



TENNESSEE DEPARTMENT OF AGRICULTURE
REGULATORY SERVICES ATTN: FOOD & DAIRY
BOX 40627 MELROSE STATION
NASHVILLE, TN 37204
PHONE# 615-837-5153 FAX# 615-837-5005

FOOD ESTABLISHMENT / RETAIL PLAN REVIEW REQUEST

Food establishment Plan Review Request to be completed by the
owner / operator and submitted to the Regulatory authority.

Please refer to the Tennessee Retail Food Store Regulations Chapter 0080-4-9,
Retail Food Store Inspection Act 53-8-201, and the Basic Requirements for more information.

PLEASE CHECK ALL THAT APPLY:

NEW _____ REMODEL _____ CONVERSION _____ OTHER _____

TYPE OF ESTABLISHMENT: BAKERY _____ MEAT _____ MARKET W/ DELI _____ MARKET _____ PRODUCE _____ OTHER _____

NAME OF ESTABLISHMENT _____

ADDRESS _____ CITY _____ ZIP CODE _____

PHONE _____ COUNTY _____ HOURS OF OPERATION _____

DATE OF OPENING _____ NAME OF OWNER _____ PHONE NUMBER _____

CELL NUMBER _____ EMAIL ADDRESS _____

MAILING ADDRESS _____ CITY _____ ZIP CODE _____

CERTIFICATE OF OCCUPANCY RECEIVED: YES _____ NO _____ BUSINESS LICENSE: YES _____ NO _____

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WHERE APPLICABLE:

1. PLAN OF FOOD ESTABLISHMENT SHOWING LOCATION OF EQUIPMENT, PLUMBING, ELECTRICAL SERVICES, AND MECHANICAL VENTILATION
2. SUBMIT LABELING FOR PRODUCTS PRODUCED AND PACKAGED IN THE ESTABLISHMENT

BUILDING

BUILDING SIZE (sq. footage) _____ NUMBER OF SEATS _____

LIST FOOD PREP EQUIPMENT: _____

FINISH SCHEDULE

APPLICANT MUST INDICATE WHICH MATERIALS (QUARRY TILE, STAINLESS STEEL, COVED MOLDING, ETC.) WILL BE USED IN THE FOLLOWING AREAS. 0080-4-9.07

	FLOOR	COVING	WALLS	CEILING
KITCHEN / DELI / PROCESSING				
SALES / DISPLAY AREA				
WALK IN FREEZERS AND REFRIGERATORS				

WATER 0080-4.9-.06

CHECK ONE: WELL WATER _____ CITY WATER _____ SPRING _____

Submit well water inspection / approval from local Health Department or spring **approval** from Environment & Conservation.

CHECK ONE: CITY SEWAGE _____ SEPTIC TANK _____ **(SUBMIT INSPECTION LETTER -- CERTIFICATION -- APPROVAL FROM TDEC)**

HOW WILL BACKFLOW PREVENTION DEVICES BE INSPECTED AND SERVICED?

IS ICE MADE ON PREMISES? YES _____ NO _____ PURCHASED COMMERCIALY? YES _____ NO _____

IF MADE ON PREMISE, ARE SPECIFICATIONS FOR THE ICE MACHINE PROVIDED? YES _____ NO _____

INSECT AND RODENT CONTROL 0080-4.9-.06(7)

NAME OF PEST CONTROL SERVICE _____

PEST CONTROL CHARTER NUMBER _____

PLEASE CHECK APPROPRIATE BOXES	YES	NO
WILL ALL OUTSIDE DOORS BE SELF-CLOSING AND RODENT PROOF?		
ARE DOORS AND WINDOWS PROVIDED ON ALL ENTRANCES LEFT OPEN TO THE OUTSIDE AND HAVE A MINIMUM #16 MESH SCREENING?		
WILL ALL PIPES & ELECTRICAL CONDUIT CHASES BE SEALED; VENTILATION SYSTEMS EXHAUST AND INTAKES PROTECTED?		
IS AREA AROUND BUILDING CLEAR OF UNNECESSARY BRUSH, LITTER, BOXES AND OTHER HARBORAGE?		

GARBAGE AND REFUSE 0080-4-9-.06(a)(b)(c)

DESCRIBE METHOD OF GARBAGE AND REFUSE DISPOSAL: _____

IS THERE AN AREA IN STORE FOR RETURNABLE DAMAGED GOODS ? YES _____ NO _____

ARE GREASE TRAPS PROVIDED? YES _____ NO _____ IF SO, WHERE _____

GENERAL

ARE EXHAUST HOODS INSTALLED? YES _____ NO _____ WHERE? _____

HAS THIS SYSTEM BEEN APPROVED BY A LOCAL CODES DEPARTMENT? YES _____ NO _____ N/A _____

PLEASE ATTACH COPY OF WRITTEN APPROVAL AND / OR PERMIT.

COOKING 0080-4-9.02

YES _____ NO _____ WHAT TYPE OF TEMPERATURE MEASURING DEVICE? _____

DISHWASHING FACILITIES 0080-4-9.05

WHAT WILL BE USED FOR WAREWASHING? DISHWASHER _____ THREE COMPARTMENT SINK _____

WHAT TYPE OF SANITIZER IS USED? (PLEASE CHECK ALL THAT APPLY)

_____ CHLORINE _____ QUATERNARY AMMONIUM

_____ IODINE _____ OTHER _____

_____ HOT WATER

ARE TEST PAPERS AND / OR KITS AVAILABLE FOR CHECKING SANITIZER CONCENTRATION? YES _____ NO _____

PLEASE NOTE: PERMIT CONTINGENT UPON INSPECTION

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 STATE REGULATORY AGENCY MAY NULLIFY FINAL APPROVAL.

SIGNATURE(S): _____

DATE: _____

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.

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).