



## CHECKLIST TO APPLY FOR FACILITY EVALUATION

A Food Facility Evaluation serves to ensure compliance with California health and safety standards. A food facility evaluation packet must be submitted whenever a new owner is interested in opening a new business in an existing food facility that is still in operation or had been closed. The evaluation process includes a menu review to confirm any changes in operational procedures and a site inspection to ensure the facility is structurally and operationally compliant. *In cases where the menu requires new equipment or the facility is found to have major structural deficiencies, a referral to the Plan Check Unit may be required.*

In the event of a possible change in ownership, the new owner should apply as soon as possible and prior to operating. Failure to submit the application in advance requires the operator to apply within **10 days** of commencing operations. Not adhering to the timely submission may result in penalty fees.

The checklist below is provided to ensure all required documents are submitted to avoid delays. Incomplete application packets will not be accepted. Once the packet is submitted and the non-refundable application fee is paid, you will be contacted by a district specialist within 5 business days.

- Facility Evaluation Request Form
- Permit Application & Certification Statement
- Copy of Menu  
(**only if food preparation is done**)
- Self-Inspection Checklist (optional)

A Non-Refundable Facility Evaluation application fee is required after submitting this packet. You will receive an invoice by e-mail from the Department with instructions on how to pay this fee online.

- Operating Permit Facility Evaluation Fee (FP01) \$435



# FOOD FACILITY EVALUATION REQUEST FORM

DEPT. OF ENVIRONMENTAL HEALTH  
CONSUMER PROTECTION DIVISION  
1555 Berger Dr., Suite 300  
San Jose, CA 95112-2716  
Phone (408) 918-3400 • FAX (408) 258-5891  
Website : [www.ehinfo.org/cpd](http://www.ehinfo.org/cpd)  
Email: [dehweb@deh.sccgov.org](mailto:dehweb@deh.sccgov.org)

Requestor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Requester E-mail: \_\_\_\_\_

Current Facility Name: \_\_\_\_\_  
New Facility Name (dba): \_\_\_\_\_  
Facility address: \_\_\_\_\_

Start of Operation Date: \_\_\_\_\_ Date of Ownership Change: \_\_\_\_\_  
Days of Operation:  Sun  Mon  Tues  Wed  Thurs  Fri  Sat  
Hours of Operation: \_\_\_\_\_

Does the new owner currently have (or previously had) a permit to operate a facility in Santa Clara County?  
 Yes  No If yes, Facility ID#: FA0 \_\_\_\_\_ Facility Name: \_\_\_\_\_

Check one (refer to back page for Risk Category Determination Flow Chart):

- No Food Preparation (no menu required). Total Square footage: \_\_\_\_\_ sq. ft.  
 Food Preparation (**Attach Required Menu**):  
 Risk Category 1  Risk Category 2  Risk Category 3

Check total number of employees: (see calculation method below) \*

- 0-5 Employees  6-25 Employees  26+ Employees

\*Determine number of employees:

Total number of hours worked by all employees during any 7-day period. Divide that sum by the number of days the facility is open for business per week, then dividing that number by 8

I plan to conduct specialized processes (see back page)

Yes  No I plan to construct, alter or remodel the facility or add/remove/replace equipment. (Example: cooking equipment, ventilation hood(s), warewashing machine, warewashing sink, hand sink, preparation sink) Specify:

Initial items below:

\_\_\_\_\_ I acknowledge that any change in operation (i.e. change in menu, change in ownership, change of equipment, or remodel) must have prior written approval by this Department.

\_\_\_\_\_ I acknowledge that plans and specifications may also be required by this Department if this Department determines that they are necessary to assure compliance with the requirements of California Retail Food Code, including, but not limited to, a menu or change in the facility's method of operation. Additional fees may apply.

\_\_\_\_\_ I understand that inactive food facilities may be subject to additional plan review which may delay permit issuance.

**All fees are non-refundable and non-transferrable.** Once the complete packet is submitted, the department will respond within five (5) business days. Food facility evaluation will expire 90 days after submittal.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

OFFICE USE ONLY:

SR0

PR0

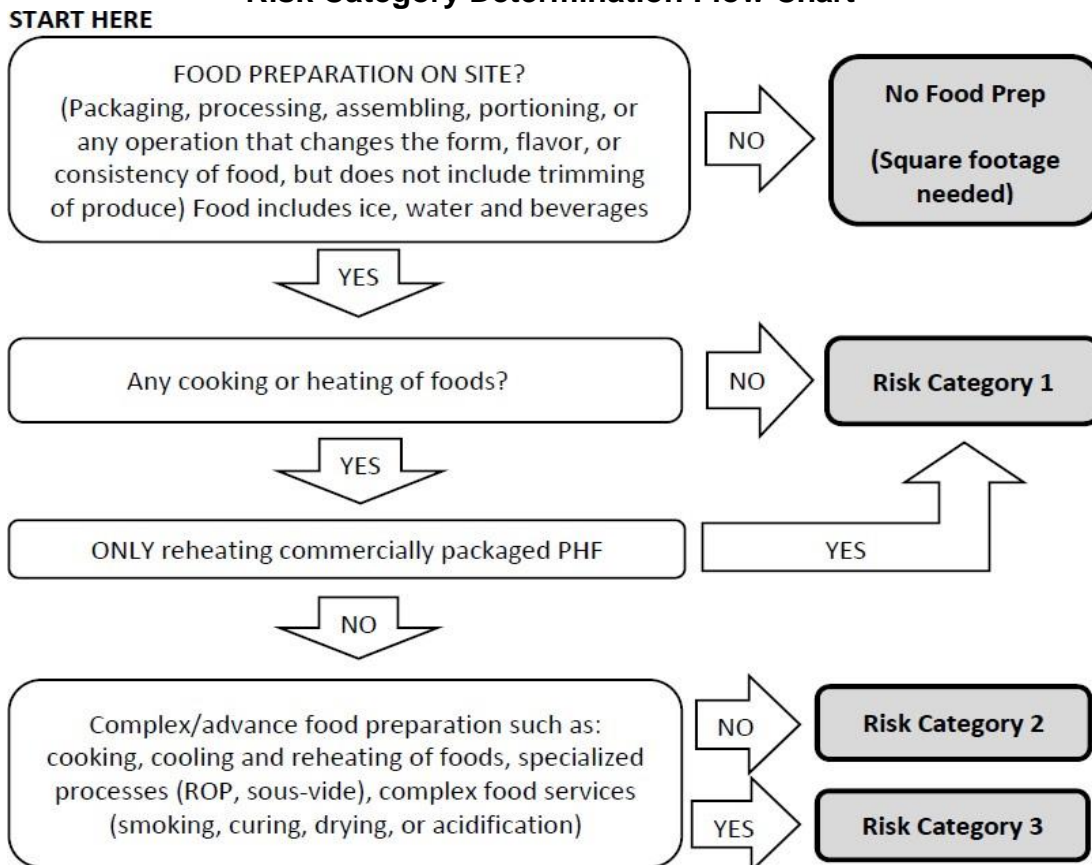
FA0

The items listed below are specialized processes and many require additional permits/approval from other jurisdictions. Please contact the respective agencies directly for further information.

**Check each box if you plan to conduct any of the following:**

- |  |  |
|--|--|
| <input type="checkbox"/> Reduced Oxygen Packaging (ROP)  | <input type="checkbox"/> Processing/butchering meats supplied by customers   |
| <input type="checkbox"/> Modified Atmosphere Packaging (MAP)   | <input type="checkbox"/> Fermenting foods/ingredients  |
| <input type="checkbox"/> Vacuum packing  | <input type="checkbox"/> Bottling, juice   |
| <input type="checkbox"/> Sous Vide   | <input type="checkbox"/> Storing live molluscan shellfish in water tanks   |
| <input type="checkbox"/> Cook-chill  | <input type="checkbox"/> TPHC – Time as a Public Health Control – if using time only, rather than time in conjunction with temperature, is used as the public health control for potentially hazardous foods (PHFs) before cooking or for ready-to-eat PHFs that is displayed or held for service for immediate consumption. (Refer to TPHC Guidelines.) |
| <input type="checkbox"/> Smoking   | <input type="checkbox"/> Soft Serve/Ice Cream / Yogurt manufacturing   |
| <input type="checkbox"/> Drying  | <input type="checkbox"/> Other specialized preparation: _____  |
| <input type="checkbox"/> Curing  | _____  |
| <input type="checkbox"/> Using acidification or reducing water activity to prevent the growth of Clostridium botulinum | <input type="checkbox"/> None of the above (no specialized process)  |
| <input type="checkbox"/> Canning/Bottling (excluding juice)  |  |
| <input type="checkbox"/> Using food additives, such as vinegar, to make the food non-potentially hazardous             |  |

**Risk Category Determination Flow Chart**



Legend: PHF=Potentially Hazardous Foods; ROP= Reduced Oxygen Packaging



# PERMIT APPLICATION & CERTIFICATION STATEMENT

DEPARTMENT OF ENVIRONMENTAL HEALTH  
CONSUMER PROTECTION DIVISION  
1555 Berger Dr., Suite 300  
San Jose, CA 95112-2716  
Phone (408) 918-3400 • FAX (408) 258-5891  
Website: [www.ehinfo.org/cpd](http://www.ehinfo.org/cpd)  
Email: [dehweb@deh.sccgov.org](mailto:dehweb@deh.sccgov.org)

**Owner Information:**

Owner Name: \_\_\_\_\_  
*(Corporation, LLC Name or First and Last Name of Primary Owner)*

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

Has/Does the owner had/have a permit to operate a Facility in Santa Clara County?  No  Yes *(If Yes, please answer the following):*

Facility ID#: FA0 \_\_\_\_\_ Facility Name: \_\_\_\_\_

**Facility Information:**

Facility Name (dba): \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ City: \_\_\_\_\_ ST: CA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency/Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Pool/Spa Access Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please send Official/Billing Correspondence to:**

Owner  Other *(Please specify below):*  
OR Name: \_\_\_\_\_ Care of: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**This permit is renewable annually.** A permit will not be issued or renewed until the application is complete, all fees have been paid in full, and/or all applicable inspections have been passed. The undersigned certifies, under penalty of perjury, that to the best of his/her knowledge and belief, the statements made herein are complete, correct and true.

The undersigned hereby applies for a **Permit to Operate and agrees to operate in accordance with all applicable state and local regulations, laws, ordinances, and codes.** Payment of the required fee(s) and late penalties, if any, to secure a valid permit, is required before commencing or continuing operation. Failure to do so may result in a misdemeanor citation, fines and permit suspension/revocation proceedings. **NOTIFY** the Department of Environmental Health **of any change** in the type of business activity, name, billing address, or ownership by calling the number above within 14 calendar days of a change. **PERMITS AND FEES ARE NOT TRANSFERABLE**

**NOTE: Any information contained in this application is a matter of public record, and is available to the public under the California Public Records Act.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Facility ID# FA0 \_\_\_\_\_ ( Add New) New Owner ID# OW0 \_\_\_\_\_ ( Add New)

Food Safety Certification Required?  Yes  No City Code:  Stanford (19)  Unincorporated Area (16)

Business Code: \_\_\_\_\_

Facility Evaluation Date: \_\_\_\_\_ General Program ID# PR0 \_\_\_\_\_ ( Add New) Designated Employee ID: \_\_\_\_\_

P/E: \_\_\_\_\_ Status:  01 (Active Billable)  04 (Active Exempt) Current Permit Valid from \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YY MM / DD / YY

General Permit ID# PT0 \_\_\_\_\_ ( Add New) Permit Status: \_\_\_\_\_ 21 \_\_\_\_\_ Permit Type:  P  PE  PV

Permit Conditions and Descriptions: [Supervisor Initials \_\_\_\_\_]  Add  Modify  Delete Conditions:

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  Bill customer  Payment Received Ck#: \_\_\_\_\_  
(Specialist)

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ Date e/Mailed: \_\_\_\_\_ \$: \_\_\_\_\_

Support Staff: \_\_\_\_\_ Entered Date: \_\_\_\_\_ New AR#: \_\_\_\_\_ Invoice #: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Business Code:** 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency, 05-County Agency, 06-State Agency, 07-Federal Agency

**Permit Type:** P-Permanent, PE-Permanent Exempt, PV-Permanent Veteran

## FACILITY SELF-INSPECTION CHECKLIST

The owner or a representative must be present during the facility's evaluation inspection. Ensure the below requirements are met. Failure to meet the requirements may result in a delay of permit issuance.

FOOD FACILITY REQUIREMENTS	
	Approved refrigeration capable of maintaining foods at or below 41°F.
	Hot-holding equipment capable of maintaining foods at or above 135°F.
	Adequate supply of hot (120°F minimum) and cold running water of adequate pressure is available at unobstructed and accessible 3 compartment sink, food preparation sink, and janitorial mop sink. Provide access to water heater at time of inspection
	Adequate supply of warm (100°F minimum) and cold running water of adequate pressure is available at unobstructed and accessible handwash sinks. (100°F-108°F for automatic)
	Soap and paper towels in wall-mounted dispensers at all handwash sinks.
	Mechanical ventilation equipment in good operating condition and equipped with approved baffle filters
	Free of vermin infestation (rodents, cockroaches, flies etc.)
	Facility is vermin-proof. (No gaps larger than ¼")
	Accurate thermometers in all refrigeration units and warming ovens.
	Approved probe thermometer that is accurate within +/- 2°F.
	Cutting boards are smooth, easily cleanable and in good repair.
	All equipment is NSF/ANSI certified.
	All equipment shall be in good repair.
	Shatterproof covers/bulbs at all light fixtures.
	Remove all unapproved equipment or equipment that is not used in the operation from premises.
	Approved sanitizer and corresponding test strips
	Restrooms
	Food Safety Certificate

\*Note: This document to serve as a guideline and is not all inclusive of California Retail Food Code (CRFC) requirements.