Application for assessment of plans and specifications for a new food business

Please review the following checklists and ensure all of the required information is provided. Please remember that the assessment is based on the intended use. Therefore, it is important to provide detailed information about your proposed food business.

Contact Details

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| --- | --- |
| Proprietors Name:  (Company, partnership or individual) | Click or tap here to enter text. |
|  |  |
| Trading Name: | Click or tap here to enter text. |
|  |  |
| Premises Address: | Click or tap here to enter text. |
|  |  |
| Contact Person:  (Name and position) | Click or tap here to enter text. |
|  |  |
| Mobile: | Click or tap here to enter text. |
|  |  |
| Email: | Click or tap here to enter text. |
|  |  |
| Nominated Food Safety Supervisor (Class 1 and 2): | Click or tap here to enter text. |

Information about your business

|  |  |
| --- | --- |
| What types of food are handled, prepared, cooked, stored or sold from the premises? | Click or tap here to enter text. |
| What is the maximum number of customers that will be seated for meals? | Click or tap here to enter text. |
| What is the maximum number of staff that will be working at any one time? | Click or tap here to enter text. |
| Are any allergen free claims made for food products? Provide details. | Yes  No  Click or tap here to enter text. |
| Provide a proposed menu and information relating to the types of food involved | Attached:  Yes  No |
| Are you packaging food for retail sale?  If yes, are the packaged products made on site? Please provide details. | Yes  No  Yes  No  Click or tap here to enter text. |

Specifications

|  |  |
| --- | --- |
| Describe the type of floor surface to be provided in each area of the premises. | Click or tap here to enter text. |
| Describe the finish to the walls in each area of the premises. | Click or tap here to enter text. |
| Describe the material of the ceiling in each area of the premises. | Click or tap here to enter text. |
| Describe the finish to be used for benches and shelves. | Click or tap here to enter text. |
| Describe how cooking appliances will be installed. | Click or tap here to enter text. |

Checklist for plans

Please ensure plans contain the following:

|  |  |
| --- | --- |
| **Items** | **Shown on plan** |
| Plans drawn accurately to a scale of not less than 1:100. | Yes  No |
| Floor waste drains | Yes  No  Not applicable |
| Food storage areas and storage units (dry store, fridges, freezers, hot and cold display units) | Yes  No  Not applicable |
| Coolroom(s) | Yes  No  Not applicable |
| Cooking and Heating Equipment | Yes  No  Not applicable |
| Mechanical Exhaust System | Yes  No  Not applicable |
| Benches and Shelving | Yes  No  Not applicable |
| Significant pieces of equipment (floor mixers, slicers etc) | Yes  No  Not applicable |
| All types of sinks clearly marked according to their intended purpose | Yes  No  Not applicable |
| Dishwasher/Glass Washers(s) | Yes  No  Not applicable |

Note: If you have ticked ‘No’ to any of the above, plans will be returned for resubmission.

Further information

Please let us know if there is any other relevant information about your proposed business.

|  |
| --- |
| Click or tap here to enter text. |

Questions

If you have any questions, please email the [Health Services Unit](mailto:healthservicesunit@portphillip.vic.gov.au) or phone 9209 6292.