



State of New Hampshire
Department of Health and Human Services
Division of Public Health Services
Bureau of Public Health Protection

Food Operation Questionnaire

To assist with plan review process, please provide answers to the questions below.

PHYSICAL FACILITIES

Handwashing:

Indicate number and locations of handsinks:

Warewashing Facilities:

Identify the length, width and depth of the three-compartment sink:

Manual Warewashing:

What type of sanitizer will be used?

☐ Chlorine ☐ Iodine ☐ Quaternary Ammonium ☐ Hot Water ☐ Other (Specify) _____

Mechanical Warewashing *(please note above manual warewashing back up for three bay sink)

Will a warewashing machine be used? ☐ Yes ☐ No

If mechanically warewashing, what type of sanitization will be used? ☐ Chemical ☐ Hot Water

Service Sink:

Location and size of service (mop) sink:

Backflow Prevention:

Will you use a chemical feed system at your service sink and /or three compartment sink? ☐ Yes ☐ No

Will all potable water sources be protected for backflow? ☐ Yes ☐ No

Toilet Facilities:

Identify locations and numbers of toilet facilities:

Are all toilet room doors self-closing where applicable? ☐ Yes ☐ No

Poisonous/Cleaning Storage:

Identify the location and storage of poisonous or toxic materials:

Where will cleaning and sanitizing supplies be stored at work stations?

How will these be separated from food and food contact surfaces?

Pest Control:

Will you use a Pest Control Service? ☐ Yes ☐ NO ☐ N/A (mobile unit only)

If yes, company name _____

Will all outer openings be protected against the entry of insects and rodents by:

Filling or closing holes and gaps along floors walls and ceilings ☐ Yes ☐ No

Installing closed, tight fitting windows ☐ Yes ☐ No

Installing solid self-closing, tight fitting doors ☐ Yes ☐ No

Screens provided for all entrances left open to the outside ☐ Yes ☐ No

Refuse:

Will a dumpster or compactor be used? ☐ Yes ☐ No

Is the dumpster or compactor located on concrete or asphalt and sloped to drain? ☐ Yes ☐ No

Miscellaneous:

Does and part of your facility open directly into any part of a living or sleeping quarters? ☐ Yes ☐ No

EQUIPMENT

Will refrigeration used for Time/Temperature Control for Safety (TCS) foods be commercially rated?

☐ Yes ☐ No

***NOTE: Coolbot® control systems shall not be an acceptable means to cold hold TCS (time/temperature control for safety) foods. Equipment and utensils shall be designed and constructed to be durable and retain their characteristic qualities under normal use conditions.**

If ice bins are being used, are the cold plates integrated? ☐ Yes ☐ No

Will drain boards, utensil racks, or tables large enough to accommodate soiled and clean items be provided for holding before cleaning and after sanitizing? ☐ Yes ☐ No

FOOD/FOOD PREPARATION

Will “Time as a Public Health Control” be used for TCS hot or cold held foods? ☐ Yes ☐ No

Do you intend to use a “Non-Continuous Cook” method? ☐ Yes ☐ No

Will raw animal food(s) be offered to the public in an undercooked form? ☐ Yes ☐ No

Will any of the following specialized process being used? ☐ Yes ☐ No

If YES, indicate which processes will be used:

- ☐ Curing
- ☐ Acidification (Sushi Rice)
- ☐ Reduced Oxygen Packaging (i.e. Vacuum)
- ☐ Sous Vide
- ☐ Cook/Chill
- ☐ Smoking (for preservation)
- ☐ Sprouting Beans
- ☐ Other

Explain checked processes: