



## NEW FOOD ESTABLISHMENT CHECKLIST FOR INTERNAL USE BY ENVIRONMENTAL HEALTH SERVICES

### SECTION 1: ESTABLISHMENT INFORMATION

#### Fill in if known

Establishment Name:	Facility Number:
Mailing Address:	Physical Address:
Contact Name:	Contact Title:
Telephone Number:	Type of Business: <input type="checkbox"/> Restaurant <input type="checkbox"/> Takeaway <input type="checkbox"/> Cater
Fax Number:	<input type="checkbox"/> Food Truck <input type="checkbox"/> Food Store <input type="checkbox"/> Sell off-site
Email Address:	<input type="checkbox"/> Canteen <input type="checkbox"/> Other:

### SECTION 2: CHECKLIST

LEGEND:	YES Provided or Satisfactory			AR Action Required	NA Not Applicable		
	YES	AR	NA		YES	AR	NA
<b>Forms</b>				<b>Surfacing Materials</b> (smooth, easy clean, non-absorbent)			
Completed food establishment application form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Drinking Water Supply</b>				Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Municipal: Source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private (provide details)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food contacting surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sewage Disposal</b>				<b>Garbage/Waste Disposal</b>			
Municipal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe onsite (frequency of removal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private (provide details)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe exterior containment (frequency of removal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Number of containers with lids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Floor Plans, Showing (if applicable)</b>				<b>Ventilation Systems</b>			
Dimensions and number of seats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of washrooms, indicate fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooking equipment (canopy, exhaust fan, fire suppression, self-venting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage rooms/areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Dining rooms/areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Lighting</b>			
Staff room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living quarters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation</b>			
Hand wash facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Menu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of food safety training (1 person per shift required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Preparation/serving equipment (counters, hot holding units, mixers, slicers, ranges, salad displays, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written sanitation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business license/town approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Photos if existing establishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Food source identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 3: ACTIONS REQUIRED/NOTES****SECTION 4: REVIEWED**

Name of EHO:	Signature: 	Date:
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