



Department of Health  
Division of Environmental Health  
J. Howard Beard Health Services Building  
3 Harry S. Truman Parkway  
Annapolis, MD 21401  
PHONE: 410-222-7229  
FAX: 410-222-7242  
TTY: 410-222-7153  
www.aahealth.org

**To: Anne Arundel County Department of Health Housing & Food Protection Services**

**From:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Facility  
Name:** \_\_\_\_\_

**Facility  
Address:** \_\_\_\_\_

**Subject: Transfer of Ownership of a Food Service Facility**

I, \_\_\_\_\_ (print name), have taken ownership of the above referenced food service facility. I **HAVE NOT** changed, added or removed any food equipment and **WILL NOT** change, add or remove any food equipment. Additionally, I will not make any renovations to the facility without submitting plans and obtaining approval from the Anne Arundel County Department of Health's Plan Review Program prior to any work being done.

\_\_\_\_\_  
**Name of Owner (print)**

\_\_\_\_\_  
**Signature of Owner or Manager of Facility**

## PRIORITY ASSESSMENT

In order to properly classify your food service facility, the Anne Arundel County Department of Health requires that all operators carefully review and provide the following information.

Please **check off ALL preparation processes** that you utilize at your food service facility:

### **PRIORITY 3 - Low**

- Commercially prepackaged food served intact directly to the customer
  - \_\_\_ Includes shelf-stable products, chips, canned items and commercial prepackaged sandwiches
  - \_\_\_ No direct hand contact with food

### **PRIORITY 2 - Moderate**

- Cold Hold - Serve
  - \_\_\_ Foods served outside of original packaging
  - \_\_\_ Includes deli sandwiches, salads, and espresso/cappuccino, ice cream
  - \_\_\_ Hand contact with food
- Cook - Serve
  - \_\_\_ Foods are cooked to order
  - \_\_\_ No hand contact beyond cook – serve
- Cook - Hot Hold - Serve
  - \_\_\_ Foods are hot held **no more than 4 hours**

### **PRIORITY 1- High**

- Cook - Hot Hold - Serve
  - \_\_\_ Foods are hot held **4 hours or more**
- Cook - Cool - Reheat - Hot Hold – Serve
- Cook - Cool - Prepare - Combine Ingredients - Cold Hold - Serve

Facility Name \_\_\_\_\_

Former Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Facility Operator's Name (**print**) \_\_\_\_\_

Signature \_\_\_\_\_

When did the Facility **Close?** \_\_\_\_\_

---

Dept. Use Only:

**Recent Facility Closure: Y / N (Circle)**

Length of time closed \_\_\_\_\_

HACCP PRIORITY    1    2    3    (Circle)