MENU ATTACHMENT A.

- 28. Days and Hours of Operation: _____
- 29. FLOOR PLAN IS REQUIRED (HAND-DRAWN OR PROFESSIONALLY-DRAFTED) Please attach the finish schedule for walls, ceilings and floors.
- 30. Louisiana law requires a Louisiana Department of Health Food Safety Manager Certificate verifying an owner or employee has been certified as a Food Safety Manager for facilities preparing food. See requirements and exemptions link below. Do you employ a Food Safety Manager with a current LDH Food Safety Certificate?

Yes No _____

Name of the Certificate Holder	Certificate #	Expiration Date
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31. I have received a copy of Act 66. Yes No _____

Signature Required

Signature of person preparing this form

Date of signature

Printed Name and Title of person preparing and signing this form

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Contacts and important information:

State Sanitarian located in the Parish you wish to operate: <http://ldh.la.gov/index.cfm/page/394>

It is recommended that you obtain a copy of Title 51 (Public Health - Sanitary Code) Part XXIII

Retail Food Operations: <http://www.doa.la.gov/Pages/osr/lac/books.aspx>

Food Safety Manager Certification Provider List and Application: <http://new.dhh.louisiana.gov/index.cfm/page/632/n/228>

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Menu Attachment A

Process Review

List each food item and its preparation procedures.

FOOD	THAW How? Where?	CUT/WASH/ ASSEMBLE How? Where?	COLD HOLDING How? Where?	COOK How? Where?	COOLING How? Where?	REHEATING How? Where?	HOT HOLDING How? Where?	COMMERCIAL PRE- PACKAGED ITEM

ACT 66 NOTICE

A new Louisiana law, Act 66, authorizes the Louisiana Department of Health to charge a fee of \$150 to any permitted food establishment that fails to correct the necessary sanitary code violations to be in compliance following its 1st re-inspection.

The implementation date is September 1, 2017.

This new law is intended to help prompt facilities to make the necessary corrections and come into compliance as soon as possible to protect public health.

Re-inspections are required when there are five or more uncorrected non-critical violations and/or one or more uncorrected critical violations remaining at the conclusion of an inspection.

The fee is only charged if the necessary violations are not corrected following the 1st re-inspection, resulting in a 2nd re-inspection and possibly other subsequent re-inspections.

Establishments can avoid this fee if the violations noted on the routine inspection report are corrected by, or during, the 1st re-inspection.

The \$150 fee is payable within 30 days' notice, and failure to pay shall result in revocation of the permit.