

SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

MASTERFILE RECORD INFORMATION FORM

New EH Program at **Existing Facility** New EH Program and **New Facility**

Facility ID _____

Program Record ID _____

Facility Address _____

(Please check the appropriate **description** and specify **size, number of units** and **pertinent information**.)

FOOD PROGRAM (1600)

- Restaurant:** Seating Capacity _____ Square Footage _____ **Food Handlers Course required:** Yes No
- Commissary** Dry storage only with Food Preparation **Vending Machines** Number of Units _____
- Retail Market** ---Square footage _____ with Meat Market only Multiple Departments Prepackaged Goods Only
- Mobile Food Vehicle** --Make _____ Vehicle Type _____ Color _____
Registration # _____ License # _____ Sticker # _____
- Mobile Food Prep Unit** _____ Make _____ Vehicle Type _____ Color _____
Registration # _____ License # _____ Sticker # _____
- Temporary Food Facility** --Dates of operation from _____ to _____ **Ice Plant**
- Special Event** Dates of operation from _____ to _____ **Produce Stand**

DAIRY PROGRAM (2000)

- Grade A Dairy** **Grade B Dairy** **Milk Dispenser** -Number of Containers in Multi-Head Unit _____

CUPA **State Facility Surcharge (2399)**

HAZARDOUS WASTE PROGRAM (2200)

- Hazardous Waste Generator** -----Tons Generated Per Year _____ **Recycle/Exempt System (2299)**
- CRT Offsite Handlers (2218) ----- Silver Only (2222) Appliance Recyclers (2217)
- Tiered Permitting Facility** ----- Conditionally Authorized (CA) Conditionally Exempt (CE)
- Permit-By-Rule Fixed Unit Permit-By-Rule Household Hazardous Waste

- ABOVEGROUND STORAGE TANK FACILITY (AST) (2390)** Number of AST _____

UNDERGROUND STORAGE TANK (UST) PROGRAM (2300) Use UST A and B forms

HOUSING PROGRAM (2400)

- Hotel/Motel** -----Number of Units _____ **Jail or Exempt Institution** ----Number of Units _____
- Employee Housing (2700) Use **Employee Housing/Labor Camp Application** Form

SITE MITIGATION (2900)

UNDERGROUND INJECTION CONTROL (3000)

- Environmental Assessment** **UST-CAP Site** **Local HW Cleanup Site** **NPL/SEP Cleanup Site** **UIC Site**
- Abandoned HW Site** **non-NPL/SEP Cleanup Site** **RWQCB Cleanup Site** **Water Quality Remediation Site**

RECREATIONAL HEALTH PROGRAM (3600)

Number of Pools/Spas at Facility _____ **Pool** **Spa** **Out of Service Pool/Spa** **Natural Bathing Area**

VECTOR CONTROL PROGRAM (4000)

- Poultry Farm**-----Maximum number of birds _____ **Kennel**

TATTOO, BODY PIERCING, PERMANENT COSMETIC PROGRAM (4100)

- Tattooing (4121)** **Body Piercing (4120)** **Permanent Cosmetics (4122)**

LIQUID WASTE PROGRAM (4200)

- Pumper Vehicle**Registration # _____ License # _____ Capacity _____ Vehicle # _____
- Pumper Yard** **Package Treatment Plant** **Chemical Toilets** ----Number of Units _____

SOLID WASTE PROGRAM (4400)

- Landfill** **Transfer Station** **Ag/Cannery Waste Site** **Sludge/Ash Site**
- Waste Tire Facility** **Compost Facility** **Process/Recycle Facility** **CIA Landfill Site**
- Refuse Vehicles** (# of Units) _____ **Dumpsters > 20 cu yd** (# of Units) _____ **Farm/Ranch Cleanup Site**

MEDICAL WASTE PROGRAM (4500)

- Primary Care** **Acute Care** **Skilled Nursing** **Large Generator** **Small Generator** **Limited Hauler**
- Transfer Station** **Veterinary Clinic** **Common Storage Facility** 2 - 10 11 - 60 > 60 generators

PUBLIC WATER SYSTEM PROGRAM (4600) Use PWS EHD 46-02-003 Blue Application Form

EMERGENCY NOTIFICATION FOR THIS FACILITY AND/OR PROGRAM

CONTACT PERSON _____ Day Ph _____ Night Ph _____

PROGRAM ELEMENT _____	FEE _____	<input type="checkbox"/> Surcharge FEE _____	<input type="checkbox"/> Other FEE _____
INSPECTOR # _____	PERMIT VALID _____ to _____	<input type="checkbox"/> Food Handler _____	
<input type="checkbox"/> Check # _____	AMOUNT PAID _____	Date _____	INVOICE # _____
<input type="checkbox"/> Cash	REVIEWED BY _____	ACCOUNTING OFFICE _____	Date _____