

APPLICANT INFORMATION

Agency Name: _____ Agency Code: _____

Effective Date: _____

Applicant: _____

Mailing Address: _____

Website Address: _____

Processes:

1. Which of the following best describes processes and products?

(Check all that apply)

☐ Grain Milling ☐ Oil Seed Processing ☐ Sugar Refining ☐ Animal Slaughtering & Processing

☐ Seafood Preparation ☐ Fresh Produce Processing ☐ Other _____

2. Check all that apply to the following processes, if you perform them.

☐ **a. Commercial Cooking:**

• Fuel Source: ☐ Gas ☐ Electric ☐ Steam ☐ Wood

• Cooking Equipment: ☐ Grills ☐ Fryers ☐ Ranges ☐ Ovens ☐ Steam Kettles ☐ Smokers

☐ UL 300 Fire Suppression system over: ☐ Grills ☐ Fryers ☐ Ovens ☐ Broilers

☐ Sprinklers in vents and ducts ☐ Automatic fuel shut offs

Hood and duct systems over grills and fryers? ☐ Yes ☐ No

How often are filters cleaned? _____

How often are exhaust systems, hoods and ducts cleaned by an outside service? _____

Materials:

1. Which refrigerants are used in your facilities? _____

2. Flammable/Combustible Liquids

Gallons stored _____ ☐ No Special Storage Requirements Apply

☐ UL listed flammable liquid storage cabinets ☐ Flammable liquid storage room _____ sq. ft.

☐ Other (please describe): _____

3. Combustible Dusts:

Please describe operation: _____

How is combustible dust controlled?

☐ Dust collection system ☐ System vents outside building with spark arrestors in

☐ Housekeeping ☐ Employee training



Private Protection:

1. Location Number: _____ Hours in operation per day : _____ Days in operation per week : _____
2. Which of the following describes private protection features of the location.
☐ Automatic Sprinkler System: ☐ Wet ☐ Dry Percentage of facility sprinklered ____%
If coverage is less than 100% describe non-sprinklered areas: _____
Alarms: ☐ Local Alarm ☐ Central Station (constantly monitored) ☐ Water Flow ☐ Valve Tamper
3. Fire Alarms:
☐ Manual ☐ Central Station (constantly monitored) ☐ Smoke Detection ☐ Heat Detection
Percentage of facility covered by alarms ____%
If coverage is less than 100% describe non-covered areas : _____

Spoilage Controls:

1. What is the average shelf life of your products? (Show as a percent of gross sales)
Less than one week ____% One week to a month ____% One to six months ____%
Six months to two years ____% Indefinite ____%
2. Which of the following describe your food spoilage controls? (Check all that apply.)
☐ Ammonia refrigeration systems have UL listed ammonia detection system
☐ Ammonia detection system has central station monitoring
☐ All refrigeration equipment is protected by back-up generators
☐ All refrigeration equipment is protected by temperature alarms
☐ Back-up generators are tested regularly
☐ Plan is to store products in alternate location with power or in reefer trucks

Facility and Equipment:

1. Building Updates –year of most recent updates:
Roof _____ Electrical _____ Plumbing _____ HVAC _____
2. Preventive maintenance for all equipment? ☐ Yes ☐ No
3. Documented adherence to SSOPs? ☐ Yes ☐ No
4. What types of foreign object detection do you use?
☐ Screens ☐ Metal detectors ☐ X-ray detection ☐ Microwave detection
5. Which of the following best describe facility maintenance procedures?
☐ Routine facility and equipment inspections ☐ Manual preventative maintenance tracking program
☐ Computerized preventative maintenance tracking program

Staff:

1. Turnover percentage ____%
☐ Food safety manager certified in HACCP by an accreditation program is on duty while all food is processed
☐ Food safety manager who has passed an accredited program in applicable regulations is on duty while all food is processed

Quality Control & Record Retention:

1. What food safety certifications do you have? _____
2. Do you have a written HACCP Plan? ☐ Yes ☐ No



3. Do you have and apply a written GMP plan including SSOPs? ☐ Yes ☐ No
4. What parts of the plan do you keep records of? (Check all that apply.)
☐ Training ☐ Verified flow diagram ☐ CCPs ☐ Action levels ☐ Monitoring ☐ Corrective actions
5. How long are records pertaining to your HACCP plan retained? _____

Suppliers:

1. Do you use or sell imported products? ☐ Yes ☐ No
What countries do your imported products come from? _____
2. How do you purchase imported products? (Check all that apply.)
☐ From a domestic supplier ☐ From a broker ☐ From a foreign supplier
3. How do you validate the quality of goods received from your suppliers? (Check all that apply.)
☐ Incoming goods are inspected
☐ Certifications of analysis (COAs) are received from suppliers
☐ Incoming products are tested by certified laboratories
☐ Suppliers have QC controls equivalent to yours (GAPs?)
4. How do you transfer the risk of contaminated products to your suppliers? (Check all that apply.)
☐ They agree to indemnify you
☐ They add you as an insured to their insurance policy
☐ You receive certificates of insurance

Traceability:

1. Do all your products have unique ID or batch numbers that enable you to
(a) trace all ingredients in them back to suppliers and ☐ Yes ☐ No
(b) identify your customers to whom they are sold? ☐ Yes ☐ No

Allergens:

1. Do you sell any products containing milks, eggs, fish crustaceans, tree nuts, peanuts, wheat or soybeans? ☐ Yes ☐ No
Describe your allergen control program. (Check all that apply.)
☐ Labelling of allergens ☐ Separation from other ingredients
☐ Cleaning of equipment between processing runs with and without allergens
☐ Supplier certification of absence of undeclared allergens
2. Have you had any Health or Safety violations, failed an FDA or USDA inspection, received a Warning Letter from the FDA or USDA or conducted a product recall in the last five years? ☐ Yes ☐ No

Worker Sourcing:

1. Do you have workers in your facility who are not employed by you, working through a temp agency, employee leasing firm or PEO? ☐ Yes ☐ No
If Yes, do you have contracts with the employer that hold you harmless? ☐ Yes ☐ No