



South Carolina
DEPARTMENT OF AGRICULTURE
 RETAIL FOOD SAFETY DEPARTMENT
 350 Ballard Court, West Columbia, SC 29172

Hugh E. Weathers, Commissioner

RETAIL FOOD ESTABLISHMENTS SHARED USE OPERATIONS SUPPLEMENTAL

Form must be submitted to the SCDA to document the relationship between the shared use facility and associated retail food establishment for all new and existing (permitted) operations. (8-302.14(A)(1), (9-5) (C)). Except that mobile food units and mobile food pushcarts that use a shared use facility as a commissary, should complete and submit the Mobile Food Establishment Supplemental form.

Shared use operation consists of a permitted retail food establishment designed for multiple and individually permitted associated retail food establishment(s) or other food processing plant(s) operating at different times using the same area and equipment (9-5).

SHARED USE FACILITY INFORMATION

Facility Name _____ Owner/Facilitator _____
 Facility Address _____ City _____ Zip _____
 County (Location) _____ Permit Number _____
 Phone _____ Email _____

ASSOCIATED RETAIL FOOD ESTABLISHMENT INFORMATION

Associated Retail Food Establishment Name _____
 Owner/Operator _____ Permit Number _____
 Mailing Address _____ City _____ State _____ Zip _____
 Phone _____ Email _____
 Type of associated retail food service operation (Check all that apply)
 Bakery Catering Canning/Bottling Other _____

SUPPORT SERVICES

Parties listed above agree that the associated retail food establishment will have access to the following support services at the shared used facility. (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Use of cooking equipment | <input type="checkbox"/> Use of employee restroom(s) |
| <input type="checkbox"/> Prepping of menu items | Storage space (designated): |
| <input type="checkbox"/> Food prep sink (washing, thawing, cooling, etc.) | <input type="checkbox"/> Refrigerator/cooler |
| <input type="checkbox"/> Warewashing equipment | <input type="checkbox"/> Freezer |
| <input type="checkbox"/> Refuse disposal (garbage, trash) | <input type="checkbox"/> Dry storage |
| <input type="checkbox"/> Service sink/mop sink | <input type="checkbox"/> Dishes/utensils, single-service items |
| <input type="checkbox"/> Other _____ | |

SCHEDULED OPERATION TIMES

The facilitator must maintain a schedule of associated retail food establishment(s) days and hours of operation. This information must be provided to a local Retail Food Safety officer or supervisor weekly for purposes of inspection and foodborne outbreak or complaint investigations (9-5 (C)(1)(b)).

Only the associated retail food establishment will have access to the shared use areas on their scheduled days and times. (9-5(C)(1)(c))

SIGNATURES

This document is not transferable. Should there be a change in ownership of either the shared use facility or the associated retail food establishment or should there be any modification or cancellation of this relationship between parties, the Department must be informed immediately (Ch. 8-304.11(B)). Should either facility fail to adhere to the requirements of Regulation 61-25, the permit to operate may be subject to enforcement action, which may include civil penalties pursuant to Section 44-1-150(B) of the South Carolina Code of Laws and/or permit suspension/revocation pursuant to Regulation 61-25, Retail Food Establishments.

_____ Shared Use Facility Owner/Facilitator	_____ Name (print)	_____ Submittal Date
_____ Associated Retail Food Establishment Owner/Facilitator	_____ Name (print)	_____ Submittal Date

RETURN BY EMAIL OR MAIL TO

SCDA Retail Food Safety
retailfood@scda.sc.gov

350 Ballard Court
West Columbia, SC 29172

Public information provided on this document is subject to public scrutiny or release.

SCDA USE ONLY

Approval Date _____ Reviewer _____



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SHARED USE SCHEDULING FOR RETAIL FOOD ESTABLISHMENTS TEMPLATE

Facilitator Signature _____ Date Submitted _____

ASSOCIATED RETAIL FOOD ESTABLISHMENT OPERATING TIMES CANNOT OVERLAP (INCLUDING OTHER FOOD PROCESSING PLANT OPERATIONS)								
Name of Associated Facilities		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Date							
	Start Time	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
	End Time	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
	Date							
	Start Time	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
	End Time	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
	Date							
	Start Time	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
	End Time	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
	Date							
	Start Time	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
	End Time	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
	Date							
	Start Time	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
	End Time	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM



INSTRUCTIONS FOR COMPLETING SHARED USE OPERATIONS SUPPLEMENTAL

Audience: Form to be completed by the shared use facility owner/facilitator and the associated retail food establishment owner/operator.

Purpose: This form is to provide information on the support relationship between the shared use facility and the associated retail food establishment.

Instructions:

Shared Use Facility Information—To be completed by the shared use facility owner/facilitator.

1. Provide the permit number (If permitted. The number is located on the most recent routine inspection report.).
2. Provide the facility name.
3. Provide the physical address to include city and zip code.
4. Provide the county in which the shared use facility is located.
5. Provide phone number (including area code).
6. Provide email address used for the facility.

Associated Retail Food Establishment Information—To be completed by the associated retail food establishment owner/operator.

1. Provide the permit number (If permitted. The number is located on the most recent routine inspection report).
2. Provide the associated retail food establishment name.
3. Provide the mailing address to include city, state, and zip code.
4. Provide phone number (including area code).
5. Provide email address used for the associated retail food establishment.
6. Select or provide the type(s) of associated retail food establishment operation being performed.

Support Services—Activities performed at the shared use facility—To be completed by the shared use facility and associated retail food establishment owners /facilitator.

1. Check the box next to each agreed support service that the associated retail food establishment will have access to at the shared use facility.

Signatures—Form must be signed by both parties. Include the printed name of each party and the date of submittal.

1. Shared use facility owner/facilitator.
2. Associated retail food establishment owner/operator.

Office Mechanics & Filing: Retention schedule for this form is: 11701 – Retail Food Establishments.