



FACILITY EVALUATION

FA# _____
FA should be used for imaging purposes only
SR# _____

A facility evaluation is an inspection/consultation conducted at the facility where you are planning to take over ownership. This evaluation may be required if the facility has been closed and no routine inspection has been conducted within the last year. The purpose of this evaluation is to review the last inspection report and timetables for correction, and to determine if any other changes or alterations have occurred at this facility since the last inspection. Any changes or alterations may require corrective action or submittal of plans to plan review. During the facility evaluation, the Environmental Specialist (ES) will tell you what actions will be necessary for your facility to be in compliance.

The fee for the evaluation is: \$ 325.00

1. What type of food do you intend to serve? _____
2. Please list food and beverage items on your menu: _____

3. Have you changed, or do you intend to change or remove any equipment within the existing facility? __Yes __No
4. If the answer to question #3 is yes, then list the new, replaced, or removed equipment: _____

5. Have you changed or do you intend to make any structural, plumbing, mechanical or electrical changes in the facility? __Yes __No If yes, explain the changes? _____

I do not want a facility evaluation and/or I have already assumed ownership and am operating this facility. I understand that I will be held responsible for completing any corrective actions required on the last inspection report and any changes or alterations to this facility since the last inspection was conducted regardless of whether the change or alteration was made by me or the previous owner.

I understand that if any alterations have been made to this facility without approval from plan review, and/or if the existing equipment is not sufficient for the scope of my operation and food preparation activities, **I may be subject to closure and/or other enforcement action until this facility is in compliance with the California Health and Safety Code (CalCode).**

I am requesting a facility evaluation to be conducted, and I agree to pay the fee associated with this evaluation.

Signature of Proposed Owner

Date

Contact Phone Number

Date of Proposed Change of Ownership

Food Facility Name

Food Facility Address