

FOOD PREMISE NOTIFICATION FORM

Ontario Agri-Food Venture Centre

O. Reg. 493/17: FOOD PREMISES under Health Protection and Promotion Act, R.S.O. 1990, c. H.7. A person who gives notice of an intention to commence to operate a food premise to the medical officer of health under subsection 16 (2) of the Act shall include his or her name, contact information and the location of the food premise in the notice.

Documentation must be provided to the health unit a minimum of 14 days prior to proposed date of operation.

THIS NOTIFICATION FORM IS TO NOTIFY LAKELANDS PUBLIC HEALTH OF:

☐ New Premise ☐ Change/Addition to Services

☐ Other (please specify):

Proposed Operation Start Date:

BUSINESS INFORMATION

Owner(s) Full Name(s):

Business Name:

Legal Name:

Business License No.:

Home Address:

(Full address, including street number and name, town/city and postal code.)

Mailing Address:

☐ Check box if same as site address.

Phone Number:

Fax Number:

Email:

Website:

Health Unit Name:

(based on home address)

Food Handler Training Certificate(s):

Training Provider:

Expiry Date:

☐ Attached ☐ Not attached

PRODUCT INFORMATION

What are you Preparing?
(food products – attach list to form if needed)

Type of Food Processing?
(check all that apply)

☐ Prepared Meals ☐ Baked Goods ☐ Prepacked ☐ Canning ☐ Freeze Dried
☐ Salads/Sandwiches ☐ Fresh Juices
☐ Other (please specify):

Storage Requirements of Final Product:

☐ Shelf Stable ☐ Refrigeration ☐ Freezer

Any Food Preparation Outside of OAFVC?

☐ Yes ☐ No

If yes, Please Specify Location/ Address: _____

Where Will Food Be Stored After Preparation:

Please Specify Location/ Address: _____

Food Sources: (list of where you are purchasing food from):

Sale/ Distribution: (check all that apply)	<input type="checkbox"/> Local/ Ontario <input type="checkbox"/> Online <input type="checkbox"/> Interprovincial <input type="checkbox"/> International
	<input type="checkbox"/> Other (please specify): _____

****If distributing/selling outside of Ontario, CFIA MUST BE NOTIFIED****

IF CANNING:

Hazard Analysis Critical Control Point PLAN: (for each food item that is prepared)	<input type="checkbox"/> Attached <input type="checkbox"/> Not attached
Are You Using Validated Recipes? (Validated recipes are required for any high and moderate risk food with pH >4.2 and Aw >0.85. If you don't have validated recipes, a certified lab to validate your existing recipe(s) through an established process with adequate challenge testing is required.)	<input type="checkbox"/> Yes <input type="checkbox"/> No * ALL recipes used are required to be attached to the application *
Have You Submitted Samples of Product for Testing? (i.e. pH, Water Activity, Indicator Microorganisms and possibly sugar and salt concentration as applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, results are required to be attached to application
Type of Canning:	<input type="checkbox"/> Boiling Method (high acid foods) <input type="checkbox"/> Pressure Canning (low acid foods) <input type="checkbox"/> Hot Fill

OPERATION INFORMATION

<input type="checkbox"/> Preparing Year-Round	<input type="checkbox"/> Preparing Seasonally—List months of operation: _____
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Dates and Times you are Scheduled to Prepare Food at the Ontario Agri-Food Venture Centre:

DATE	TIME

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

Date of Notification: _____

Signature of Owner/

Operator: _____

Any personal and personal health information that you may provide on this form is collected under the authority of relevant legislation including: the Health Protection and Promotion Act, as amended, the Regulated Health Professions Act, the Immunization of School Pupils Act, and the Personal Health Information Protection Act. This information will be used for assessment, management, treatment, and reporting purposes. Your information may be shared within the Health Unit as required by legislation. For information about the collection, use and disclosure of your information, please refer to the Health Unit website at LakelandsPH.ca or contact the Medical Officer of Health, 185 King Street, Peterborough, Ontario, K9J 2R8 or 1-844-575-4567.

Legislation that may apply to your premise may include:

Useful Resources:

[Health Protection and Promotion Act, R.S.O. 1990, c. H.7 \(ontario.ca\)](http://www.ontario.ca/laws/statutes/990/h7.htm)

[O. Reg. 493/17: FOOD PREMISES \(ontario.ca\)](http://www.ontario.ca/laws/regulation/93_17.htm)

[British Columbia- Food Safety Plan Workbook Guide](http://www.bccdc.ca/food-safety-plan-workbook-guide)

[Food Premises Reference Document, 2019 \(gov.on.ca\)](http://www.gov.on.ca/food-premises-reference-document)

[Operational Approaches for Food Safety Guideline, 2019 \(gov.on.ca\)](http://www.gov.on.ca/operational-approaches-for-food-safety-guideline)

[Food Handler Training – Haliburton, Kawartha, Pine Ridge District Health Unit \(LakelandsPH.ca\)](http://www.haliburton-kawartha-pine-ridge-district-health-unit.ca)