

Office of the City/Municipal Health Officer

SANITARY PERMIT TO OPERATE

Issued to _____
(Registered Name)

(Type of Establishment)

Address _____

Sanitary Permit No. _____, Date Issued _____, 19____

Date of Expiration December 31, 19____

This permit is not transferable and will be revoked for violation of the Sanitary Rules, Laws or Regulation of P.D. 522 & P.D. 856 and Pertinent Local Ordinances.

Re commending Approval:

CSD/SE/SSI/SI

Approved:

CHO/MHO

HEALTH CERTIFICATE FOR FOOD HANDLERS

(CREAM COLOR)

EHS FORM NO. 102-A

Logo of City/
Municipality _____
Office of the City/Mun.
Health Officer
=====

Reg.No. _____

HEALTH CERTIFICATE

Pursuan to the provision of P.D. 522, P.D.856 and City/
Mun. Ord. No. _____ s. _____, this Certificate is issued for

NAME: _____

OCCUPATION: _____

AGE: _____ SEX: _____ NATIONALITY _____

PLACE OF WORK: _____

I.D. PICTURE 1 X 1	SIGNATURE _____ CSD/SE-IN CHARGE _____ (CHO/MHO)
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FRONT (9cm. x 7cm.)

IMPORTANT

THIS HEALTH CERTIFICATE IS NON-TRANSFERABLE.
ALWAYS WEAR YOUR CERTIFICATE IN THE UPPER LEFT SIDE FRONT PORTION OF YOUR GARMENT WHILE WORKING.
VALID ONLY UNTIL THE NEXT DATE OF EXAMINATION, AS INDICATED BELOW.

Date of Issuance _____ Date of Expiration _____

IMMUNIZATION

DATE	KIND	DATE OF EXP.

X-RAY

DATE	KIND	RESULT

STOOL & OTHER EXAM. RQD.

DATE	KIND	RESULT

BACK (9cm. x 7cm.)

HEALTH CERTIFICATE FOR NON-FOOD HANDLERS

(LIGHT GREEN COLOR)

EHS FORM NO. 102-B

Logo of City/
Municipality _____
Office of the City/Mun.
Health Officer
=====

Reg.No. _____

HEALTH CERTIFICATE

Pursuan to the provision of P.D. 522, P.D.856 and City/
Mun. Ord. No. _____ s. _____, this Certificate is issued for

NAME: _____

OCCUPATION: _____

AGE: _____ SEX: _____ NATIONALITY _____

PLACE OF WORK: _____

I.D. PICTURE 1 X 1	SIGNATURE _____ CSD/SE-IN CHARGE _____ (CHO/MHO)
------------------------------	--

FRONT (9cm. x 7cm.)

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Date of Issuance _____ Date of Expiration _____

IMMUNIZATION

DATE	KIND	DATE OF EXP.

X-RAY

DATE	KIND	RESULT

STOOL & OTHER EXAM. RQD.

DATE	KIND	RESULT

BACK (9cm. x 7cm.)

HEALTH CERTIFICATE FOR MESSAGE CLINIC ATTENDANTS, RECEPTIONIST, HOSTESSES, HOSPITALITY GIRLS / BOYS, ETC.

(PINK COLOR)

EHS FORM NO. 102-A

Logo of City/
Municipality _____

Office of the City/Mun.
Health Officer

=====

Reg.No. _____

HEALTH CERTIFICATE

Pursuan to the provision of P.D. 522, P.D.856 and City/
Mun. Ord. No. ____ s. ____ this Certificate is issued for

NAME: _____

OCCUPATION: _____

AGE: ____ SEX: ____ NATIONALITY _____

PLACE OF WORK: _____

I.D.
PICTURE

1 X 1

SIGNATURE

CSD/SE-IN CHARGE

(CHO/MHO)

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Date of Issuance _____

Date of Expiration _____

IMMUNIZATION

DATE	KIND	DATE OF EXP.

X-RAY

DATE	KIND	RESULT

STOOL & OTHER EXAM. RQD.

DATE	KIND	RESULT

FRONT (14cm. x 9cm.)

STD EXAMINATION

DATE OF EXAM	RESULT	DATE OF NEXT EXAM

HBsAg EXAMINATION

DATE OF EXAM	RESULT	DATE OF NEXT EXAM

HBsAg EXAMINATION

DATE OF EXAM	RESULT	DATE OF NEXT EXAM

EHS FORM NO. 102-C

URETRAL/CERVICAL SMEAR EXAM.

DATE OF EXAM	RESULT	DATE OF NEXT EXAM

BACK (14cm. x 9cm.)

Office of the City/Municipal Health Officer

SANITARY INSPECTION OF FOOD ESTABLISHMENT

Establishment: _____ Category: _____

Owner/Manager: _____

Address: _____

No. of Personnel _____ No. with Health Certificate: _____ Sanitary Permit No. _____

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ITEMS	DEMERIT (X)	RECOMMENDED CORRECTIVE MEASURES
1.		
2.		
3.		
4. CONSTRUCTION OF PREMISES		
5. MAINTENANCE OF PREMISES		
6. TOILET PROVISION		
7. HANDWASHING FACILITIES		
8. WATER SUPPLY		
9. LIQUID WASTE MANAGEMENT		
10. SOLID WASTE MANAGEMENT		
11. WHOLESOMENESS OF FOOD		
12. PROTECTION OF FOODS		
13. VERMIN CONTROL		
14. CLEANLINESS AND TIDINESS		
15. PERSONAL CLEANLINESS		
16. HOUSEKEEPING AND MANAGEMENT		
17. CONDITIONS OF APPLIANCE & UTENSILS		
18. SAN. CONDITIONS OF APPLIANCES & UTENSILS		
19. DISEASE CONTROL		
20. MISCELLANEOUS		

TOTAL DEMERITS -----

PERCENTAGE RATING (100% Less Demerit Score) NOTE: Non-complying item are indicated with an (x). Every such item is weighted with a demerit of 5. The rating of the rating of the establishment is therefore 109 (number of demerit x5). The result is expresser as a percentage (%) rating.

SANITATION STANDARD	PERCENTAGE RATING
EXCELLENT -----	90 - 100%
VERY SATISFACTORY -----	70 - 89%
SATISFACTORY -----	50 - 69 %

Received by: _____

Owner/Operator/Manager

Date

Sanitary Inspector

Date

SPECIAL FEATURES ITEMS 1 TO 3

- (a) **EATING & DRINKING ESTABLISHMENTS**
(Including Hotels, Motels, Boarding Houses & the likes, Restaurants, Coffee Shops, Canteens, Panciteria, Bistro, Carinderia, Fast Foods, Refreshment Rooms/Parlors, Cafeteria, Snack Bars, Cocktail Lounge, Bars, Disco, Night Clubs & similar establishments)
1. Cleaning food utensils (prescribed method)
 2. Food protection (specific requirements)
 3. Kitchen
- (b) **BAKERY, BAKEHOUSE, BAKESHOP, CAKE SHOP, CAKE KITCHEN**
1. Storage/protection, ingredients
 2. Storage/protection, flour
 3. Condition of fixed appliance
- (c) **DELICATESSENS**
1. Separation, cooked/uncooked meats
 2. Uscooked poultry, wrapped
 3. Common cutting device
- (d) **BUTCHER SHOPS, MEAT SHOP, FISH SHOP**
1. Storage/protection, meats
 2. Food contract surfaces
 3. Disposal, bones/wastes
- (e) **SALE OF ICE CREAM/FROZEN CONFECTIONS**
1. Storage of servers
 2. Sterilizing server, etc.
 3. Protection, cones wafers, frozen foods, etc.
- (f) **ICE CREAM MANUFACTURE**
1. Cleansing/sterilizing plant/equipment
 2. Storage/protection ingredients
 3. Effectiveness of "no touch" techniques
- (g) **MILK SHOPS**
1. Milk temperature
 2. Approved storage compartment
 3. Sale, other products
- (h) **MILK STORAGE/PENDING RETAIL SALE**
1. Refrigerated storage
 2. Self-closing doors
 3. Exclusion of contaminating substances
- (i) **STORAGE/BOTTLING RAW MILK**
1. Cleansing/sterilizing bottle
 2. Mechanical capping
 3. Storage/protection, bottle caps
- (j) **RETAIL SALE OF LIQUOR**
1. Glass-washing/storage
 2. No smoking, etc.
 3. Demijohn washing

- (k) **WHOLESALE OF LIQUOR & WINE SELLERS**
1. Testing room, sink, hot and cold water
 2. Cleansing/storage, bottles/demijohn
 3. Storage containers, corks, seals
- (l) **BREWERIES**
1. Storage/protection, brewing ingredients
 2. Cleansing/storage, bottles/containers
 3. Disposal of spent hops and yeast
- (m) **WINE MAKERS**
1. Cleansing/storage, bottles/containers
 2. Disposal, mark and wastes
 3. Storage containers, corks, etc.
- (n) **MANUFACTURE OF AERATED WATERS & BEVERAGES**
1. Cleansing/storage, bottles
 2. Contact surfaces
 3. Syrup room
- (o) **GROCER'S SHOPS**
(Including those not otherwise registered)
1. Protection, display food
 2. Storage/protection, perishable food
 3. Bulk store and packaging
- (p) **FRUIT & VEGETABLE SHOPS**
(Including those not otherwise registered)
1. Food off ground
 2. Storage/disposal, waste
 3. Protection, special fruit
- (q) **STORAGE, PACKAGING & PULPING OF EGGS**
1. Cool, dump-proof storage for whole eggs
 2. Candling equipment
 3. Food contact surfaces
- (r) **MARKETS**
1. Separation of foods from other goods
 2. Cleanliness of poultry cages and pens
 3. Waste storage & disposal
- (s) **ABATTOIRS**
1. Approved plan
 2. Slaughtering of animals
 3. Container for refuse (specific requirements)

SANITATION STANDARD INSPECTION OF FOOD ESTABLISHMENT (THE FIRST SCHEDULE)

ITEM 1)

ITEM 2) SPECIAL FEATURES

ITEM 3)

ITEM 4) CONSTRUCTION OF PREMISES

A. FLOORS:

- 1) Kept clean; no sawdust used
- 2) Concrete, other impervious materials; easily cleaned materials, resistant to wear and corrosion.
- 3) Wood: T & G floor board laid on a fire foundation; tightly clamped together.
- 4) All angles between floors and walls rounded off to height of not less than 3 inches (7.62 cm.) from the floor.
- 5) Adequately graded and drained
- 6) Other floor covering (e.g. carpets) : approved by DOH
- 7) Exterior walking and driving surfaces properly surfaced
- 8) Mats and duck boards cleanable, removable and clean

B. WALLS:

- 1) Internal surfaces, smooth, even, non-absorbent, cleanable
- 2) Constructed of dust-proof materials
- 3) Walls subject to wetting or splashing: impervious, non-absorbent materials, height not less than 4.79 inches (2 M) from the floor.
- 4) Painted light color; other wall finish approved by DOH.
- 5) All wall attachment/decoration clean.

C. CEILINGS:

- 1) Dust-proof and washable
- 2) Smooth, non-absorbent; light colored
- 3) All ceiling attachment/decoration clean.

D. LIGHTING:

- 1) Twenty (20) foot candles - rooms where food is prepared, packed, utensils and handwashing rooms.
- 2) Five (5) foot candles - where food is consumed.
- 3) Intensities of illumination measured 30 inches from floor.
- 4) Lighting reasonably free from glare; no shadows.
- 5) Other artificial light source approved by DOH.

E. VENTILATION:

- 1) Rooms reasonably free from steam, condensation, odors, fumes, smoke and impurities; relative humidity - 60%, temperature - 80°F.
- 2) Rooms and equipment vented to outside as required.
- 3) Hoods properly designed; filters removable
- 4) Intake air ducts properly designed and maintained.
- 5) Systems comply with fire prevention, pollution / nuisance requirements.

F. OVERCROWDING:

- 1) Sufficient floor spaces
 - a) Enabling every employee to carry-out their duties efficiently.
 - b) Easy access for cleaning working spacer, aisles, passageways and areas which customers have access:
 - b.1) unobstructed
 - b.2) sufficient to permit movement; no contamination of food by clothing or personal contact of employees and customers.

G. CHANGEROOMS:

- 1) Dressing rooms provided; properly located
- 2) Adequate lockers or other suitable facilities
- 3) Dressing rooms; areas and lockers kept clean
- 4) Four (4) or more employees of either sex / separate changing room provided

ITEM 5. MAINTENANCE OF PREMISES:

A. MAINTENANCE IN GOOD CONDITION:

1. All rooms or place, all materials, receptacles, appliance, furniture and equipment used in connection with the preparation, manufacture, storage packing, delivery of food for sale or in the displayed of food.

B. REPAIRS OR RENOVATION CARRIED OUT WITHOUT UNNECESSARY DELAY:

1. Structural; plumbing, drainage

C. DEFECTIVE OR DAMAGED RECEPTACLES, APPLIANCES, FURNITURE OR EQUIPMENT - DISCARDED AND REPLACED OR REPAIRED AS REQUIRED.

ITEM 6. TOILET PROVISION:

A. FOOD ESTABLISHMENT PERSONNEL

1. Available near working areas
2. Number of fixtures per shift provided

No. of Personnel	Water Closets		Urinal	Wash-hand Basin	
	Female	Male		Female	Male
1-29	1	1	-	1	1
30-49	1	1	1	2	2
50-99	2	2	2	3	3
100-UP	1 Fixture for each additional 50 employees				

3. One (1) shower provided for every 15 employees.
4. One (1) drinking fountains for every 75 employees.

B. FOOD EATING AND DRINKING ESTABLISHMENTS:

- 1) Sanitary convenience provided for use of customers

Dining Room Accomodation	Water Closets		Urinal	Wash-hand Basin	
	Female	Male		Female	Male
1-49	1	1	1	1	1
50-60	2	1	1	1	1
61-120	2	2	2	2	2
For each additional 60 persons	1	1	1	1	1

C. FOOD MARKETS, SUPERMARKETS, GROCERIES AND STORES:

- 1) Sanitary convenience provided

No. of Personnel	Water Closets		Urinal	Wash-hand Basin		Drinking Fountain
	Female	Male		Female	Male	
Below 50	1	1	-	1	1	-
50-100	2	1	1	2	2	1
	1 Fixture for each additional 50 employees					

- Market - 1 water closet and urinal for every 100 males
1 water closet for every 50 females

D. STRUCTURAL REQUIREMENT:

1. Approved byDOH
 - a) Plans of comfort rooms
 - b) Individual sewage disposal system, sub-surface absorption system or other treatment devise.
2. Toilet Room
 - a) not less than 1.5 sq.m in area
 - b) not less than 2.5 m. in height
3. Lighting and ventilation not less than 10 foot candle

ITEM 7. HANDWASHING FACILITIES

A. INSTALLATION:

1. Near working area; e.g. food preparation area
2. Inside or adjacent toilet room
3. Under specification of the National Plumbing Code of the Philippines

SEE 6.A

C. NUMBER FOR CUSTOMERS

SEE 6. B

- D. PROVIDE WITH HOT AND COLD OR TEMPERED RUNNING WATER; MINIMUM TEMPERATURE OF 100°F (37.8°C).**

- E. PROVIDED WITH NAIL BRUSH, SOAP AND/OR SUITABLE HAND CLEANER AND SANITARY TOWELS OR APPROVED HAND DRYING DEVICES.**

- F. MAINTAINED IN GOOD REPAIR AND CLEAN CONDITION**

ITEM 8. WATER SUPPLY

- A. SAFE QUALITY; ISSUED DOH CERTIFICATION OF POTABILITY OF DRINKING WATER; COMPLYING NSWD OF 1993.**

- B. ADEQUATE IN QUANTITY; 40 LITERS PER CAPITA PER DAY.**

- C. FROM APPROVED SOURCE**

- D. HOT AND COLD RUNNING WATER UNDER PRESSURE PROVIDED, AT LEAST 20 PSI.**

- E. TRANSPORTED WATER IN BULK TRANSPORT SYSTEM HANDLED, STORED; DISPENSED IN A SANITARY MANNER.**

- F. BOTTLED AND PACKAGED POTABLE WATER HANDLED, STORED AND PROTECTED FROM CONTAMINATION; DISPENSED FROM THE ORIGINAL CONTAINER FILED BY THE SUPPLIER.**

- G. STEAM USED IN CONTACT WITH FOOD OR FOOD CONTACT SURFACES FREE FROM ANY MATERIALS OR ADDITIVES OTHER THAN THOSE SPECIFIED BY THE DOH.**

- H. ICE FORM APPROVED SOURCE; MADE FORM POTABLE WATER.**

- I. ICE MACHINES AND FACILITIES PROPERLY HANDLED AND STORED, BLOCK ICE RINSED.**

- J. ICE CONTACT SURFACES APPROVED; PROPER MATERIAL AND CONSTRUCTION.**

ITEM 9. LIQUID WASTE MANAGEMENT

- A. WASTE WATER INTO PUBLIC SEWER OR DOH APPROVED FACILITIES.
- B. PLUMBING
 - 1) Properly sized, installed and maintained; in accordance with the NPCP.
 - 2) Non-potable water piping identified
 - 3) No cross-connection
 - 4) No back-siphonage possible
 - 5) Equipment properly drained

ITEM 10. SOLID WASTE MANAGEMENT:

- A. STORAGE
 - 1) In approved designed containers
 - 2) Adequate in number
 - 3) Containers cleaned when empty; brushes provided
 - 4) When not in continuous use, covered with tight fitting lids or in protective storage inaccessible to vermin.
 - 5) Storage area adequate; clean; no nuisance; proper facilities provided.
- B. DISPOSAL
 - 1) Disposed in an approved manner
 - 2) Disposed at an approved frequently
- C. MISCELLANEOUS
 - 1) Garbage rooms or enclosures properly constructed; outside storage at proper height above ground or on concrete slab.
 - 2) Food waste grinders and incinerators properly installed, constructed and operated, incinerator areas clean.

ITEM 11. WHOLESOMENESS OF FOOD

- A. FOOD SUPPLIES:
 - 1) From approved source - meat products, poultry, milk, milk products, fruits, vegetables, fish, shellfish, seaweeds, bakery products, frozen desserts, etc.
- B. NOT ADULTERATED
- C. NOT MISBRANDED
- D. NO INDICATIONS OF SPOILAGE OR CONTAMINATION
- E. ORIGINAL CONTAINER; PROPERLY IDENTIFIED
- F. APPROVED DISPENSER
- G. FLUID MILK AND FLUID MILK PRODUCTS PASTEURIZED
- H. GENERALLY FRESH IN APPEARANCE

ITEM 12. PROTECTION OF FOODS

- A. GENERAL
 - 1) Food protected from contamination during preparation, storage, display, service and transportation.
 - 2) Food service space not utilized as sleeping quarter or directly connecting a toilet.

spaces

- 4) Only preparation and serving staff allowed to handle food in storage or in preparation.
- 5) No animals kept in food service area.
- 6) Food and food materials stored or displayed not less than 18 inches above the ground
- 7) Only approved wrapping and packaging materials used
- 8) In department stores, food are manufactured, prepared, cooked, stored or sold only exclusive areas approved by DOH.

- B. HANDLING OF FOOD MINIMIZED BY USE OF UTENSILS/EQUIPMENT/TRANSPORT
- C. NO WET STORAGE OF PACKAGE FOOD
- D. POISONOUS AND TOXIC MATERIALS PROPERLY IDENTIFIED, COLORED, STORED AND USED. POISONOUS POLISHES NOT PRESENT.
- E. BACTERICIDES, CLEANING AND OTHER COMPOUNDS PROPERLY STORED AND NON-TOXIC IN USE DILUTIONS.

ITEM 13. VERMIN CONTROL

- A. ABSENCE OF RODENTS, FLIES, ROACHES AND VERMIN
- B. OTHER OPENINGS PROTECTED AGAINST FLYING INSECTS. RODENT-PROOFED.
 - 1) From approved source - meat products, poultry, milk products, fruits, vegetables, fish, shellfish, seaweeds, bakery products, frozen desserts, etc.
- C. HARBORAGE AND FEEDING OF VERMIN PROTECTED.
- D. FOODSTUFFS, UTENSILS, FOOD PREPARATION AND CLEANSING EQUIPMENT COVERED DURING OPERATING OR DISINFECTING OPERATIONS.
- E. ONLY LICENSED AND TRAINED PEST-CONTROL PERSONNEL AUTHORIZED TO CONDUCT DISINFECTION OPERATIONS.
- F. VERMIN ABATEMENT PROGRAM MAINTAINED.
- G. PROCEDURE AND FREQUENCY OR VERMIN ABATEMENT PROGRAM APPROVED BY DOH.

ITEM 14. CLEANLINESS AND TIDINESS

- A. MAINTENANCE OF CLEAN CONDITION IN:
 - 1) Every rooms/place, yard, passageway and the whole premises.
 - 2) Cupboard, compartment
 - 3) Refrigerator and all appliances
- B. MAINTENANCE OF TIDY CONDITION AND FREE FROM ACCUMULATION OF:
 - 1) Boxes, tins, rubbish, etc.
 - 2) Any materials which may offer harborage for rats or which may become offensive.

ITEM 15. PERSONAL CLEANLINESS

- A. HANDS WASHED AND CLEAN; SHORT FINGERNAILS.
- B. CLEAN OUTER GARMENTS

- C. PROPER HAIR RESTRAIN
- D. MINIMIZED USE OF MAKE-UP, BODY DECORATION AND JEWELRY.
- E. GOOD HYGIENE PRACTICES.

ITEM 16. HOUSEKEEPING AND MANAGEMENT

- A. CONFORMITY OF THE PREMISES AS TO BUILDING, DRAINAGE AND SANITATION
- B. PREMISES CLEANED AND REFUSE REMOVED FROM PREMISES AT SUFFICIENT AND REGULAR INTERVAL, FREE OF LITERS.
- C. ADEQUATE SUPERVISION OF STAFF AND CUSTOMERS TO PREVENT BREACH OF SANITATION REQUIREMENTS.
- D. DOMESTICATED ANIMALS LIKE DOGS, CATS AND BIRDS NOT PERMITTED TO ENTER OR TO BE IN OR UPON THE PREMISES.
- E. ALL APPLIANCES, CHAIRS, BENCHES TABLE, TROLLEYS AND OTHER FURNITURE WHICH COME INTO DIRECT CONTACT WITH NOIST OR READILY PERISHABLE FOODS ARE SCRUBBED WITH HOT WATER AND DETERGENT DAILY.
- F. ALL SHELVES AND CUPBOARDS IN WHICH FOOD OR APPLIANCES ARE STORED KEPT CLEAN AND FREE OF RUBBISH.
- G. LAUNDERED CLOTHES AND/OR NAPKINS STORED IN CLEAN PLACE.
- I. IN FOOD SERVING ESTABLISHMENTS -ALL TABLES PROVIDED WITH FRESH AND CLEAN TABLE CLOTH.
- J. SOILED LINES AND CLOTHING STORED IN PROPER CONTAINERS.

ITEM 17. CONDITIONS OF APPLIANCES AND UTENSILS

- A. DESIGN, CONSTRUCTION AND INSTALLATION
 - 1) Food contact surfaces of equipment, utensils and non-food-contact surfaces of equipment.
 - a. Good repair; no cracks
 - b. No chips, pits or open seams
 - c. Cleanable, smooth
 - d. Approved paterial
 - e. No corrosion
 - f. Proper construction
 - g. Accessible for cleaning and inspection
 - 2) Single-service articles/wrapping materials/packaging of non-toxic materials
 - 3) Equipment properly installed
 - 4) Existing equipment capable of being installed, in good repair

ITEM 18. SANITARY CONDITION OF APPLIANCES AND UTENSILS

- A. TABLE WARE, KITCHENWARE, GRILLS, COOKING DEVICES AND / OR FOOD CONTACT SURFACES OR EQUIPMENT CLEAN SO SIGHT AND TOUCH.
- B. NON-FOOD CONTACT SURFACES OF EQUIPMENT KEPT CLEAN
- C. DETERGENTS AND ABRASIVES RINSED OFF FOOD-CONTACT SURFACES
- D. FACILITIES FOR WASHING AND SANITIZING EQUIPMENT AND/OR UTENSILS APPROVED, ADEQUATE, PROPERLY CONSTRUCTED, MAINTAINED AND OPERATED.
- E. SUITABLE FACILITIES AND AREAS PROVIDED FOR STORING UTENSILS APPROVED AND EQUIPMENT.
- F. SINGLE-SERVICE ARTICLES USED ONLY ONCE

ITEM 19. DISEASE CONTROL

- A. ALL FOOD HANDLERS WITH UP-TO-DATE HEALTH CERTIFICATE CLIPPED ON THE UPPER LEFT FRONT OF THE GARMENT.
- B. PERSONS WITH BOILS, INFECTED WOUNDS, RESPIRATORY INFECTIONS OR OTHER COMMUNICABLE DISEASES PROPERLY RESTRICTED.
- C. KNOWN OR SUSPECTED COMMUNICABLE DISEASE CASE REPORTED TO HEALTH AUTHORITY.

ITEM 20. MISCELLANEOUS

- A. SANITARY PERMIT DISPLAYED IN A CONSPICUOUS PLACE OF THE ESTABLISHMENT
- B. SANITATION STANDARD RATING STICKER ATTACHED/DISPLAYED AT THE DOOR OR IN A CONSPICUOUS PART OF THE ESTABLISHMENT.
- C. INSPECTION RECORD, IN-HOUSE INSPECTION AND OTHER NECESSARY DOCUMENTS AVAILABLE DURING INSPECTION.
- D. OTHERS

SANITATION STANDARDS
INSPECTION OF FOOD ESTABLISHMENT
SPECIAL FEATURES (THE SECOND SCHEDULE)

1. FOOD EATING & DRINKING ESTABLISHMENTS
 (INCLUDING HOTELS, MOTELS, BOARDING HOUSES & LIKES; RESTAURANTS, COFFEE SHOPS, CANTEENS, PANCAETERIA, BISTRO, CARINDERIA, FAST FOODS, REFRESHMENT PARLOR, CAFETERIA, SNACK BARS, COCKTAIL LOUNGE, MRS, DISCO, NIGHT CLUB & THE LIKES)

ITEM 1. CLEANING FOOD UTENSILS (Prescribed Method)

- A. Utensils and equipment pre-flushed, scraped or soaked and washed.
- 1) Washed in washing machine (145-160°F) of type and manufacture approved by DOH, or
 - 2) Washed in water at temperature not less than 110°F (43.3°C)
 - a) containing adequate amount of soap, or
 - b) other detergent
 - 3) Approved thermometers provided & used
 - 4) Suitable dish basket provided

- B. Rinsing with warm water to remove all traces of warm water and soap or detergent.

C. Sanitation;

- 1) Immersion for at least 1 minute in boiling water
 - a) Only properly washed dishes and utensils are sanitized.
 - b) Pouring of scalding water over washed dishes and utensils not an acceptable substitute.
- 2) Immersion for at least 2 minutes in 170°F clean hot water
- 3) Immersion for at least 2 minutes in chlorine bath with at least 50 ppm available chlorine.
- 4) Exposure to hot air in hot air-cabinet for 20 minutes at 180°F.
- 5) Other alternative methods approved by DOH.

- D. Kitchenware on food-contact surfaces of equipment used for potentially hazardous food sanitized.

ITEM 2. FOOD PROTECTION (Specific Requirement)

A. Food Temperature

- 1) Adequate facilities for maintaining food at hot or cold temperature
- 2) Suitable thermometers properly located
- 3) Perishable food and cooked food at proper temperature
- 4) Potentially hazardous food at 45°F or below or above as required.
- 5) Frozen food kept frozen; properly thawed
- 6) Minimized handling of food

- B. Fruits and vegetables washed thoroughly

- C. Containers of food and food stored off floor on clean surfaces:

- 1) 18 inches (145.72 cm.) for any food displayed for sale.

4) 8 inches (120.32 cm.) for all food in storage; approved construction or platforms to allow air circulation, easy cleaning and inspection of vermin infestation.

- 3) Display cases, counter protector devices or cabinets of approved type.

D. Food-Contact Surfaces/Packaging/Wrapping

- 1) Not brought in contact with unclean paper or other materials; used packaging/wrapping materials not used.
- 2) Food protected from contamination
 - a) Any materials that may cause poisoning
 - b) Any pesticides or insecticides
- 3) All stored, displayed, exposed or exhibited foods wrapped/protected from contamination.

E. Miscellaneous

- 1) Using utensils during packing, preparing or serving.
- 2) Not Serving unwrapped sweets or any sticky substances with fingers.
- 3) Not Serving ham, cheese, cooked meat or fish, baker's small goods, cakes, pastry, sandwiches or similar food with fingers.
- 4) Customers not allowed to handle food on display.
- 5) No bagging of any bag or wrapper.
- 6) No sticker or label or other article which is not clean.
- 7) Protection of food for sale or in the manufacture, preparation, storage, packing or delivery from rain, dust, vermin and other form of contamination.

ITEM 3. KITCHEN

- A. Height of ceiling not less than 2.44 (8ft.)
- B. Floor area not less than 9.30 sq. m. (100 sq. ft.) clear of furniture, fitting and stored goods.
- C. Floor area per person at least 3.1 sq. m. (33 sq. ft.) clear of furniture, fitting and stored goods.

II. BAKERY

(Including bakeshops, cake shops, cake kitchen and the like)

ITEM 1. STORAGE/PROTECTION, INGREDIENTS

- A. Storeroom/cabinet/compartments for storage provided.
 1. Butter margarine, cooking fats, dried fruits, jams egg powder, flavoring and coloring substances and other article of food or ingredients used in baking.
- B. Proper lighting provided.
- C. Proper ventilation provided.
- D. Bread, cakes, pastry, bakers smallgoods, sandwiches and other food for sale protected from rain, dust, flies or other contamination.

ITEM 2. STORAGE/PROTECTION, FLOUR

- A. Separate damp-free room or compartment for storage provided.
 1. Storage of flour in bulk, in sacks or multiwall bags.
 2. No other foodstuffs stored or kept.

ITEM 3. CONDITIONS OF APPLIANCES

- A. Fixed Appliances
 - 1. Placed and fitted and could be readily inspected and cleaned.
- B. Movable Appliances
 - 1. Fitted with wheels, casters and other suitable fitting to facilitate removal for cleaning purposes.
- C. Delivery Crate or Container
 - 1. Approved design and construction
 - 2. Always kept in clean condition
 - 3. Stored and protected from contamination

III. DELICATESSENS

ITEM 1. SEPARATION, COOKED/UNCOOKED MEATS

- A. Displayed and Stored food
 - 1. Cooked meat, cooked fish, chipped potato, cooked pastry containing meat, pastries, savouries, siopao, empanada, and
 - o similar food containing meat kept away/ stored separate from unwrapped/unsealed new meat or fish or other goods.
- 2. Butcher's shop enclosed showcase considered a separate part of the premises for sausages and similar food enclosed in skin.

ITEM 2. UNCOOKED POULTRY, WRAPPED

- A. Delivered poultry to the shop wrapped and enclosed until sold.
- B. Uncooked poultry not stored, kept, displayed or sold in the shop together with cooked foods.

ITEM 3. COMMON CUTTING DEVICE

- A. Separate knife, cutting board or slicing machine provided for cooked and uncooked meat.
- B. Common cutting device permitted only if maintained clean and rendered hygienic:
 - 1. By washing cutting devices in clean hot water 110°F (43.3°C).
 - 2. Washed with detergent.
 - 3. Wiped over all surface with cloth dipped in a disinfecting fluids.
- C. Daily washing of cutting devices maintained.

IV. BUTCHER SHOP

(Including meatshops, meatroom, fishshops, fishrooms and the like)

ITEM 1. STORAGE/PROTECTION, MEATS

- A. STORAGE
 - 1. All meat and fish not being prepared or exhibited for sale stored in refrigeration not exceeding 40°F (4.4°C), or
 - 2. Deep frozen at 0°F (-17.8°C) or lower
- B. Meat or fish not exposed or exhibited for sale exceeding 12 hours unless in refrigerated cabinet or display unit.
- C. Fish exhibited or displayed for sale not in refrigeratin shaded from direct sunlight and kept cool by using crushed ice or other effective means.

- A. Cutting devices washed in detergent at 110°F (43.3°C) hot water and wiped with cloth dipped in a disinfecting solution.
- B. Food contact surfaces even, free from cracks and crevices and cleanable.
- C. Bones, fish offal and waste matter disposal in a nuisanceless manner.

ITEM 3. DISPOSAL, BONES/WASTE

- A. Adequate number of waste container provided.
 - 1) Containers made of metal or suitable impervious material, non-absorbent and covered.
 - 2) Containers provided with stands not less than 30.48 cm (12 inches) from graded and drainable paved area.
 - 3) Emptied container cleaned and dried before re-use.

SALE OF ICE CREAM (including frozen confections)

ITEM 1. STORAGE OF SERVERS

- A. Ice cream scoop/ice cream server
 - 1) Kept in running water or free from water in covered receptacle when-not in actual use.

ITEM 2. STERILIZING

- A. Ice cream scoop/server and receptacle thoroughly cleaned & rendered hygienic at least once every 4 hours.

ITEM 3. PROTECTION, CONES, WAFERS, FROZEN FOODS, ETC.

- A. All cones, wafers, frozen foods, etc. protected from contaminating by dust, flies & other vermin.

I. ICE CREAM MANUFACTURE

ITEM 1. CLEANSING/STERILIZING PLANT EQUIPMENT

- A. Food Contact Surfaces
 - 1) Daily cleansing & sterilizing by boiling of water or other approved method.

ITEM 2. STORAGE/PROTECTION, INGREDIENTS

- A. Dry Ingredients, etc.
 - 1) Savouring, coloring, wrappings and cartons stored and protected from contaminations.
 - 2) Stored in a well lighted and ventilated store room.

ITEM 3. EFFECTIVENESS OF "NO TOUCH" TECHNIQUE

- A. No hand contact with ice cream or frozen confection.

II. MILK SHOPS

ITEM 1. MILK TEMPERATURE

- A. Temperature not exceeding 45°F (7.2°C)

ITEM 2. APPROVED STORAGE COMPARTMENT

- A. Milk refrigerated in DOH approved compartment.

ITEM 3. SALE, OTHER PRODUCTS

- A. No other food or non-food products sold in a milk shop.

ITEM 1. REFRIGERATED STORAGE

- A. Refrigerated storage
- 1) Temperature maintained not exceeding 45°F (7.2°F)
 - 2) Impervious construction of floor, walls and ceiling.
 - 3) Floor graded and drained toward the door opening/s.
 - 4) Mechanical cooling equipment accessible for cleaning.
 - 5) Other DOH approved suitable alternative refrigerated storage space for less than 50 gallons of stored milk.

ITEM 2. SELF-CLOSING DOORS

- A. All doors opening to the outer air; self-closing.
- B. All windows, doors, other vents and opening to outer air, screened of wire gauge.

ITEM 3. EXCLUSION OF CONTAMINATING SUBSTANCES

- A. No substance by which stored, treated or handled milk permitted in the premises.

IX. STORAGE/BOTTLING RAW MILK

- A. Clean and Sterilizing Milk Bottle
- 1) Initially cleaned first in warm water at temperature between 95°F (35°C) and 150°F (40.6°C).
 - 2) Thoroughly washed in detergent solution, alkalinity of not less than 0.5; temperature between 130°F (33°C) and 145°F (62.8°C)
 - 3) Thoroughly rinsed with clean warm water between 110°F (43.3°C) and 180°F
 - 4) Finally rinsed in clean, cold potable water; protected from contamination.
- B. DOH approved alternative sterilization method giving a bacterial plate count of not more than 1 per ml. of bottle capacity.

ITEM 2. MECHANICAL CAPPING

- A. Every bottle mechanically capped
- B. Capping by hands not permitted

ITEM 3. STORAGE/PROTECTION BOTTLE CAPS

- A. Use of cap disc to seal any bottle
- B. Seal disc kept in a sealed sanitary container until use
- C. No re-using of seal disc

X. RETAIL SALE OF LIQUOR

ITEM 1. GLASS-WASHING/STORAGE

- A. Bottles not filled until clean to sight and touch and free of foreign matters.
- B. Sanitary condition of bottles assured until filled
- C. Rinsing-Washing
- 1) Rinsed in clear warm water at temperature between 95°F (35°C) and 105°F (46°C)
 - 2) Thoroughly washed in detergent solution; alkalinity not less than 0.5%; temperature between 130°F (54.4°C) and 145°F (62.8°C).
 - 3) Thoroughly rinsed in clean water; temperature between 110°F (54.3°C) and 180°F (82°C)

ITEM 2. NO SMOKING, etc.

- A. No smoking while engaged in food operation.
- B. No spitting
- C. No use or chewing of tobacco

ITEM 3. DEMIJOHN WASHING

- A. Same requirement as to X (1) for narrow-necked bottle of glass or stone ware holding less than 10 gallons.

XI. WHOLESALE OF LIQUOR AND WINE SELLERS

ITEM 1. TASTING-ROOM, SINK, HOT AND COLD WATER

- A. Tasting Room
- 1) Equipped with a sink supplied with hot and cold running water.
 - 2) Tasting glasses and other appliances or vessels thoroughly cleaned immediately before and immediately after being used.
 - 3) Not in used glasses, etc. kept or stored in dust-proof cupboard.

ITEM 2. CLEANING/STORAGE, BOTTLE/DEMIJOHN

- A. All appliances, equipment, benches, tables, shelves and furnitures kept clean
- B. Food contact surfaces and food storage appliances cleaned after use; scrubbed with hot water and detergent; daily cleaning
- C. All trays or containers stored and protected from contamination.
- D. Bottles clean to sight and touch and free from foreign matter.
- E. Rinsing-washing
- 1) same with X (1) (c)

ITEM 3. STORAGE CONTAINERS, CORKS, SEALS

- A. All corks, crown seals, wads, etc. coming in contact with alcoholic liquor or wine, clean and new.
- B. Kept until used and protected from contamination

III. BREWERIES

ITEM 1. STORAGE/PROTECTION, BREWING INGREDIENTS

- A. STORAGE
- 1) Storage space provide for all ingredients

ITEM 2. CLEANSING/STORAGE, BOTTLES CONTAINERS

- A. FILLING
- 1) Bottles, barrels, jars, vats and other containers not filled unless complying with requirements in X (1) (c).

- ITEM 3. WASTE STORAGE AND DISPOSAL
A. No hops, yeast and other waste kept longer than 6 hours.
- VIII. WINE MAKERS

ITEM 1. CLEANSING/STORAGE, BOTTLES/CONTAINERS

- A. Same requirement as XI (2)

ITEM 2. DISPOSAL, MARC AND WASTE

- A. All spent marc or any other winery disposed of not longer than 48 hours

ITEM 3. STORAGE, CONTAINER, CORKS, SEALS

- A. Corks, crown, seals, wads and every appliances in contact with wine while closing or sealing wine containers clean and new; kept and protected from contamination.

XIV. MANUFACTURER OF AERATED WATERS AND BEVERAGES

ITEM 1. CLEANSING/STORAGE, BOTTLES

- A. Same requirement as XI (2)

ITEM 2. CONTACT SURFACES

A. Containers / Appliances

1. In which liquid charged with CO₂ may flow or be held, provided:

- a) container/appliances made of copper
- b) internal surface coated with tin
- c) non-use of tin coating is damaged or eroded.

B. Valves, fittings, and pipelines where syrup, cordials, aerated waters or beverages are passed

1. Cleaned and put in sanitary condition before used
2. Daily cleaning with clean water and detergents
3. Kept until next use; protected from contamination
4. Easy disassembling construction; surfaces visible for inspection and cleaning.

ITEM 3. SYRUP ROOM

- A. Provide facilities for treatment of water supply approved by the DOH.
B. Walls and floors of the syrup room approved by the DOH.
C. Kept clean

XV. SUPERMARKET, GROCER'S SHOP, GROCERY, STORES

ITEM 1. PROTECTION, DISPLAY FOOD

- A. Base requirement as I (2)

ITEM 2. STORAGE/PROTECTION, PERISHABLE FOOD

- A. All readily perishable food stored at required temperature

ITEM 3. BULK STORE AND PACKAGING

- A. Cleanable floor, benches and all contact surfaces.
- 1) Where food is packed or repacked
 - 2) Boning and slicing of bacon for retail sale
 - 3) Others

XVI. FRUIT AND VEGETABLE SHOPS

ITEM 1. FOOD OFF GROUND

- A. Base requirement as I (2) (c)

ITEM 2. STORAGE/DISPOSAL, WASTE

- B. Every cage and pen removed within 12 hours of the termination of any sale of poultry.

ITEM 3. WASTE STORAGE AND DISPOSAL

- A. Adequate number of approved type of waste container provided.

- B. Waste container strategically located within the market building and its premises.

- C. Individual garbage container for every stall provided.

- D. Collection and disposal of waste per approved method.

XIX. ABBATTOIRS

ITEM 1. APPROVED PLAN

- A. Plan approved by DOH and accredited by NMIC.

- B. Site located at least 200 meters from residential area, schools, churches, places of assembly, courts or public offices.

- C. Site accessible to transportation

ITEM 2. SLAUGHTERING OF ANIMALS

- A. All slaughtering of cattle, sheep, goats, swine, poultry, rabbits or other warm blooded animals done under supervision by representative from the NMIC.

- B. Carcass inspected and passed as fit for human consumption.

- C. Marked and stamped before offered for sale or delivery.

ITEM 3. CONTAINERS FOR REFUSE

- A. Provided with sufficient number of water proof metal containers with tight-fitting metal cover.

- B. Containers plainly marked:

- 1) "Condemned-Animal Food"
- 2) "Condemned-Incineration"
- 3) "Condemned-Rendering"

- C. All waste disposed daily

SANITATION STANDARD RATING STICKER

EHS FORM NO. 104-A

OFFICE OF THE CITY/MUNICIPAL HEALTH OFFICER

SANITATION STANDARD

BASED ON THE SANITARY INSPECTION CONDUCTED ON _____ IN _____, THE SANITARY CONDITION OF _____ HAS BEEN RATED _____, OR _____.

EXCELLENT

APPROVED BY: _____ (PHD/CHD) _____ (PHD/CHD)

APPROVED BY: _____ (PHD/CHD) _____ (PHD/CHD)

NOTE: Should be posted in conspicuous place of the establishment. Expiration 90 days from date of inspection or as indicated by law.

EHS FORM NO. 104-B

OFFICE OF THE CITY/MUNICIPAL HEALTH OFFICER

SANITATION STANDARD

BASED ON THE SANITARY INSPECTION CONDUCTED ON _____ IN _____, THE SANITARY CONDITION OF _____ HAS BEEN RATED _____, OR _____.

VERY SATISFACTORY

APPROVED BY: _____ (PHD/CHD) _____ (PHD/CHD)

APPROVED BY: _____ (PHD/CHD) _____ (PHD/CHD)

NOTE: Should be posted in conspicuous place of the establishment. Expiration 90 days from date of inspection or as indicated by law.

EHS FORM NO. 104-C

OFFICE OF THE CITY/MUNICIPAL HEALTH OFFICER

SANITATION STANDARD

BASED ON THE SANITARY INSPECTION CONDUCTED ON _____ IN _____, THE SANITARY CONDITION OF _____ HAS BEEN RATED _____, OR _____.

SATISFACTORY

APPROVED BY: _____ (PHD/CHD) _____ (PHD/CHD)

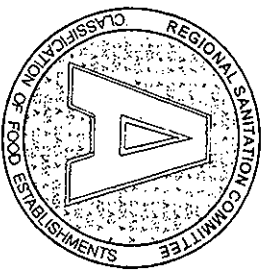
APPROVED BY: _____ (PHD/CHD) _____ (PHD/CHD)

NOTE: Should be posted in conspicuous place of the establishment. Expiration 90 days from date of inspection or as indicated by law.

CLASSIFICATION OF FOOD ESTABLISHMENT

EHS FORM NO. 105-A

COMPLIES WITH SANITATION STANDARD OF
THE DEPARTMENT OF HEALTH



REGIONAL SANITATION COMMITTEE
CLASSIFICATION OF FOOD ESTABLISHMENTS

DATE OF ISSUANCE: _____

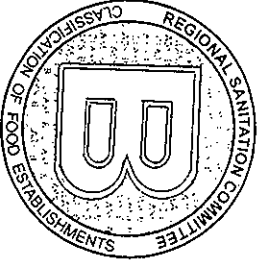
EXPIRY DATE: December 31, 19 _____

PHD/CHD: _____

REGIONAL HEALTH DIRECTOR

EHS FORM NO. 105-B

COMPLIES WITH SANITATION STANDARD OF
THE DEPARTMENT OF HEALTH



REGIONAL SANITATION COMMITTEE
CLASSIFICATION OF FOOD ESTABLISHMENTS

DATE OF ISSUANCE: _____

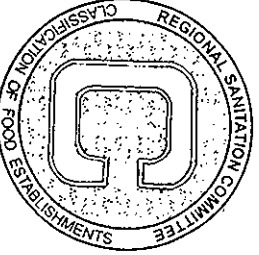
EXPIRY DATE: December 31, 19 _____

PHD/CHD: _____

REGIONAL HEALTH DIRECTOR

EHS FORM NO. 105-C

COMPLIES WITH SANITATION STANDARD OF
THE DEPARTMENT OF HEALTH



REGIONAL SANITATION COMMITTEE
CLASSIFICATION OF FOOD ESTABLISHMENTS

DATE OF ISSUANCE: _____

EXPIRY DATE: December 31, 19 _____

PHD/CHD: _____

REGIONAL HEALTH DIRECTOR

LUMINOUS GREEN
(BLACK COPY)

LUMINOUS YELLOW
(BLACK COPY)

RED-ORANGE
(BLACK COPY)

Office of the City/Municipal Health Officer

_____ Date

TRANSFER PERMIT

TO WHOM IT MAY CONCERN:

This is to certify that Mr./Ms. Manager, Proprietor, Owner
 (Company, Corporation, etc.) _____
 of _____ (Address) is hereby allowed to transfer
 _____ (Quantity) / _____ (Unit) of _____
 _____ (Specify the food, food Products) on the above date,
 from this City/Municipality to _____ (City/Municipality)
 _____ (Province)

The said food and food products are from approved sources. The transporting facility/facilities utilized comply with sanitary requirements imposed.

Recommended by:

 CSD/SE/SSI/RSI

Approved :

 CHO/MHO

Office of the City/Municipal Health Officer

_____, 19____

SANITARY ORDER

Name: _____
 Address: _____
 Name of Establishment: _____

Sir/Madam:

An inspector of your premises/establishment was made on _____, 19____ and the defects listed on the left column below are observed. Please correct defects within the time stated hereunder. Corresponding correction for each defect/violation is listed in the right column.

Sanitary Defect/Violation	Recommended Correction/Action

TIME GIVEN FOR CORRECTION _____ DEADLINE _____

A reinspection of your premises/establishment shall be made after the lapse of the time given for correction in order to determine compliance with this notice. Non-compliance would be a violation of P.D. 522 Implementing Rules & Regulations/P.D. 856 and City/Municipal Ordinance No. _____s._____, and render you liable for prosecution.

Date _____
 Delivered by _____
 Received by: _____

Respectfully,

 CHO/MHO

Date _____

COMPLIANCE TO SANITARY ORDER ISSUED

Name: _____
Address: _____
Name of Establishment: _____

Sir/Madam:

A re-inspection of your premises/establishment was conducted last _____, 19____ and defects noted by this Office's Sanitation Inspector Mr./Ms. _____ as stated in Sanitary Order No. _____ dated _____, 19____ already satisfy the DOH sanitation rules & regulations.

In view of the above, Sanitary Order No. _____, 19____ is hereby resounded.

Please don't hesitate to call on our Office for whatever assistance we could extend to your management. We are here to serve and help you.

THANK YOU for your cooperation.

Very truly yours,

CHO/MHO

" A HEALTHY NATION THROUGH
FOOD SANITATION "



IN-HOUSE INSPECTION RECORD FOR FOOD OPERATORS

EHS FORM NO.

Classification	Name of Establishment		Type & Class		Address & Tel. No.		Remarks
	Total Number	Number with HC	Number trained	No. observing good Hygienic practice	Number using Uniform	Date	
Food Handlers							
Water Supply	a. Piped b. Well c. others (specify)	Approved Source	Quantity adequate	Repaired	Where	When	
	Toilet and lavatory	Number adequate	Provision of Soap/ towel	Provision of toilet paper	Cleanliness/maintenance good	Absence of odor	
Food Storage	a. Wet & Dry hoft & cold	Space adequate	Separate storage	Absence of insects	Absence of rats	Absence of odor	
Equipment and Utensils	a. Cleaning c. Provision & Maintenance	Washing with detergent	Rinsing	Sanitizing	Proper storage Table & table cloth always clean		
	a. Solids and liquids	Receptacle adequate	No. crevice or cracks	Single use	No stagnant waste water		
Insect and Rodent	a. Absence b. If no, where? (Specify places in rect.)	Flies	Cockroaches	Ants	Rats		
	General Maintenance	a. Proper repair b. " cleanliness c. " ventilation d. " lighting	Kitchen	Dining hall	Toilet	Storage	Outside premises
Sanitary Order or Recommendation	a. Deficiencies b. Reasons (If not complied)	1.)	Why?	2.)			

Date

Signature (Manager/Operator)

Date

Signature (sanitary inspector)

APPLICATION FORM NO. _____
RE: ISSUANCE/RENEWAL OF SANITARY PERMIT

The City/Municipal Health Officer

Sir/Madam:

I have the honor to apply for issuance/renewal of Sanitary Permit. Hereunder are pertinent informations to support my applications.

BDT Approved Business Name: _____

Address: _____

Owner: _____ Manager: _____

Description of Proposed/Present Business: _____

Attached is the floor plan of our establishment showing the proposed/present arrangement of appliances, equipments, fittings, table, etc. Photocopy of the Sanitary Inspection Fee Official Receipt No. _____ dated _____, 19__ is also attached.

Please inform us of the date and time of your inspection and we will likewise appreciate if you could also inform us the soonest of the result of our application.

Very truly yours,

Applicant

Office of the City/Municipal Health Officer

Date

Sir/Madam:

In connection with your application for issuance/renewal of Sanitary Permit embodied in Application No. _____, dated _____, 19____, an inspection of your proposed/present establishment was conducted on _____, 19____, and your application is hereby:

_____ Approved _____ Conditionally Approved _____ Disapproved

Very truly yours,

CHO/MHO

NOTE:

For Approved Application: Please pay the Sanitary Permit Fee
For Conditionally Approved or Disapproved Applications: A separate sheet is attached for compliance to qualify to a Sanitary Permit

**REQUEST FOR CLASSIFICATION/UPGRADING
OF CLASSIFICATION OF FOOD ESTABLISHMENT**

Date

The City/Municipal Health Officer

Sir/Madam:

I have the honor to apply for classification/upgrading of classification of our food establishment _____ located at _____

Please inform us of the date of inspection/evaluation and myself or my representative will be available to assist your inspector.

Very truly yours,

Applicant

Office of the City/Municipal Health Officer

Date

Sir/Madam:

Based on the Sanitation Standards, as embodied in PD 522, PD 856, its implementing rules & regulations and Department Order No. 258-B, s.1991, your food establishment will be recommended to the Regional Sanitation Committee (RSC) to be classified as Class " ____ ". You will receive in due time a certification bearing your establishment's classification and further allowing you to display a placard or other advertisement with your classification. Your establishment, however will be reviewed periodically and defects not corrected within fourteen (14) days upon receipt thereof will be ground for revocation of your classification.

THANK YOU in helping and attaining a healthy nation through food sanitation.

Very truly yours,

CHO/MHO

Date _____

MISSION ORDER

No. _____, s. 19 _____

Bearer of this Order, _____
_____ of the Department of Health, with I.D. No. _____
is authorized by the undersigned to conduct inspection and evaluation of business
establishment in his/her assigned area and to enforce P.D. 522 implementing Rules
and Regulations/P.D. 856 and City/Municipal Ordinance No. _____, s. _____.

The following business establishments are scheduled to be inspected/evaluated
on the date indicated hereunder:

	BUSINESS NAME	ADDRESS	CATEGORY	DATE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

City/Municipal Health Officer/
Chief, Env. San. Div./Sec./Unit

OFFICIAL RECEIPT

Received from _____
(Name of Owner)

owner of _____
(Name of Establishment/Ambulant Vendor)

on _____ the following food stuffs/products/utensils.
Date

	<u>PRODUCTS</u>	<u>UNIT</u>	<u>QUANTITY</u>
1.			
2.			
3.			
4.			
5.			

For laboratory analysis in the Bureau of Food & Drugs Lab./
DOH Accredited Laboratory or for condemnation/banning from sale
as per P.D. 522. and P. D. 856.

Time of collection: _____

Sanitary Inspector

Acknowledged by _____
Product Owner/Seller

Witnessed by:

Office of the City/Municipal Health Officer

SANITARY COMPLAINT

By : _____ Of : _____
 Against : _____
 Of : _____
 Regarding : _____

 Complaint

 Date

Action Taken: _____

 Complaint

 Date

Noted by: _____
 MHO/CHO

NOTE: Please sketch the location of complaint and establishment at the back of this form

FOOD ESTABLISHMENT INDEX CARD

BUSINESS NAME: _____
 OPERATOR/MANAGER: _____
 ADDRESS: _____
 CATEGORY: _____ CLASSIFICATION: _____
 SANITARY PERMIT NO.: _____ DATE OF ISSUANCE: _____
 NO. OF FOOD HANDLERS: _____ WITH H.C. : _____ NO. TRAINED: _____

DATE OF INSP.	RATING (%)	SANITATION STANDARD	DATE OF NEXT. INSP.	REMARKS

FRONT

DATE OF INSP.	RATING (%)	SANITATION STANDARD	DATE OF NEXT. INSP.	REMARKS

BACK

Office of the City/Municipal Health Officer

Date _____

NOTICE OF HEARING

RE: SANITARY ORDER NO. _____, S. 19 _____

Sir/Madam:

A second Sanitary Order No. _____ dated _____, 19 _____ was sent and acknowledged by you/your representative (or thru postal service) last _____, 19 _____ giving you an additional of _____ days to correct the defects noted by Mr./Ms. _____ Sanitation Inspector; this City/Municipality, however in the re-inspection conducted after the lapsed of the grace period, it was found out that the sanitary defects were still not corrected.

In view of the above, you are hereby requested to come to this Office at _____ AM/PM on _____, 19 _____ to show cause why the Sanitary Permit issued to your establishment should not be revoked.

Very truly yours,

 CHO/MHO



FOOD SANITATION PROGRAM
**SANITATION OF DISHES & UTENSILS
 IN MANUAL WASHING OPERATION**
 Immersion in Chlorine Bath with 50-100ppm Chlorine-Compound
 (60% to 75% Available Chlorine)

VOLUME OF WATER IN VAT/SINK/CONTAINER		DOSAGE OF CHLORINE TO BE USED								IMMERSION TIME
		50 PARTS PER MILLION (PPM)				100 PARTS PER MILLION (PPM)				
LITERS	GALLONS	OUNCES (oz.)	GRAMS (gms.)	TEA-SPOON FULL	TABLE-SPOON FULL	OUNCES (oz.)	GRAMS (gms.)	TEA-SPOON FULL	TABLE-SPOON FULL	
5	1.25	0.01	0.35	0.07	0.04	0.03	0.71	0.14	0.07	
10	2.50	0.03	0.71	0.14	0.07	0.05	1.42	0.28	0.14	
15	3.75	0.04	1.06	0.21	0.11	0.08	2.13	0.43	0.22	
20	5.00	0.05	1.42	0.28	0.14	0.10	2.84	0.57	0.29	
25	6.25	0.06	1.77	0.35	0.18	0.13	3.54	0.71	0.36	
30	7.50	0.08	2.13	0.43	0.22	0.15	4.25	0.85	0.43	At least
35	8.75	0.09	2.48	0.50	0.25	0.18	4.96	0.99	0.50	two (2)
40	10.00	0.10	2.83	0.57	0.29	0.20	5.67	1.13	0.56	minutes in
45	11.25	0.11	3.19	0.64	0.32	0.23	6.38	1.28	0.64	lukewarm
50	12.50	0.12	3.54	0.71	0.36	0.25	7.09	1.42	0.71	
55	13.75	0.14	3.90	0.78	0.39	0.28	7.80	1.56	0.78	water with
60	15.00	0.15	4.25	0.85	0.43	0.30	8.51	1.70	0.85	Chlorine
65	16.25	0.16	4.61	0.92	0.46	0.33	9.21	1.84	0.92	solution
70	17.50	0.18	4.96	0.99	0.50	0.35	9.92	1.98	0.99	
75	18.75	0.19	5.32	1.06	0.53	0.38	10.63	2.13	1.07	
80	20.00	0.20	5.67	1.13	0.57	0.40	11.34	2.27	1.14	

NOTE: For other method of sanitization, please consult the Sanitary Engineers of the Environmental Health Service or the Regional/Provincial/City Health Offices for further information on the matter.

PREPARED BY THE TECHNICAL WORKING GROUP
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The Department of Health enjoins all agencies especially the Local Government Executives in meeting the demands & challenges for a healthful living environment as we enter our journey for economic development under our Presidents vision for Philippines 2000.


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