



FOOD PREMISES QUESTIONNAIRE

TO BE COMPLETED BY OWNER/OPERATOR OF FOOD PREMISES

GENERAL - PREMISES INFORMATION

Premises Name _____ Vendor's Permit # _____ Date of Issue _____
*(or provide photocopy of vendor's permit for file)

Premises Address _____ City/Town _____ Postal Code _____

Premises Phone # _____ Fax # _____ e-mail _____

Existing Business New Business Proposed Opening Date (if new) ____/____/____ Hours of operation _____
YYYY MM DD

Non-seasonal Seasonal Seasonal: Date opening ____/____/____ Date closing ____/____/____
YYYY MM DD YYYY MM DD

See box at bottom re: submission of plans/blueprints

OWNERSHIP INFORMATION → (provide number if owner is a numbered company)

Owner/ Partnership/Corporation Name _____

Owner/Corporation Address _____ City/Town _____ Postal Code _____

Owner/Corporation Phone # _____ Fax # _____ e-mail _____

Name(s) of Principle Officer(s) _____ Phone# _____ Address _____

OPERATOR INFORMATION

Operator / Manager Name _____ Operator Home Phone # _____

Operator Home Address _____ City/Town _____ Postal Code _____

TYPE OF OPERATION - (check all boxes)

Restaurant (full service/seating) Restaurant (take-out) Buffet Catering Bar Bakery Butcher shop
 Delicatessen Institutional kitchen (hospital/nursing home/daycare/school, etc.) Supermarket Variety store
 Mobile Catering Vehicle Hot Dog Cart French Fry Vehicle Outdoor Cooking Other _____

INDOOR SEATING CAPACITY _____ OUTDOOR PATIO? → Yes No → PATIO SEATING CAPACITY _____

LIQUOR LICENSE? Yes No * TOBACCO PRODUCTS SOLD? Yes No

TYPE OF MENU _____ (provide sample menu if available)

FOOD SAFETY CERTIFIED FOOD HANDLERS: # STAFF PER SHIFT _____ # OF MANAGEMENT _____
 CERTIFICATION AGENCY _____

TYPE OF EQUIPMENT AND FACILITIES (check all applicable boxes)

FOOD SERVED USING Re-usable dishes/utensils Disposable dishes/utensils

DISHWASHING EQUIPMENT / CHEMICALS TO BE USED

MECHANICAL (COMMERCIAL) DISHWASHER → High temperature rinse OR Chemical sanitizer (type) _____

GLASS WASHER INDIRECT WASTE DRAINS

3 COMPARTMENT SINK 2 COMPARTMENT SINK MECHANICAL POT WASHER FOOD PREPARATION SINK

CHEMICAL SANITIZER USED FOR FOOD CONTACT SURFACES: (i.e. counters/tables/large equipment, etc.) _____
(i.e. chlorine bleach/quaternary ammonia)

NUMBER AND LOCATION OF HANDWASH SINKS IN FOOD PREPARATION AREA: _____

STAFF WASHROOMS # Male _____ #Toilets _____ #Hand wash basins _____
 # Female _____ #Toilets _____ #Hand wash basins _____

* WATER SUPPLY: Municipal Private * SEWAGE DISPOSAL: Municipal Private

PEST CONTROL CONTRACTED: Yes No

GARBAGE STORAGE (between pick-ups): Storage room Storage shed Bulk Bin Other _____

We recommend that you submit 2 copies of your plans/blueprints prior to construction of your premises. See attached "General Information Sheets" for details. Your Public Health Inspector (PHI) will be able to assist you to plan the layout of the food preparation area and equipment in order to help you avoid unnecessary problems with the operational aspects of the premises.

Applicant's Signature _____ Date (YYYY / MM / DD) _____ Reviewed by (PHI) _____ Date (YYYY/MM/DD) _____

[Personal] Information is collected under the authority of Health Protection and Promotion Act R.S.O. 1990 c.H.7, s. 5 (as amended). This information is collected and used for the purpose of preventing, eliminating and/or decreasing the effects of a health hazard. Questions about this collection of information should be addressed to Durham Region Health Department, Manager, Health Information, Privacy and Security at 605 Rossland Rd E., P.O. Box 730, ON, L1N 0B2, (905) 668-7711.

DEPARTMENT USE ONLY:

* PHIs - Private Water → photocopy form and refer to Senior PHI, Water Safety Date referred _____

*PHIs - Private Sewage → photocopy form and refer to Pt.8 PHI Date referred _____

*PHIs - Sell tobacco products "yes" → photocopy form and refer to Senior TEO Date referred _____
 Patio "yes" → photocopy form and refer to Senior TEO Date referred _____

INSPECTOR'S COMMENTS: _____