

FA# \_\_\_\_\_

FA should be used for  
imaging purposes only

SR# \_\_\_\_\_

**County of Sacramento  
Environmental Management Department  
Environmental Health Division**

10590 Armstrong Ave • Mather, CA 95655 • Ph: (916) 875-8440 • Fax: (916) 875-8513  
[www.emd.saccounty.net](http://www.emd.saccounty.net)

**Facility Evaluation**

A facility evaluation is an inspection/consultation conducted at the facility where you are planning to take over ownership. This evaluation may be required if the facility has been closed and no routine inspection has been conducted within the last year. The purpose of this evaluation is to review the last inspection report and timetables for correction, and to determine if any other changes or alterations have occurred at this facility since the last inspection. Any changes or alterations may require corrective action or submittal of plans to plan review. During the facility evaluation, the Environmental Specialist (ES) will tell you what actions will be necessary for your facility to be in compliance at the next routine inspection.

The fee for this evaluation is as follows:

All restaurants and food preparation facilities.....\$199.00  
Markets < 14,999 sq. ft. and bars .....\$150.00

The ES will conduct a routine inspection at your facility within thirty (30) days of the change of ownership. At this inspection, **any alteration of the facility that has been done since the last routine inspection may be cause for requiring the business to close** and for requiring plans to be submitted for plan review. As the current facility owner, you will be held accountable and responsible for completing any required corrective actions regardless of whether the change or alteration was made by you or the previous owner.

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I do not want a facility evaluation and/or  
I have already assumed ownership and am operating this facility  
I understand that I will be held responsible for any changes or alterations to this facility since  
the last routine inspection was conducted.

**I understand that:**

- if any alterations have been made to this facility without approval from plan review,  
**and/or**
- if the existing equipment is not sufficient for the scope of my operation and food  
preparation activities,

**I may be subject to closure and/or other enforcement action until this facility is in  
compliance with the California Health and Safety Code (CalCode).**

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I am requesting a facility evaluation to be conducted, and I agree to pay the fee associated  
with this evaluation.

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**Signature of Proposed Owner**

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**Date**

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**Contact Phone Number**

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**Date of Proposed Change of Ownership**

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**Food Facility Name**

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**Food Facility Address**