



TENNESSEE DEPARTMENT OF AGRICULTURE
REGULATORY SERVICES ATTN: FOOD & DAIRY
BOX 40627 MELROSE STATION
NASHVILLE, TN 37204
PHONE# 615-837-5153 FAX# 615-837-5005

MANUFACTURING WITHIN... / MANUFACTURER PLAN REVIEW REQUEST

Food establishment Plan Review Application to be completed by the owner / operator and submitted to the regulatory authority. Please refer to the Tennessee Statutes Title 53. Food, Drug and Cosmetic Act, 21 CFR Part 110 Good Manufacturing Practices, and the Basic Requirements for more information.

PLEASE CHECK ALL THAT APPLY: *** DO NOT SEND MONEY ***

MANUFACTURING _____ WAREHOUSE _____ MOBILE _____ CUSTOM SLAUGHTER _____

DEER PROCESSING _____ SEAFOOD _____ NEW _____ REMODEL _____ CONVERSION _____

CHECK ONE: WELL WATER _____ CITY WATER SPRING _____
Submit well water approval from local Health Department or spring approval from Environment & Conservation.

CHECK ONE: CITY SEWAGE SEPTIC TANK _____ (Submit documentation/ letter / certification, or approval).

NAME OF ESTABLISHMENT _____

ADDRESS 2195 Nolensville Pike CITY Nashville ZIP CODE 37211

PHONE IF AVAILABLE 615-320-5152 COUNTY Davidson

HOURS OF OPERATION By appointment DATE OF OPENING _____

NAME OF OWNER _____ PHONE NUMBER _____

MAILING ADDRESS _____ CITY _____ ZIP CODE _____

BUSINESS LICENSE: YES _____ SUBMIT DOCUMENTATION CONTRACT OR LEASE / AGREEMENT: YES _____ SUBMIT COPY

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS:

N/A PLAN DRAWN TO SCALE OF FOOD ESTABLISHMENT SHOWING LOCATION OF EQUIPMENT, PLUMBING, ELECTRICAL SERVICES, AND MECHANICAL VENTILATION

_____ SUBMIT LABELING FOR PRODUCTS PRODUCED AND PACKAGED no new product

HAVE YOU APPLIED FOR NUTRITIONAL LABELING EXEMPTION? YES _____ NO _____ SUBMIT COPY OF DOCUMENTATION

WHAT PRODUCTS ARE TO BE HANDLED, PREPARED OR PROCESSED

CATEGORY

- _____ JAMS, JELLIES, SORGHUMS, HONEYS
- _____ BEVERAGES, WATERS
- _____ COLD PROCESSED FOODS (EX: NON - MEAT SALADS, SANDWICHES, and VEGETABLES)
- _____ CANDY
- _____ BAKERY GOODS (EX: PIES, CUSTARDS, CREAM FILLINGS & TOPPINGS)
- _____ SAUCES
- _____ OTHER _____

_____ SCHEDULED PROCESS ON FILE WITH FDA for LACE or ACIDIFIED FOODS - SUBMIT DOCUMENTATION

DESCRIBE THE PROCESS _____

WILL FOOD EMPLOYEES BE TRAINED IN GOOD FOOD SANITATION PRACTICES? YES _____ NO _____

WILL DISPOSABLE GLOVES AND/OR UTENSILS AND / OR FOOD GRADE PAPER BE USED TO PREVENT HANDLING OF READY-TO-EAT FOODS? YES _____ NO _____

IS THERE A WRITTEN POLICY TO EXCLUDE OR RESTRICT FOOD WORKERS WHO ARE SICK OR HAVE INFECTED CUTS AND LESIONS, BOILS OR OPEN SORES?

YES NO _____ PLEASE DESCRIBE BRIEFLY Kitchen Guidelines outlines policy for wounds & illness. A copy is kept in the kitchen.

IS A HACCP PLAN PROVIDED FOR SPECIALIZED PROCESSING METHODS SUCH AS VACUUM PACKAGED FOOD ITEMS PREPARED ON-SITE OR OTHERWISE REQUIRED BY THE REGULATORY AUTHORITY? YES _____ NO _____ NA IF YES, SUBMIT DOCUMENTATION

HOW WILL THE TEMPERATURE OF FOODS BE MAINTAINED WHILE BEING TRANSFERRED FROM PROCESSING TO DISTRIBUTION ?

EXPLAIN _____

STATEMENT: I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND I FULLY UNDERSTAND THAT ANY DEVIATION FROM THE ABOVE WITHOUT PRIOR PERMISSION FROM THIS STATE REGULATORY AGENCY MAY NULLIFY FINAL APPROVAL.

SIGNATURE(S): _____

DATE: _____

APPROVAL OF THESE PLANS AND SPECIFICATIONS BY THIS REGULATORY AUTHORITY DOES NOT INDICATE COMPLIANCE WITH ANY OTHER CODE, LAW, OR REGULATION THAT MAY BE REQUIRED - FEDERAL , STATE, OR LOCAL. IT FURTHER DOES NOT CONSTITUTE ENDORSEMENT OR ACCEPTANCE OF THE COMPLETED ESTABLISHMENT (STRUCTURE OR EQUIPMENT). THE REGULATORY AUTHORITY SHALL CONDUCT ONE OR MORE INSPECTIONS TO VERIFY THAT THE FOOD ESTABLISHMENT IS CONSTRUCTED AND EQUIPPED IN ACCORDANCE WITH THE APPROVED PLANS OR MODIFICATIONS AS REQUIRED OF PLANS AS NECESSARY TO ACHIEVE COMPLIANCE WITH THE APPROPRIATE REGULATION. PERMIT APPROVAL WILL BE CONTINGENT UPON ACTUAL FACILITY INSPECTION.