



TENNESSEE DEPARTMENT OF AGRICULTURE
REGULATORY SERVICES ATTN: FOOD & DAIRY
BOX 40627 MELROSE STATION
NASHVILLE, TN 37204
PHONE# 615-837-5153 FAX# 615-837-5005

MANUFACTURING WITHIN / MANUFACTURER PLAN REVIEW REQUEST

Food establishment Plan Review Application to be completed by the owner / operator and submitted to the regulatory authority. Please refer to the Tennessee Statutes Title 53. Food, Drug and Cosmetic Act, 21 CFR Part 110 Good Manufacturing Practices, and the Basic Requirements for more information.

PLEASE CHECK ALL THAT APPLY:

MANUFACTURING WAREHOUSE MOBILE _____ CUSTOM SLAUGHTER _____
DEER PROCESSING _____ SEAFOOD _____ NEW _____ REMODEL _____ CONVERSION _____

CHECK ONE: WELL WATER _____ CITY WATER SPRING _____
Submit well water approval from local Health Department or spring approval from Environment & Conservation.

CHECK ONE: CITY SEWAGE SEPTIC TANK _____ (Submit documentation/ letter / certification, or approval).

NAME OF ESTABLISHMENT Cumberland Culinary Center

ADDRESS 411 Tennessee Blvd CITY Lebanon ZIP CODE 37087

PHONE IF AVAILABLE _____ COUNTY Wilson

HOURS OF OPERATION As Required DATE OF OPENING July 2010

NAME OF OPERATOR _____ PHONE NUMBER _____

MAILING ADDRESS _____ CITY _____ ZIP CODE _____

BUSINESS LICENSE: YES _____ SUBMIT DOCUMENTATION

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS:

_____ SUBMIT LABELING FOR PRODUCTS PRODUCED AND PACKAGED, *labels must indicate the manufacturing location 411 Tennessee Blvd., If you have existing labels these can be continued to be used however you must provide a copy of revised version for future use. Ingredient statement on label must identify all allergens.*

HAVE YOU APPLIED FOR NUTRITIONAL LABELING EXEMPTION? YES ___ NO ___ SUBMIT COPY OF DOCUMENTATION
FDA Form 3570

WHAT PRODUCTS ARE TO BE HANDLED, PREPARED OR PROCESSED

CATEGORY

_____ JAMS, JELLIES, SORGHUMS, HONEYES
_____ BEVERAGES, WATERS
_____ SAUCES
_____ SALAD DRESSINGS

OTHER _____

SCHEDULED PROCESS ON FILE WITH FDA for ACIDIFIED FOODS - **SUBMIT DOCUMENTATION FDA Form 2541a**

DESCRIBE THE PROCESS

Recommend attaching a file to the application which explains: how ingredients are tracked; ingredients specifications from the suppliers; MSDS for containers and closures; how ingredients are prepared; cooking/preparation steps; how you will measure the quality and safety of the products. Examples: pH levels, cooking temperatures, verification of containers and closures.

WILL FOOD EMPLOYEES BE TRAINED IN GOOD FOOD SANITATION PRACTICES? YES X NO _____

WILL DISPOSABLE GLOVES AND/OR UTENSILS AND / OR FOOD GRADE PAPER BE USED TO PREVENT HANDLING OF READY-TO-EAT FOODS? YES _____ NO _____ NA

IS THERE A WRITTEN POLICY TO EXCLUDE OR RESTRICT FOOD WORKERS WHO ARE SICK OR HAVE INFECTED CUTS AND LESIONS, BOILS OR OPEN SORES?

YES X NO _____ PLEASE DESCRIBE BRIEFLY Included within the CCC GMPs

IS A HACCP PLAN PROVIDED FOR SPECIALIZED PROCESSING METHODS SUCH AS VACUUM PACKAGED FOOD ITEMS PREPARED ON-SITE OR OTHERWISE REQUIRED BY THE REGULATORY AUTHORITY? YES _____ NO _____ NA X **IF YES, SUBMIT DOCUMENTATION**

HOW WILL THE TEMPERATURE OF FOODS BE MAINTAINED WHILE BEING TRANSFERRED FROM PROCESSING TO DISTRIBUTION ? NA

EXPLAIN _____

STATEMENT: I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND 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.