



TENNESSEE DEPARTMENT OF AGRICULTURE
CONSUMER & INDUSTRY SERVICES
ATTN: FOOD & DAIRY
P.O. BOX 40627 Packages to: 436 HOGAN ROAD
NASHVILLE, TN 37204 NASHVILLE, TN 37220
PHONE# 615-837-5193 NEWFOOD.BUSINESS@TN.GOV

FOOD MANUFACTURER / WAREHOUSE PLAN REVIEW QUESTIONNAIRE

Food Manufacturer plan review questionnaire to be completed by the Owner/Operator and submitted to Consumer & Industry.
Please refer to the Tennessee Statutes Title 53. Food, Drug and Cosmetic Act, 21 CFR Part 117 CURRENT GOOD
MANUFACTURING PRACTICES, HAZARD ANALYSIS AND RISK-BASED PREVENTIVE CONTROLS FOR HUMAN FOOD for
the basic requirements and more information.

*BUSINESS NAME Include any dba _____

*FACILITY ADDRESS _____ *CITY _____ *ZIP CODE _____

*PHONE _____ CELL PHONE _____ COUNTY _____

*NAME OF BUSINESS OWNER(S) _____ PHONE NUMBER _____

*MAILING ADDRESS _____ CITY _____ ZIP CODE _____

*NAME OF CONTACT _____ PHONE NUMBER _____

*EMAIL ADDRESS _____

***PLEASE CHECK ALL THAT APPLY:**

MANUFACTURER _____ WAREHOUSE _____ COLD STORAGE _____ *DISTRIBUTION _____

NEW _____ REMODEL _____ CHANGE OF OWNERSHIP _____ *SUPPLIERS _____

*CHECK ONE: WELL WATER _____ CITY WATER _____ SPRING _____ (Upload copy of well water or spring approval from local environmental field office or from the TN Dept of Environment & Conservation)

*CHECK ONE: PUBLIC SEWAGE _____ SEPTIC TANK _____

*TYPE OF PRODUCT(Choose all that apply to your operation): Shelf Stable _____; Refrigerated _____; Frozen _____;

***PRODUCT CATEGORY(S) that best describe your products: (Check all that apply)**

Sauce/Condiments _____; Deer Processor _____; Bottled Water _____; Refrig Bakery Item _____; Non-Refrig Bakery Item _____;
Ready to Eat Salads _____; Honey/Sorghum _____; Snack Foods _____; Jam/Jelly _____; Meat Based _____; Custom Slaughter
_____; Alcoholic Beverage _____; Juice _____; Chocolate/Candy _____; Fish/Seafood _____; Dry Mixes _____; Multi Foods _____;
Other _____;

*Does any product to be covered under this license contain a vaccine, as defined under T.C.A. § 53-1-102?

*LIST ALL PRODUCTS that will be manufactured, prepared, processed, or stored.

*BUILDING SIZE _____ NUMBER OF EMPLOYEES _____

HOURS OF OPERATION _____ DAYS OF OPERATION _____ DATE OF OPENING _____

DO YOU HAVE?

RECALL PROGRAM _____; HAZARDOUS ASSESSMENT _____; PREVENTIVE CONTROL QUALIFIED INDIVIDUAL _____

TRAINING PROGRAM _____; SANITATION PROGRAM _____; DOCUMENTED PROCESSES _____; FDA REG # _____

(*REQUIRED)

Please submit the completed application to: newfood.business@TN.gov

*Describe the complete process of how products are prepared. List all steps of how it is processed, cooked, cooled, packaged, and labeled. How do you measure the quality and safety of the product? Give examples of pH levels, cooking temperatures, and verification that food grade containers and closures will be used. Submit additional pages as needed.

*SUBMIT FLOW DIAGRAMS OF YOUR PROCESSES _____;

_____ **SUBMIT PLAN DRAWN TO SCALE OF THE FOOD** MANUFACTURING FACILITY SHOWING LOCATION OF EQUIPMENT

_____ **SUBMIT ALL LABELS** FOR PRODUCTS PRODUCED AND/OR PACKAGED

_____ **SUBMIT PROOF** OF REGISTRATION OR BUSINESS LICENSE ISSUED BY A LOCAL GOVERNMENTAL AUTHORITY

STATEMENT:

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. I FULLY UNDERSTAND THAT ANY DEVIATION FROM THE ABOVE WITHOUT PRIOR PERMISSION FROM THIS STATE REGULATORY AGENCY MAY NULLIFY FINAL APPROVAL.

SIGNATURE(S):

DATE: _____

APPROVAL OF THESE PLANS AND SPECIFICATIONS BY THIS REGULATORY AUTHORITY DOES NOT INDICATE COMPLIANCE WITH ANY OTHER CODE, LAW, OR REGULATION THAT MAY BE REQUIRED – FEDERAL , STATE, OR LOCAL. IT FURTHER DOES NOT CONSTITUTE ENDORSEMENT OR ACCEPTANCE OF THE COMPLETED ESTABLISHMENT (STRUCTURE OR EQUIPMENT). THE REGULATORY AUTHORITY SHALL CONDUCT ONE OR MORE INSPECTIONS TO VERIFY THAT THE FOOD ESTABLISHMENT IS CONSTRUCTED AND EQUIPPED IN ACCORDANCE WITH THE APPROVED PLANS OR MODIFICATIONS AS REQUIRED OF PLANS AS NECESSARY TO ACHIEVE COMPLIANCE WITH THE APPROPRIATE REGULATION. PERMIT APPROVAL WILL BE CONTINGENT UPON ACTUAL FACILITY INSPECTION. *Licenses/permits issued under the Tennessee Food, Drug and Cosmetic Act extend only to items defined as food under the Act and do not extend to items that contain either substances prohibited by state or federal law for inclusion in food or substances that otherwise categorize the food item as a drug.*

Ellington Agricultural Ctr, PO Box 40627, Nashville, TN 37204 or Packages to 436 Hogan Road, Nashville, TN 37220;

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