

Food Safety Questions:

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| 1. Will the facility be serving food to a highly susceptible population?(young children, the elderly, or the chronically ill) | Yes | No |
| 2. Will you be using specialized processing methods? (e.g. spouting seeds or beans and methods to preserve/extend shelf life, or render food so that it no longer requires temperature control for safety such as vacuum packaging, curing, canning, or pickling). | Yes | No |
| a. If yes, do you have a HACCP plan? | Yes | No |
| 3. Is there a policy to exclude or restrict food workers who are sick or have infected cuts and lesions? | Yes | No |
| 4. Are your managers/workers required to complete food safety training? | Yes | No |
| 5. Do you or an employee of your business with supervisory authority have a Certified Food Safety Manager certification from an accredited program?
If yes, please provide the name of the accredited program, date of expiration, and the certificate number? _____ | Yes | No |

DISCLAIMER: A person may not operate a Food Establishment without a valid Permit issued by the Arkansas Department of Health (ADH). I understand that I must contact the appropriate ADH representative to schedule a pre-opening inspection. Once the pre-opening inspection is conducted, and the inspection is satisfactory, a permit will be issued. The permit must be displayed at the food establishment in a location that is conspicuous to consumers. This permit shall remain valid until expired, suspended, cancelled, revoked, or unpaid. An annual fee will be billed and due upon receipt. Permits are not transferable to new owners or new locations. ALL FEES ARE NON-REFUNDABLE.

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 Health Regulatory Office may nullify final approval.

Signature(s) _____

owner(s) or responsible representative(s)

Date

THIS APPLICATION IS TO BE COMPLETED BY THE OPERATOR AND SUBMITTED, WITH THE APPROPRIATE FEES (CHECK OR MONEY ORDER), TO THE REGULATORY AUTHORITY 30 DAYS PRIOR TO OPENING.

**Submit to:
Arkansas Department of Health
Food Protection Services
4815 W. Markham St., Slot 46
Little Rock, AR 72205**

FOR AGENCY USE ONLY

FOR ESTABLISHMENTS NOT NEEDING RETAIL PLAN REVIEW

I have reviewed the paperwork submitted, have had conversations with the prospective new operator related to their intended food preparation practices and menu, and/or have current working knowledge of the condition of this facility. It is my recommendation that this facility does not need to go through a Retail Plan Review.

EHS: _____ *Signature:* _____

DATE: _____

