

Return to:
Code Administration
37 Green St
Concord, NH
03301



Operational Inventory Form

Establishment Information			
Renewal <input type="checkbox"/>	New Establishment <input type="checkbox"/>	Renovations <input type="checkbox"/>	Change of Ownership <input type="checkbox"/>
Establishment Name:			
Address:			
<i>Street Address</i>			<i>Apartment/Unit #</i>
Phone:		Hours of Operation:	
Email:			
Name of Owner:		Name of Manager:	
Emergency Contact Phone Number:		Emergency Contact Name:	

Facility Data			
Lockers for Storage of Personal Clothing? YES <input type="checkbox"/> NO <input type="checkbox"/>	ALL Equipment & Utensils NSF or equivalent, and approved for use?		YES <input type="checkbox"/> NO/NA <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"/> <i>If YES, describe:</i>	City Sewer?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Trash Disposal:		City Water? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Total Number of Workers:		Number of Seats:	
Dishwashing Machine Present? YES <input type="checkbox"/> NO <input type="checkbox"/>	Dishwasher Sanitizer:	Chlorine: <input type="checkbox"/>	180F ⁰ Rinse Cycle <input type="checkbox"/> Other: <input type="checkbox"/>
Surface Sanitizer Used:		Chlorine: <input type="checkbox"/>	QUAT: <input type="checkbox"/> Other: <input type="checkbox"/>
External Grease Interceptor? YES <input type="checkbox"/> NO <input type="checkbox"/>	Name of Pest Control Co.		
Number ServSafe Certified: <i>(include copy of certification)</i>	Laundering Onsite:		YES <input type="checkbox"/> NO <input type="checkbox"/>

Standard Operating Procedures	
Fats Oils & Grease Plan SOP on file:	YES <input type="checkbox"/> NO <input type="checkbox"/> Updated Attached <input type="checkbox"/>
Ice Machine Cleaning/Maintenance SOP on File: <i>schedule must be posted on side of machine</i>	YES <input type="checkbox"/> NO <input type="checkbox"/> Updated Attached <input type="checkbox"/>
Staff Sick Policy on File:	YES <input type="checkbox"/> NO <input type="checkbox"/> Updated Attached <input type="checkbox"/>
Temp. logs at least 1x daily for all coolers/freezers, hot-holding units and dish washers:	YES <input type="checkbox"/> NO <input type="checkbox"/> Updated Attached <input type="checkbox"/>
Spill kit for bodily fluids on site:	YES <input type="checkbox"/> NO <input type="checkbox"/> Updated Attached <input type="checkbox"/>
Pre-approved emergency plan on file?	YES <input type="checkbox"/> NO <input type="checkbox"/> Updated Attached <input type="checkbox"/>
<i>If no SOP on file, or if SOP is being updated, attach when submitting this form.</i>	

SEE SECOND PAGE

Food Preparation

Prepackaged Food Only? YES <input type="checkbox"/> NO <input type="checkbox"/>	Onsite Food Prep? YES <input type="checkbox"/> NO <input type="checkbox"/>
Wholesale? YES <input type="checkbox"/> NO <input type="checkbox"/>	Specialized Processes? YES <input type="checkbox"/> NO <input type="checkbox"/>
Proper labels for Grab-and-Go foods? <small>(include example showing ingredients, allergens, dates)</small> YES <input type="checkbox"/> NO <input type="checkbox"/>	<small>Specialized processes include, but are not limited to sushi, reduced oxygen packaging, smoking, curing, vacuum packaging and canning. These processes may require a HACCP Plan on file.</small>
Meals Served: Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Catering <input type="checkbox"/>	
Menu changes planned for next licensing year? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If YES, attach update with changes highlighted</i>	
Using time as a control for food safety? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If YES, supporting documentation must be available to all staff at all times of operation</i>	

Disclaimer and Signature

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

Signature:	Date:
Print Name:	Title:
Reviewed By:	Date:

**For questions, or assistance in developing any required policies, contact the Health Officer
603-230-3638, or by email at BSantiago@concordnh.gov**