



Loudoun County Health Department

1 Harrison Street, S.E., Leesburg VA 20175, 2nd floor

Mailing address: P.O. Box 7000, MSC #68, Leesburg VA 20177-7000

Application for a Food Establishment Permit

Restaurant Renewal Hotel/B&B Remodel School/Day Care Change of Owner Short/Long Term Care Facility Change of Name (previous name of facility) Other _____

Business or Trade Name _____ Phone _____
Business Address _____ City _____ Zip _____
Number of seats _____ Smoking Status: Smoke free Smoking in restricted area Outside only

Business Owner _____ (i.e. LLC, Inc.) Phone _____
Owner Address _____ City _____ State _____ Zip _____
Contact Name _____ Phone _____ Email _____
Billing Address _____ City _____ State _____ Zip _____

Water: Public (Municipal) or Private (Well) Sewage: Public (Municipal) or Private (Septic)

FOOD HANDLING PROCEDURES - Does Establishment: (Check Yes or No):
(1). yes no - Prepare, offer for sale, or serve **potentially hazardous food (PHF) /Time Temperature Control for Safety Food (TCS)**: - *i.e. food that requires temperature control for safety such as meats, cheese, soups, cooked vegetables, rice, cooked pasta/pasta, sliced raw fruits, etc.*
 a. yes no - Only to order upon a consumer's request – *i.e. cook when ordered*
 b. yes no - In advance in quantities – *i.e. cook and hold cold/hot until ordered*
 c. yes no - Using time as the public health control: – *i.e. not using cold/hot temperature control*
(2). yes no - Prepares PHF/TCS food in advance using a food preparation method that involves two or more steps which may include combining PHF/TCS ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing
(3). yes no - Prepares food as specified under subdivision (2) for delivery to and consumption at a location off premises of the food establishment where it is prepared – *i.e. catering*
(4). yes no - Prepares food as specified under subdivision (2) for service to a highly susceptible population (i.e. Elderly, children, or those with weakened immune systems) – *i.e. hospital, childcare, nursing home, adult care, etc.*
(5). yes no - Prepares only food that is not PHF/TCS – *i.e. baked goods, snack items*

I/we attest to the accuracy of the information provided, affirm to comply with the Food Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Signature _____
Print Name _____
Title _____

Date _____
_ Fee \$40 - Make Checks Payable to County of Loudoun



**Permit Review Questionnaire
Food Establishment Review Packet (Part 2)**

1. Who is the Certified Food Protection Manager(s)? Certified from an Accredited Program. *12VAC5-421-50 Assignment of responsibility; -60 Demonstration of knowledge; -65 Food Protection Manager; -70 Duties of PIC.*

Name _____ # _____ expires _____
 Name _____ # _____ expires _____
 Name _____ # _____ expires _____

Attach a copy of all Certified Food Protection Manger Certificate(s)

2. What is the facility's type of service (check all that apply)?

Restaurant, including Restaurant with Catering
 School Child Care
 Hospital Adult Care, Short/Long Term Care
 Take Out & Delivery only Catering Only
 Hotel Continental / B&B Other _____

3. Does this facility mostly serve a highly susceptible population? *Immunocompromised, preschool age children, or older adults; a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such as a senior center.*

Yes No

4. Days/Hours of Operation:

Sun ___ - ___ Mon ___ - ___ Tues ___ - ___ Weds ___ - ___ Thur ___ - ___ Fri ___ - ___ Sat ___ - ___

5. Provide a copy of menu. Attached.

6. List the source of food on your menu (include all vendors, caterers, bakery etc.).

12VAC5-421-270. food obtained that comply with law; no private home.

Attached as listed _____

7. Will this facility be serving Raw or not fully cooked items such as burgers, eggs, fish?

12VAC5-421-930 required for animal products, reminder AND disclosure

Yes * Consumer advisory is required. Review menu with EHS before printing the final copy.
 No

8. Will this facility be using TIME control instead of temperature control (such as buffets, service lines, pizza by the slice)? *TIME control may be used for time/temperature control for safety food (TSC) that is displayed or held for service without temperature control IF written procedures are prepared and approved in advance. 12VAC5-421- 850.*

Yes; written plan is attached
 No

9. Does this facility propose to do a special process **on-site**? (check all that apply)
 *this does not include a method of flavor enhancement. Check with EHS before implementing.

All variance applications must be approved before the procedure is put into practice.

12VAC5-421-860 Variance Requirements

Sprouting seeds or beans	Vacuum packaging food or canning	Raw or undercooked fish - <i>i.e. sushi or ceviche</i>	Molluscan Shellfish or using Support Tank. - <i>i.e. oysters, clams or mussels</i>
Fermentation of Sausages or Custom Processing of Meat	Smoking or Curing of meat, poultry or fish. - <i>i.e. jerky</i>	Packaging juices	Adding Components to extend Shelf life or render food non-TCS - <i>i.e. such as adding vinegar, preserving, pickling or acidifying.</i> - <i>i.e. making kimchi or kombucha,</i> - <i>i.e. making yogurt</i>

None of the above special processes or Other _____

10. Will this facility be cooking and cooling food to use at another time? This includes using leftovers for another day and non-continuous cooking processes.

12VAC5-421-700 cooking, -800 cooling, -760 reheating, -725 non-continuous cooking.

Yes No

11. Does each refrigerator and hot holding unit have a working and accurate thermometer?

12VAC5-421-1320 temperature measuring device easily readable.

Yes

12. Are metal stem thermometers available for checking food temperatures?

12VAC5-421-1180 accurate and in intended range; -700 cooking temperatures; -1510 Food temperature measuring devices

Yes

13. Dish Detergent and Sanitizer available at the 3 basin sink. Yes

12VAC5-421-1535 cleaning agent and sanitizer available; -1700 chemical sanitization

Which type of sanitizer are you using?

Chlorine (bleach), Quaternary ammonium, other (i.e. iodine)_____.

14. Are test strips available for the type of sanitizer used? Yes

VDH-1530 sanitizing solution testing devices

15. Every Handsink has: *12VAC5-421-2190, -3020, -3030, -3045.*

hot water 100°F minimum, cold water, soap, paper towels or air dryer,
handwash signs posted.

16. What methods will this facility use to prevent handling ready-to-eat foods with bare hands?
12VAC5-421-450 preventing contamination of foods with bare hands.
Disposable gloves, Utensils, Deli paper

17. Have you implemented your Employee Reporting Agreement / Employee health policy for food employees and conditional employees? (Example included in this packet)
12VAC5-421-70 Duties of PIC; -80 responsibility of Person-In-Charge, employee health;
Yes No

18. Do you have procedures for employees to follow when responding to vomiting or diarrheal events in the food establishment? *12VAC5-421-255 written plan for clean-up vomit/diarrheal events.* (Example included in this packet)
Yes No

19. Who is your service provider for:
Dumpster / trash removal _____.
Waste oil / grease barrel removal _____.

20. Has the person directly responsible for the food establishment downloaded a copy of the Virginia Food Regulations and understands the Food Code requirements?
12VAC5-421-60 demonstration of knowledge.
<http://www.vdh.virginia.gov/environmental-health/food-safety-in-virginia/food-regulations/>
Yes No

21. For catering, describe the equipment to be used for holding hot and cold food, and food service equipment transport.

FORM 1-B	Conditional Employee or Food Employee Reporting Agreement Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, <i>Salmonella</i> Typhi, <i>Shigella</i> spp., or Shiga toxin-producing <i>Escherichia coli</i> (STEC), nontyphoidal <i>Salmonella</i> or Hepatitis A Virus
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The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (*such as boils and infected wounds, however small*)

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella* Typhi), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other STEC infection, nontyphoidal *Salmonella* or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

- 1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.**
- 2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.**
- 3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.**

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ **Date** _____

Food Employee Name (please print) _____

Signature of Food Employee _____ **Date** _____

Signature of Permit Holder or Representative _____ **Date** _____