

Return to:
 Code Enforcement
 37 Green St
 Concord, NH
 03301
 603-225-8580



Operational Inventory Form

Applicant Information

Establishment Name: _____	
Address: _____	
<i>Street Address</i>	<i>Apartment/Unit #</i>
Phone: _____	Email: _____
Hours of Operation: _____	
Name of Owner or Manager: _____	

Facility Data

Lockers for Storage of Personal Clothing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Equipment & Utensils NSF or equivalent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Storage Facilities Onsite?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Plans to scale showing equipment, seating, etc.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Storage Facilities Off-Site?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	City Water?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Describe:				City Sewer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Trash Disposal:	If No, Year Septic Installed: _____					
Total Number of Workers:	Workers Per Shift: _____					
Seating Inside # :	Seating Outside # : _____					

Operational Data

Single Service: YES <input type="checkbox"/> NO <input type="checkbox"/>	Tableware (china): YES <input type="checkbox"/> NO <input type="checkbox"/>
Dishwashing Machine: YES <input type="checkbox"/> NO <input type="checkbox"/>	Catering: YES <input type="checkbox"/> NO <input type="checkbox"/>
Sanitation Method 180° F Water: <input type="checkbox"/>	Chlorine: <input type="checkbox"/> QUAT: <input type="checkbox"/>
Number ServeSafe Certified (<i>minimum of 1</i>): _____	Laundrying Onsite: YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of Pest Control Co. _____	
Fats Oils & Grease Plan: _____	
Meals Served: Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>

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Food Preparation					
Prepackaged Food Only?	YES	NO	Onsite Food Prep?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Wholesale?	YES	NO	Specialized Processes?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<i>e.g sushi, reduced oxygen packaging, smoking, curing</i>					

Check Applicable					
Bakery	<input type="checkbox"/>	Bed & Breakfast	<input type="checkbox"/>	Caterer	<input type="checkbox"/>
Wholesale	<input type="checkbox"/>	Cafeteria	<input type="checkbox"/>	Commissary	<input type="checkbox"/>
Fixed Mobile Unit	<input type="checkbox"/>	Group Daycare Facilities	<input type="checkbox"/>	Institution/Nursing Home	<input type="checkbox"/>
Grocery – All Operations	<input type="checkbox"/>	Grocery- Food Preparation	<input type="checkbox"/>	Grocery- Prepackaged Items Only	<input type="checkbox"/>
Liquor Lounge	<input type="checkbox"/>	Mobile Food Unit	<input type="checkbox"/>	Movie Theater (Popcorn, Candy, Beverages)	<input type="checkbox"/>
Night Club	<input type="checkbox"/>	Non-Profit	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>
School –Public or Private	<input type="checkbox"/>	Service/Fraternal Club	<input type="checkbox"/>	Supermarket- All Operations	<input type="checkbox"/>
Take Out Service	<input type="checkbox"/>	Take Out Service Only	<input type="checkbox"/>	Vending Machine Operation	<input type="checkbox"/>
Waitress Service	<input type="checkbox"/>	Wholesale Distributor	<input type="checkbox"/>	Wholesale Food Processing Plant	<input type="checkbox"/>
Wholesale Ice Processing Plant	<input type="checkbox"/>	Distillery/Brewery	<input type="checkbox"/>	Tasting Room	<input type="checkbox"/>

Disclaimer and Signature

I CERTIFY THAT THE ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Signature: _____ Date: _____