



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 \_\_\_\_\_

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 \_\_\_ CONVERSION \_\_\_ SUPPLIERS \_\_\_\_\_

(Upload copy of well water or spring approval from local environmental

**CHECK ONE:** WELL WATER \_\_\_ CITY WATER \_\_\_ SPRING \_\_\_ 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)

Dressing/Condiments \_\_\_; Deer Processing \_\_\_; 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 \_\_\_;

LIST ALL PRODUCTS that will be manufactured, prepared or processed?

**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 # \_\_\_\_\_

DESCRIBE COMPLETE PROCESS of how products are prepared? List all steps of how it is processed, cooked, 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: \_\_\_\_\_

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**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.**

For Office Use Only:

Type: \_\_\_\_\_

Risk: \_\_\_\_\_