



Notification of Food Premises Opening

The Health Protection and Promotion Act (HPPA), R.S.O. 1990, c.H.7, s. 16(2) requires – “every person who intends to commence to operate a food premise shall give notice of the person’s intention to the Medical Officer of Health of the Health Unit in which the food premise will be located”; and section 16(1) of HPPA requires- “every person who operates a food premise shall maintain and operate the food premise in accordance with the regulations”.

A **food premises** is defined as “a premises where food or milk is manufactured, processed, prepared, stored, handled, displayed, distributed, transported, sold or offered for sale, but does not include a private residence” (HPPA, R.S.O. 1990, c.H.7, s.1(1))

Please contact a Public Health Inspector to discuss the legal requirements, review plans and/or conduct a pre-operational assessment, prior to opening and formal inspections being performed.

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| Name of Food Premise / Special Event / Farmer’s Market: | |
| Address/ Location: | |
| Proposed date(s) of Opening or Operation: | |
| Name of Owner / Operator: | |
| Phone No.: | |
| Email: | |
| Type of Food Facility | <p>A- Permanent Food Facility</p> <p> <input type="checkbox"/> Restaurant <input type="checkbox"/> Bakery <input type="checkbox"/> Food Takeout <input type="checkbox"/> Mobile Food Premise <input type="checkbox"/> Banquet Hall <input type="checkbox"/> Food processing <input type="checkbox"/> Warehouse <input type="checkbox"/> Caterer <input type="checkbox"/> Food Institutional (Long-term Care/Child Care Centre) <input type="checkbox"/> Other _____ <input type="checkbox"/> Owner /Operator change to an existing food premise. </p> <p>B- Temporary Food Facility</p> <p> <input type="checkbox"/> Special Event or <input type="checkbox"/> Farmers market </p> <p>Please provide information on Special event or Farmer’s market on page 2 of this notification</p> |

Date of Notification : _____

Signature of Owner/Operator _____

(Personal Information in this form is collected under the authority of the Health Protection and Promotion Act, R. S. O. 1990, Ch. H. 7)

Port Hope
 200 Rose Glen Road
 Port Hope ON L1A 3V6
 Phone: (905) 885-9100
 Fax: (905) 885-9551

Haliburton
 191 Highland Street, Unit 301
 Haliburton ON K0M 1S0
 (705) 457-1391
 Fax (705) 457-1336

Lindsay
 108 Angeline Street S
 Lindsay ON K9V 3L5
 (705) 324-3569
 Fax: (705) 324-0455

Special Event or Farmers Market Information:

| | | | | | |
|--|----------------------------------|------------------------|-----------------------------------|------------|-----------|
| Section A General Information on Venue : | | | | | |
| Date of Event / Operation: - From _____ To _____ | | | | | |
| Time of Event / Operation: - From _____ To _____ | | | | | |
| Number of visitors anticipated _____ Location of Event / Farmers Market: _____ | | | | | |
| Is the special event for invited guests only? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| Is your organization a religious group, fraternal organization or a service club? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| If yes please specify the name _____ | | | | | |
| Animal Exhibit (e.g. petting zoo, pony rides, poultry) If yes, please give a brief description: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| Garbage disposal- Type of Containers: _____ Removal Frequency: _____ | | | | | |
| Sewage Disposal- Private ____ Municipal ____ Other <input type="checkbox"/> _____ | | | | | |
| Public Washroom - <input type="checkbox"/> Permanent _____ <input type="checkbox"/> Portable _____ (Name of Contact Person if Portable _____) | | | | | |
| Section B Temporary Food Premise Checklist: | | | | | |
| Item List | Yes | No | Item List | Yes | No |
| Potable Water Supply | | | Cooking equipment | | |
| Running hot & cold water | | | Hot holding equipment | | |
| Hand washing facilities | | | Utensil washing facilities | | |
| Probe thermometer | | | Garbage disposal | | |
| Refrigerators | | | Single service dishes | | |
| Freezers | | | Aprons | | |
| Sanitizing Agent | | | Lighting | | |
| Sanitizing test strip | | | Booth walls | | |
| Booth ceiling | | | Booth floors | | |
| Section C List of Food Items Being Served: | | | | | |
| Name of food | Approved source (Purchased from) | Name of food | Approved source (Purchased from) | | |
| | | | | | |
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| | | | | | |
| Section D List of Food Vendors Attending the Event: | | | | | |
| Trade Name | Contact Name | Contact telephone/cell | Type of foods to be prepared/sold | | |
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Please ask each food vendor to provide information to the health unit by filling sections A to C of this form separately

Additional resource information for owners and operators of a Food Premise:

Food Premises CHECKLIST

- Review Food Premises Regulation (Ontario Regulation 562)
- Provide information on Notification form to the Public Health Inspector of the Health Unit
- Contact your local Municipality Building/By-law Departments for local requirements
- Contact the local Fire Department if applicable.
- If not connected to a municipal drinking water system, you must provide a potable water system.
- If not connected to a municipal sewage system, contact local Municipality Building Departments
- Separate hand wash basin with liquid soap and paper towel dispenser
- Three compartment sink OR a Two compartment sink (food take-out premises only)
- Commercial mechanical dishwashing machine
- Adequate cold storage refrigeration and freezer space
- Accurate thermometers for all refrigeration and freezer equipment and a cooking thermometer
- Adequate sanitizer and sanitizer test strip papers
- Adequate lighting in all food handling/preparation/storage areas
- Floors covered with a smooth, tight, non-absorbent surface
- Walls and ceilings may be readily cleaned and maintained in a sanitary condition
- Separate area for cleaning chemicals and equipment
- Washroom shall be equipped with liquid soap dispensers and an approved method to dry hands
- Adequately sized exhaust canopy vented to outside air as per Ontario Building Code
- Contact Building Department for all structural aspects of a food premise (washrooms included)
- Pest management system in place to prevent the the entry of insect and vermin
- Windows and doors screened if you wish to leave them open for ventilation
- Adequate dry food storage space and bulk food containers, shelving 6 inches off floor

Additional legislation that may apply to your food premise could include:

Canadian Food Inspection Agency <http://www.inspection.gc.ca/food/eng/1299092387033/1299093490225>

Ontario Ministry of Agriculture and Food
<http://www.omafra.gov.on.ca/english/food/index.html>

Ontario Fire Code (Municipal Fire Department)
<http://www.ontario.ca/laws/regulation/r07213>

Ontario Building Code (Municipal Building Department)
<http://www.mah.gov.on.ca/Page7393.aspx>

Alcohol Licensing/Liquor Licence Act
<http://www.agco.on.ca/en/home/index.aspx>

Smoke-Free Ontario Act
<http://www.mhp.gov.on.ca/en/smoke-free/>

Small Drinking Water System Regulation (HPPA Ontario Regulation 319)
http://www.health.gov.on.ca/english/public/program/pubhealth/safewater/safewater_resources.html

Local Municipality for Building/structural items and by-laws (garbage areas, zoning, business license, etc)