

MUSKEGON COUNTY HEALTH DEPARTMENT
Communicable Disease Management Division
209 E. Apple Ave. - Muskegon, MI 49442
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FOOD LAW OF 2000 (ACT NO. 92 OF 2000, AS AMENDED)

Section 4103. (1) An applicant shall submit an application for a food establishment license at least 30 calendar days before the date planned for it's opening, the change of ownership, or the expiration of the current license.

CHANGE OF OWNERSHIP APPLICATION - FOOD SERVICE ESTABLISHMENTS

1. **NAME** of establishment (doing business as) _____

2. Establishment Address _____
(Number & Street) (City) (State) (Zip)

3. **PREVIOUS NAME OF ESTABLISHMENT** _____

4. **PROPOSED TYPE** of establishment: (please circle one)

Serving Site Only Full Service Catering Institutional Setting Seasonal Mobile Unit Special Transitory Food Unit

5. **NEW OWNER'S NAME** _____

Daytime Phone# _____ Cell Phone # _____ Fax # _____

Address _____
(Number & Street) (City) (State) (Zip)

6. **OWNERSHIP:**

- Individual or Partnership
- Corporation
- Religious / Charitable / Fraternal / Other Non-Profit (organization has 501 (c) (3) status)
- Educational

FOR NEW OWNERS:

7. Is the establishment currently open for business? YES ___ NO ___ When do you anticipate assuming ownership? _____

Operation under new owner/mgmt must get prior approval/inspection before facility is allowed to operate/open for business.

8. Will the management and/or personnel change? YES ___ NO ___

9. Will the type of menu change? YES ___ NO ___ (If yes, please provide menu.)

10. Is the kitchen equipment from the previous owner present and intact? YES ___ NO ___

11. Are equipment changes in the establishment planned? YES ___ NO ___

If yes, briefly describe: _____

12. Are construction changes in the establishment planned? YES ___ NO ___

If yes, briefly describe: _____

I hereby certify that all information provided in this application is true and completed.

13. **APPLICANT'S NAME** _____

Daytime Phone # _____ Cell Phone # _____ Fax # _____

Address _____
(Number & Street) (City) (State) (Zip)

Applicant's Signature _____ Date _____

HEALTH DEPARTMENT REPRESENTATIVE

DATE OF INSPECTION

EXPIRATION DATE

AMOUNT PAID _____ **DATE PAID** _____ **CHECK#** _____ **RECEIPT#** _____ **INITIALS** _____



Public Health
Prevent. Promote. Protect.

Muskegon County Health Department

MCHD FOOD SERVICE SANITATION

(Office-231-724-4406 Fax- 724-3366)

CHANGE OF OWNERSHIP FORM

STANDARD OPERATION PROCEDURE (SOP) WORKSHEET

Prior Establishment Name: _____

New Establishment Name: _____

Address, City and Zip: _____

Establishment Phone: () _____

Name of New Owner: _____

New Owner Contact Number: _____

Proposed Opening Date: _____

Explain the total scope of operation, if any changes are going to occur regarding menu items, facility/equipment and employees- (be specific and detailed):

NOTE: IF SIGNIFICANT CHANGES WILL BE MADE TO THIS FACILITY/MENU- A PLAN REVIEW WILL BE REQUIRED

INSTRUCTIONS: Each question on this worksheet must be answered. Use additional pages if necessary. In instances where the question asked does not apply to your Food Service Establishment, write “not applicable” or “N/A”.

A. Menu

List ALL the food menu items to be served (or attach copy of menu):

Ensure proper consumer advisory is included on menu IF potentially hazardous food (PHF)-time/temperature controlled for safety (TCS) is offered raw or undercooked.

B. Food Supply

All foods must be purchased from an approved source.

List ALL food suppliers from whom you will be purchasing your foods:

_____ 1. The Food Code prohibits the use of food prepared at home or the use of home canned foods. Please place your initials in the space to indicate that home prepared foods will not be served.

C. Storage

Indicate the method(s) of storage for ALL boxed/canned food, dry goods, vegetables/produce, and raw/cooked meats, clean utensils/single service items/articles:

D. Thawing

Thawing of potentially hazardous food must be done using the following methods. List in the spaces below ALL the food menu items which will be thawed using each method.

Under refrigeration at 41 °F

Submerged under running water at a temperature of 70 °F or lower

As part of a continuous cooking process

In microwave (Note: Food must be immediately cooked after microwave use)

E. Preparation

- i. The Food Law of 2000 prohibits bare hand contact when handling “ready-to-eat” foods. The definition of a ready to eat food is a food item that will not be washed or cooked again before being consumed. Indicate how you will handle ALL ready to eat food in establishment:

| <u>Ready to eat food</u> <i>(e.g., sandwiches, produce...)</i> | <u>Method of handling</u> <i>(using gloves, utensils, deli tissue..)</i> |
|---|---|
| | |
| | |
| | |
| | |
| | |

- ii. Food Borne Illness can occur when ready-to-eat foods become contaminated by raw animal foods, (such as raw chicken or beef). This is called cross-contamination. List steps that will be taken to prevent cross-contamination of ready-to-eat foods with raw meats:
(e.g. raw chicken will be stored separate/below beef and all ready-to-eat food)

F. Cooking

Indicate the cooking methods and final internal temperatures for ALL cooked potentially hazardous food items served:
(e.g. hamburgers are cooked on the grill top to at least 155 degrees F for 15 seconds)

G. Cooling (if applicable)

Indicate the method(s) of cooling for ALL potentially hazardous food items that will be cooled and later served.
e.g., soups, chili, sauces: Placed in shallow pan (< 4 inches in depth) and allowed to cool off (uncovered) on the counter to cool from 140-70 °F within <2 hours, then will be placed in refrigerator, on top shelf to cool to 41 °F w/i next 4 hours).

H. **Reheating/Hot holding (if applicable)**

Indicate the method(s) of reheating for ALL potentially hazardous foods being hot held.

e.g., Chicken breasts are reheated (> 165 °F w/i <2 hours) on the grill and then hot held in the steam well at (>140 degrees F.)

I. **Cold holding**

Indicate the method(s) of cold holding for ALL potentially hazardous foods served:

e.g., coleslaw and potato salad are put into covered individual containers and placed on ice so they are maintained at <41 degrees F.

1. _____ A food thermometer that ranges between 0-220°F, scaled within 2°F will be provided. Clean/accurate food thermometers will be used regularly to ensure proper temperature controls. Please place your initials in the space above to indicate agreement.

J. **Warewashing**

Indicate the method(s) to wash, rinse and sanitize utensils and equipment:

(Note: 3 compartment sink is required) Mark ALL ware washing systems available:

| | | |
|-----------------------------------|-----------|----------|
| Dish washing machine | Yes _____ | No _____ |
| High heat sanitizing dish machine | Yes _____ | No _____ |
| Chemical sanitizing dish machine | Yes _____ | No _____ |

List all types of chemical sanitizers used at the dishmachine and/or 3 compartment sink: _____

(Note-Test Papers must be provided for ALL sanitizers used in facility).

3 compartment sink (mark the number of sinks that apply): Kitchen _____ Bar _____

How often will sanitizer solutions be checked and who is responsible? _____

How will Sanitizer solutions in the dish machine and 3 compartment sink be checked?

Hot water capacity- Existing _____
New _____
(Include make and model number or specification sheet)
Gallon storage _____ BTU's/kW _____
Efficiency _____

K. **On-site water well data** (*mark Municipal if city water is provided*)
Note: The Environmental Health Department must be contacted for a well water evaluation and an approval report must be provided prior to pre-opening inspection. (EH phone # 231-724-6208)

L. **On-site sewage disposal system data** (*mark Municipal if city sewer is provided*)
Note: The Environmental Health Department must be contacted for a septic system evaluation and an approval report must be provided before facility is allowed to open to the public. (724-6208)

M. **EMPLOYEE HYGIENE (MDA MICHIGAN FOOD LAW FACT SHEETS MFL-4*, MFL-5*)**

i. Hand washing is essential to preventing food borne illness.
Indicate how, when, where and why hands must be washed:

Note: Handsinks must be provided with soap, paper towels, and warm water of 110°F, maintained in a clean condition, and must be used only for handwashing.

ii. List how the requirements for Food Employee Personal Hygiene outlined on MFL-4* will be met:
(e.g., Ann's Diner provides hairnets and hats to all its employees and they will be worn by the food employees at all times)

N. EMPLOYEE HEALTH (MDA MICHIGAN FOOD LAW FACT SHEET: MFL-3*)

- i. List how the requirements for Food Employee Health outlined in the MFL-3 will be met:
(Note: Use of employee health forms meets most requirements to fulfill health policy and is highly recommended).

SUBMISSION AS SOP

- If your Standard Operating Procedures (SOP's) are simple, you may be able to submit this completed worksheet as your SOPs for review.
- SOP's must be detailed and exact to the type of operation proposed.
- If the operation is complex, extra SOP information will be required.
- By signing this document, you are creating SOP's, which you are required to follow when operating, (unless revisions are made and available for review).
- SOP's must be approved prior to pre-opening inspection.

Prepared by: _____

Printed Name _____

Date _____

Signature: _____ Date _____

When completed and approved by the Muskegon County Health Department, this worksheet will serve as a Standard Operating Procedure, in accordance with Michigan Food Law, Act 92 of P.A. 2000. As such, you must follow the procedures outlined herein and failure to do so may result in administrative action.

A COPY OF THIS APPROVED SOP MUST BE KEEP AT THIS FACILITY AT ALLTIMES!

Reviewed by (Sanitarian) _____ Date _____

Approved _____ Rejected _____

Approved with stipulations/reasons for rejection:

*Food safety information and Michigan Department of Agriculture Michigan Food Law (MFL) fact sheets along with employee health forms are attached to this document and are also available from the Michigan Department of Agriculture's web page: <<http://www.Michigan.gov/mda>>. Follow the food and food safety links.