



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 BS OWNER(S) _____ PHONE NUMBER _____

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 # _____

