COUNTY OF SACRAMENTO
ENVIRONMENTAL MANAGEMENT DEPT.
ENVIRONMENTAL HEALTH DIVISION
11080 White Rock Road, Ste. 200
Rancho Cordova, CA. 95670 – (916) 875-8440

OFFICE USE ONLY	
PE:	1718
FA#:	
SRH #:	
CT:	
Receipt #:	
Date Paid:	

FACILITY EVALUATION

FY 2026-2027

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 6 months.** The purpose of this evaluation is to review the last inspection report, including any violation corrective time frames, and to determine if any additional changes or alterations have occurred since that 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 inform you what actions will be necessary for your facility to be in compliance.

The fee for the evaluation is: **$ 480.00**

1. What type of food do you intend to serve? _____
2. Please list food and beverage items on your menu:

_____

3. Have you changed, or do you intend to change or remove any equipment within the existing facility? ☐ Yes ☐ No
4. If the answer to question #3 is yes, then list the new, replaced, or removed equipment:

_____

5. Have you changed or do you intend to make any structural, plumbing, mechanical or electrical changes in the facility? ☐ Yes ☐ No If yes, explain the changes?

_____

☐ I am not requesting a facility evaluation and/or I have already assumed ownership and am operating this facility. I understand that I will be held responsible for completing any corrective actions required on the last inspection report and any changes or alterations to this facility since the last inspection was conducted regardless of whether the change or alteration was made by me or the previous owner. I understand that any change or alteration made to this facility without plan review approval and/or if the existing equipment is insufficient for the scope of my operation and food preparation activities, **I may be subject to closure and/or other enforcement action until my facility is in compliance with the California Health and Safety Code (CalCode).**

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

☐ Facility evaluation is **required** due to the facility being closed and no routine inspection being conducted within the last 6 months as determined by Environmental Management Department (EMD) staff.

Signature of Proposed Owner _____ **Date** _____

Contact Phone Number _____ **Date of Proposed Change of Ownership** _____

Food Facility Name _____ **Food Facility Address** _____

Received by: _____ Assigned to Supervisor: _____