

**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 _____ w/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** **Produce Stand**
- Special Event**---Dates of operation from _____ to _____ **CFO** **A** **B**

DAIRY PROGRAM (2000)

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

CUPA

- Hazardous Materials Business Plan (1900)** Number of chemicals: _____
- CalARP Program** **Program 1 Facility** **Program 2 Facility** **Program 3 Facility**
- Hazardous Waste Generator (2200)**-----> - Tons Generated Per Year _____
- Tiered Permitting Facility** -----> **CA (2232)** **CE (2233, 2234, 2235, 2237)** **PBR (2231)** **PBR HHW (2236)**
- Aboveground Storage Tank Facility (AST) (2800)** Number of ASTs _____
- Underground Storage Tank Program (UST) (2300)** Use **UST A and B forms**
- Other CUPA Program** _____

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)

- Body Art Practitioner Reg (4110)** **Mechanical DSPS Notification (4115)** **Body Art Facility-Single Use (4120)**
- Body Art Facility-Sterilization (4121)** **Body Art Temp Event Co-ord (4130)** **Body Art-Temp Event Mobile Facility (4131)**

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** _____ **Surcharge FEE** _____ **Other FEE** _____

INSPECTOR # _____ **PERMIT VALID** _____ to _____ **Food Handler** _____

Check # _____ **AMOUNT PAID** _____ **Date** _____ **INVOICE #** _____

Cash **REVIEWED BY** _____ **ACCOUNTING OFFICE** _____ **Date** _____