

Oklahoma City - County Health Department Food Safety & Environmental Health 2400 NW 36th Street Oklahoma City, OK 73112 Telephone: (405) 425-4400 www.occhd.org

RETAIL FOOD ESTABLISHMENT PRE-OPERATIONAL INFORMATION

(Must be completed before licensing)			
Name of Establishment:			
Establishment Address:			
Type of Food Operation:			
Retail Food Service Establishment Medical Marijuana Dispensary			
Owner's Name:			
Owner's Mailing Address:			
Owner's Telephone:			
Owner's Email Address:			
Applicant's Name (if different from Owner):			
Applicant's Title (owner, manager, architect, etc.):			
Applicant's Mailing Address:			
Applicant's Telephone:			

Applicant's Email Address: _____

FOOD SUPPLY

Identify all food suppliers:

How the food will arrive (frozen, fresh, packaged, etc.)

Is ice made on premises or purchased commercially?

COLD HOLDING

How will Time/Temperature Control for Safety Foods be maintained at 41°F (5°C) or below during cold holding?

PEST CONTROL – Outside doors must be self-closing and rodent proc	of.
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Yes	No	NA

1. Will screens be provided on all entrances left open to the outside?

- 2. Will all windows that open have a minimum #16 mesh screening?
- 3. Will electrical insect control devices be used?

If yes, where?	

4. Will air curtains be used? If yes, where?

5. Identify how all pipes & electrical conduit chases will be sealed.

6. How will the area around the building be kept clear of unnecessary brush, litter, boxes and other

harborage?

REFUSE, RECYCLABLES, AND RETURNABLES

- - 6. Will there be an area to store recyclables? _____ If yes, describe _____
 - 7. Identify the area to store returnable damaged goods.

WATER SUPPLY

Does the food establishment use well water or city water?

SEWAGE DISPOSAL

Does the food establishment dispose of the waste water through the city sewer or a private disposal system?

TOXIC ITEMS

Identify the location for the storage of poisonous or toxic materials.