



Bay County Environmental Health Division
1212 Washington Avenue, Bay City, Michigan - (989) 895-4006 #3
Food Service Consultation \$180.00
Change of Ownership \$295.00

Receipt # _____

Amount: _____

Check # _____

Date Submitted: _____

Applicant's Name: _____ Email: _____

Address: _____ / _____ / _____ / _____
Street City State Zip

Telephone: Home#: _____ Work#: _____

Name of Establishment: _____
Establishment Address: _____
City: _____ Zip Code: _____ Township: _____

Proposed New Name of Establishment: _____

Proposed Date For Opening: _____

Reason for Consultation: _____

Must provide menu, SOP's, copy of Food Manager Certificate and Allergen certificate if applicable.

****FOR HEALTH DEPARTMENT USE ONLY****

Pre-Opening Inspection Date: _____

- Checklist Complete (use only if estab. is closed) See Memo
- Menu
- Establishment is in Substantial Compliance with the Food Law of 2000
- Establishment is **NOT** in Substantial Compliance with the Food Law of 2000.
- A Follow-Up Inspection must be conducted prior to opening
- Establishment to be remodeled
- Certified Manager and Allergen trained, if required
- 90 day follow-up for certified manager

_____/_____
Sanitarian Signature *Date*



Standard Operating Procedure (SOP) Cover Sheet

Establishment Name: _____

Address, City: _____

County: _____

√ or NA	
All Food Establishments, except vending locations:	
	Handwashing
	Personal hygiene, including cuts and sores
	Preventing bare hand contact with ready-to-eat food (gloves, utensils, etc.)
	Employee Illness
	Purchasing food from approved sources
	Cleaning and sanitizing food contact surfaces
When applicable to the establishment:	
	Cross-contamination prevention
	Warewashing
	Date-marking ready-to-eat, potentially hazardous food
	Using time only (not time and temperature) as a method to control bacterial growth
	Time and temperature control for <u>thawing</u> potentially hazardous food
	Time and temperature control for <u>cooking</u> potentially hazardous food
	Time and temperature control for <u>cooling</u> potentially hazardous food
	Time and temperature control for <u>reheating</u> potentially hazardous food
	Time and temperature control for <u>hot holding</u> potentially hazardous food
	Time and temperature control for <u>cold holding</u> potentially hazardous food
Special transitory food units (SFTU's) only:	
	Menu copy
	Water supply
	Wastewater disposal

The documents noted above were reviewed and found to be technically correct:

Agency Name: _____

Agency Representative: _____

Date: _____

The attached
SOP's are
numbered pages:

_____ - _____

Agency Notes:

Note: Attach SOP's to cover sheet, or note if SOP's were in electronic form. Written SOP's are required for STFUs.