



## SHARED FOOD FACILITY REVIEW FORM

To initiate the review of your request to operate a food business at an existing commercial kitchen, please complete and submit this form, along with the following applicable documents, and non-refundable review fee (\$133) to the Environmental Health office located at 1241 E. Dyer Rd, Suite 120, Santa Ana, CA 92705. **PLEASE PRINT OR TYPE ALL INFORMATION**

- Shared Food Facility Agreement  CA Processed Food Registration/Canning License (if required)

DEPENDENT FOOD OPERATOR INFORMATION		
<b>Name of Business (DBA):</b> _____		
<b>Owner's Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____
<b>Email:</b> _____	<b>Phone Numbers:</b> _____	
PRIMARY FOOD OPERATOR INFORMATION		
<b>Facility Name:</b> _____	<b>Facility Address:</b> _____	
PROPOSED DEPENDENT FOOD OPERATION		
<b>Identify day(s)/times when food production will occur</b>  <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____	<b>Type of Business</b> <input type="checkbox"/> Retail Only <input type="checkbox"/> Wholesale Only <input type="checkbox"/> Mixed _____ % Retail _____ % Wholesale  <b>Employees</b> # of: _____	<b>Wholesale* Processing Only (check all that apply)</b>  <input type="checkbox"/> Bakery: <input type="checkbox"/> frozen <input type="checkbox"/> fresh <input type="checkbox"/> Beverages/Bottling <input type="checkbox"/> Canning/Jarring/reduced oxygen packaging/low acid <input type="checkbox"/> Co-packer <input type="checkbox"/> Juicing <input type="checkbox"/> Meat Products <input type="checkbox"/> Milk & Dairy <input type="checkbox"/> Processing: <input type="checkbox"/> Wet product <input type="checkbox"/> Dry product <input type="checkbox"/> Repackaging/portioning/sorting <input type="checkbox"/> Warehouse/Distributor (packaged food only) <input type="checkbox"/> Other: _____ <i>* CA Processed Food Registration Required for Wholesale</i>
<b>Type of Food Preparation (check all that apply)</b> <input type="checkbox"/> <b>Risk Category Type 1</b> Prepare/package only non-potentially hazardous foods (PHF <sup>1</sup> )  <input type="checkbox"/> <b>Risk Category Type 2</b> Involves the preparation of PHF limited to same-day service only; prepared foods that are not sold or served the same day are discarded  <input type="checkbox"/> <b>Risk Category Type 3</b> Involves the preparation of PHF and the PHF travels through the temperature danger zone (41-135°F) more than once <i><sup>1</sup>PHF are foods that require temperature control to limit bacterial growth or toxin formation.</i>	<b>Where/How will food products be sold?</b> <input type="checkbox"/> Catered Event <input type="checkbox"/> Community Event/Farmer's Market (A temporary food facility permit will also need to be obtained) <input type="checkbox"/> Import/Export <input type="checkbox"/> Internet (web address) : _____  <input type="checkbox"/> Mail Order <input type="checkbox"/> Retail stores <input type="checkbox"/> Other: _____	

**EQUIPMENT OVERVIEW\***

**1. Do you use any equipment that is currently not available in the food facility?**  Yes  No  
 If yes, identify the type of equipment (attach Equipment Specification Sheet): \_\_\_\_\_  
 If yes, where is equipment stored? \_\_\_\_\_

**2. What equipment/utensils\* at the kitchen do you plan to use:**  
 Cooking equipment  Prep tables  Handwashing sinks  Food prep sink  Mixers  Refrigerator  Freezer  
 Other: \_\_\_\_\_

**3. Multi-use utensils and equipment will be cleaned and sanitized using what methods:**  
 Three-compartment sink  Dishwasher  Clean-in-place protocols  
**\*Equipment/Utensils – must be ANSI approved or equivalent AND stored within the approved food facility.**

**DELIVERY/STORAGE**

**FOOD DELIVERY: (All food ingredients must be obtained from an approved source. Maintain receipts)**  
 1. How often will refrigerated/frozen foods be delivered?  Daily  Weekly  Other: \_\_\_\_\_  
 2. How often will dry foods or supplies be delivered?  Daily  Weekly  Other: \_\_\_\_\_

**FOOD STORAGE:** Identify amount of shelving utilized (label with the name of your business):  
 Ingredients: Dry Storage \_\_\_\_\_ sq. ft.; Refrigerated Storage (41°F) \_\_\_\_\_ sq. ft.; Frozen Storage \_\_\_\_\_ sq. ft.  
 Finished product: Dry Storage \_\_\_\_\_ sq. ft.; Refrigerated Storage (41°F) \_\_\_\_\_ sq. ft.; Frozen Storage \_\_\_\_\_ sq. ft.  
 Are you storing food (ingredients or finished product) at any place other than at the proposed facility?  Yes  No  
 If yes, please indicate where: \_\_\_\_\_  
**\*Food must only be stored in an approved facility.**

**FOOD PRODUCT/PROCESSING**

1. What food products or types of food products do you plan to offer? If your products vary, then describe the business in terms of what products are generally made and who the clients tend to be (e.g., catered meals for private and public functions, lunches for private schools, etc.):  
  
**\* Attach menu and/or product labels for review**

2. List ingredients used for food production. If ingredients are refrigerated or frozen, please indicate that:

3. Does your food processing include any of the following steps (check all that apply):  
 **Cooking**  **Reheating**  **Cooling**  **Packaging**  **Advanced Preparation**

4. **FOOD PACKAGING:** Indicate the type of food packaging that will be utilized.  
 Cook-chill packaging  Controlled Atmosphere Packaging  Vacuum Packaging  Sous Vide  Canning/bottling foods  
 Other: \_\_\_\_\_

5. How will the final product be held/stored?  **Refrigerated**  **Hot Held**  **Room Temperature**

**NOTE:** During the review of your food operation, you may be required to obtain approvals (licenses, registrations etc.) from other State or Federal agencies for special processes such as canning/jarring, or producing products with meat, poultry, eggs and/or dairy. These approvals may need to be obtained prior to being issued a Health Permit.

Print Name:	Title:
Signature:	Date:

**OFFICE USE ONLY**

Specialist Name ( <i>please print</i> ):	Signature:
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Identify Risk Category <input type="checkbox"/> Risk Category Type 1 <input type="checkbox"/> Risk Category Type 2 <input type="checkbox"/> Risk Category Type 3	Date Approved:
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