

**DHH/OPH  
FOOD AND DRUG UNIT  
PLANS REVIEW QUESTIONNAIRE  
FOR FOOD AND DRUG ESTABLISHMENTS**

**Directions:** *For new facilities*—Provide all information requested below and attach any requisite supporting documentation (e.g., proposed sewage treatment system approval letter from Parish Health Unit). Attach to this packet a plot plan or blueprint showing the proposed building, sewage treatment facility (if applicable), plumbing plan, electrical plan, HVAC plan, schedule of materials for finished floors, walls, and ceilings, and surrounding grounds.

*For existing facilities*—Provide all information requested below, including any and all information that may have changed since the last FD-1B was completed and submitted to this office. Attach plans showing proposed renovations, and, where applicable, schedule of materials for finished floors, walls, ceilings, or any information in the paragraph above which will be changing as a result of proposed renovation/expansion project(s).

Date submitted to FDU: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Physical Address of Establishment: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address of Establishment: \_\_\_\_\_  
\_\_\_\_\_

Type of Establishment:      Food Manufacturer                      Drug/Cosmetic Manufacturer  
                                         Food Storage Warehouse              Drug/Cosmetic Storage Warehouse  
                                         Food Repacker                              Drug/Cosmetic Repacker

Specific Type(s) of Products Manufactured (if applicable): \_\_\_\_\_

Class of Ownership:

Sole Proprietorship  
Corporation  
Limited Liability Corporation  
Partnership  
Limited Liability Partnership

Name of Proprietor:	
Name of Agent for Service of Process:	
List of Partners:	

**Note: All corporations, regardless of where the corporation is domiciled, must have an in-state Agent for Service of Process registered as such with the Louisiana Secretary of State.**

**Contact Person**

Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

**Owner of the Real Property (if different from Owner of Establishment)**

Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

If the square footage of an existing facility is to be altered, list the existing square footage: \_\_\_\_\_  
 proposed change: \_\_\_\_\_  
 new total: \_\_\_\_\_

Estimated (or actual) total number of employees in facility per shift: \_\_\_\_\_

## Existing plumbing includes

Item	Yes	Number	No
Ladies' water closets			
Men's water closets			
Urinals			
Ladies' hand lavatories			
Men's hand lavatories			
Prep area hand lavatories			
Water fountains/dispensers			
Restrooms mechanically vented to atmosphere			
Restroom doors self-closing			
Prep sinks indirectly connected to sanitary sewer			
Floor drains in restrooms and prep areas exposed to floor moisture			

Name of public water supply servicing facility: \_\_\_\_\_  
**(Note: Facilities using non-community water supplies must have well plans approved by the local Parish Health Unit or OPH Regional engineering staff—except for facilities manufacturing water or ice; these facilities must have well plans approved by Central Office Engineering Services staff. New supplies must also provide copies of lab results from tests for coliform bacterial contamination and chemical contaminants delineated in 40 CFR 141 [National Primary Drinking Water Regulations] showing negative results for coliform and results in compliance with maximum contaminant levels for chemicals. Moreover, bottled water sources must provide documentation regarding the safety of the source and catchment operations, as well as the physical, chemical, and microbiological quality of the water, as explained in the Guidelines for Prospective Bottled Water Processors. Also, please note that new wells must be registered with the Louisiana Department of Transportation and Development [DOTD], Office of Public Works.)**

Name of public sewer system servicing facility: \_\_\_\_\_  
**(Note: Facilities utilizing onsite wastewater treatment systems must have plans approved by the local Parish Health Unit or OPH Regional engineering staff. Existing facilities utilizing onsite wastewater treatment systems more than two years old must provide a copy of a one-year maintenance contract with a licensed maintenance provider.)**

Name of garbage/refuse disposal company contracted: \_\_\_\_\_  
**(Facilities must contract with a commercial waste disposal operation to remove garbage and/or refuse in accordance with the provisions of Chapter 1, Part VI, Title 51 of the Louisiana Administrative Code. Exemptions for the use of a municipal waste removal pickup may be granted to small operations on a case-by-case basis. Speak to your Sanitarian Program Coordinator for further details.)**

**New facilities manufacturing food or beverage products will be required to construct a dumpster pad of sealed concrete with a floor drain tied to the sanitary sewer and protected from runoff/rainwater; hot and cold water must be accessible for cleaning this pad.**