



TENNESSEE DEPARTMENT OF AGRICULTURE
CONSUMER & INDUSTRY SERVICES
ATTN: FOOD & DAIRY
P.O. BOX 40627 Packages to: 436 HOGAN ROAD
NASHVILLE, TN 37204 NASHVILLE, TN 37220
PHONE# 615-837-5193 NEWFOOD.BUSINESS@TN.GOV

FOOD MANUFACTURER / WAREHOUSE PLAN REVIEW QUESTIONNAIRE

Food Manufacturer plan review questionnaire to be completed by the Owner/Operator and submitted to Consumer & Industry.
Please refer to the Tennessee Statutes Title 53. Food, Drug and Cosmetic Act, 21 CFR Part 117 CURRENT GOOD
MANUFACTURING PRACTICES, HAZARD ANALYSIS AND RISK-BASED PREVENTIVE CONTROLS FOR HUMAN FOOD for
the basic requirements and more information.

BUSINESS NAME Include any dba _____

ADDRESS _____ CITY _____ ZIP CODE _____

PHONE _____ CELL PHONE _____ COUNTY _____

NAME OF BUSINESS OWNER(S) _____ PHONE NUMBER _____

MAILING ADDRESS _____ CITY _____ ZIP CODE _____

NAME OF CONTACT _____ PHONE NUMBER _____

EMAIL ADDRESS _____

PLEASE CHECK ALL THAT APPLY: _____

MANUFACTURER ___ WAREHOUSE ___ COLD STORAGE _____ DISTRIBUTION _____

NEW ___ REMODEL ___ CONVERSION _____ SUPPLIERS _____

(Upload copy of well water or spring approval from local environmental

CHECK ONE: WELL WATER ___ CITY WATER ___ SPRING ___ field office or from the TN Dept of Environment & Conservation)

CHECK ONE: PUBLIC SEWAGE ___ SEPTIC TANK ___

TYPE OF PRODUCT(Choose all that apply to your operation): Shelf Stable ___; Refrigerated ___; Frozen ___;

PRODUCT CATEGORY(S) that best describe your products: (Check all that apply)

Dressing/Condiments ___; Deer Processing ___; Bottled Water ___; Refrig Bakery Item ___; Non-Refrig Bakery Item ___;
Ready to Eat Salads ___; Honey/Sorghum ___; Snack Foods ___; Jam/Jelly ___; Meat Based ___; Custom Slaughter ___;
Alcoholic Beverage ___; Juice ___; Chocolate/Candy ___; Fish/ Seafood ___; Dry Mixes ___; Multi Foods ___; Other ___;

LIST ALL PRODUCTS that will be manufactured, prepared or processed?

BUILDING SIZE _____ **NUMBER OF EMPLOYEES** _____

HOURS OF OPERATION _____ **DAYS OF OPERATION** _____ **DATE OF OPENING** _____

DO YOU HAVE?

RECALL PROGRAM ___; HAZARDOUS ASSESSMENT ___; PREVENTIVE CONTROL QUALIFIED INDIVIDUAL ___

TRAINING PROGRAM ___; SANITATION PROGRAM ___; DOCUMENTED PROCESSES ___; FDA REG # _____

DESCRIBE COMPLETE PROCESS of how products are prepared? List all steps of how it is processed, cooked, packaged, and labeled. How do you measure the quality and safety of the product? Give examples of pH levels, cooking temperatures, and verification that food grade containers and closures will be used. Submit additional pages as needed.

SUBMIT FLOW DIAGRAMS OF YOUR PROCESSES _____;

____ **SUBMIT PLAN DRAWN TO SCALE OF THE FOOD** MANUFACTURING FACILITY SHOWING LOCATION OF EQUIPMENT

____ **SUBMIT ALL LABELS** FOR PRODUCTS PRODUCED AND/OR PACKAGED

____ **SUBMIT PROOF** OF REGISTRATION OR BUSINESS LICENSE ISSUED BY A LOCAL GOVERNMENTAL AUTHORITY

STATEMENT:

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. I FULLY UNDERSTAND THAT ANY DEVIATION FROM THE ABOVE WITHOUT PRIOR PERMISSION FROM THIS STATE REGULATORY AGENCY MAY NULLIFY FINAL APPROVAL.

SIGNATURE(S):

DATE: _____

APPROVAL OF THESE PLANS AND SPECIFICATIONS BY THIS REGULATORY AUTHORITY DOES NOT INDICATE COMPLIANCE WITH ANY OTHER CODE, LAW, OR REGULATION THAT MAY BE REQUIRED – FEDERAL , STATE, OR LOCAL. IT FURTHER DOES NOT CONSTITUTE ENDORSEMENT OR ACCEPTANCE OF THE COMPLETED ESTABLISHMENT (STRUCTURE OR EQUIPMENT). THE REGULATORY AUTHORITY SHALL CONDUCT ONE OR MORE INSPECTIONS TO VERIFY THAT THE FOOD ESTABLISHMENT IS CONSTRUCTED AND EQUIPPED IN ACCORDANCE WITH THE APPROVED PLANS OR MODIFICATIONS AS REQUIRED OF PLANS AS NECESSARY TO ACHIEVE COMPLIANCE WITH THE APPROPRIATE REGULATION. PERMIT APPROVAL WILL BE CONTINGENT UPON ACTUAL FACILITY INSPECTION.

For Office Use Only:

Type: _____

Risk: _____