



County of Santa Cruz

Health Services Agency ♦ Environmental Health Division

701 Ocean Street, Room 312, Santa Cruz, CA 95060
(831) 454-2022 Fax : (831) 454-3128 TDD/TTY - Call 711 www.scceh.com

FOOD FACILITY EVALUATION vs PLAN REVIEW QUESTIONNAIRE

The purpose of this questionnaire is to determine if a change of ownership will require that the applicant go through a FOOD FACILITY EVALUATION or through PLAN REVIEW. **The facility must undergo PLAN REVIEW if any of the boxes below are checked YES.**

REQUESTOR	
PHONE	E-MAIL
PREVIOUS BUSINESS NAME	
FACILITY ADDRESS	
CITY/STATE/ZIP CODE	

Yes No

Is this a new retail food facility in Santa Cruz County.

Yes No

The prior owner removed most of the equipment.

Yes No

The facility was permitted as a limited food sales facility and the food vending area will increase to an area over 300 sq. ft.

Yes No

The facility was limited to vending prepackaged food and beverages (e.g. chips, jerky, bottled drinks, etc.) AND now will be used to handle open food or drinks.

Yes No

The facility is equipped to prepare cold foods and will now be used to prepare cooked foods.

Yes No

The following will be added:

(Check all that apply)

- Exhaust hood / Make-up air
- Cooking equipment
- Walk-in refrigeration unit
- Sink (other than a handwash sink)
- Water heater
- Ice machine / dipper well / espresso machine
- Dishwasher
- Equipment requiring modification to electrical or plumbing

Yes No

The following will be changed:

(Check all that apply)

- Exhaust hood / Make-up air
- Cooking equipment (not like for like)
- Walk-in refrigeration unit
- Dishwasher
- Water heater
- Equipment requiring modification to electrical or plumbing

Yes No

Food equipment will be added that requires modification to the following:

(Check all that apply)

- Floors
- Walls
- Ceiling
- Electrical Connections
- Plumbing Connections

Yes No

The following areas will be added to the facility:

(Check all that apply)

- Food preparation area
- Cook line
- Storage area
- Warewashing station
- Bar (alcohol or beverage)
- Waitress station
- Buffet
- Self-service station
- Restroom
- Trash enclosure

NOTE: This checklist is not intended to capture all situations. The inspector may determine that due to facility conditions, alterations or menu changes, the facility will need to undergo modifications though plan review

Name: _____

Signature: _____ Date: _____