DEPARTMENT OF HEALTH

FOOD ESTABLISHMENT PLAN REVIEW GUIDE

____________________________County Health Department

Date:__________________

FOOD ESTABLISHMENT PLAN REVIEW WORKSHEET

____NEW      ____REMODEl      ____CONVERSION

Name of Establishment: ___________________________________________________

Previous Name of Establishment (if applicable):
_______________________________________________________________________

Category (check all that apply):

Adult Day Care _____ ALF _____ Bar/Lounge _____ Childcare _____ Detention Facility _____
Mobile Food Unit _____ Fraternal/Civic _____ Hospital _____ Hospice _____ Movie Theater _____
Nursing Home _____ Residential Facility _____ School _____ Church _____ Other_____

Is this a Residential Facility (Group Care)? Yes__________ No_______

If Yes, Number of Licensed Residents/Clients______________

Will this be a Limited Food Service Operation? Yes_______ No___________

Establishment Address: ______________________________________________________

Name of Owner: ____________________________________________________________

Mailing Address: ____________________________________________________________

Telephone: Business______________________ Home__________________________

Page 1 of 6
Applicant's Name: __________________________________________________

Title (owner, agent, manager, architect, etc.): ___________________________________

Mailing Address: ________________________________________________________

Telephone: Business______________________ Home____________________

Projected Date for Start of Project:_______________

Projected Date for Completion of Project:_______________

Is property served by an onsite sewage system (septic tank) ? __________ Yes  No___

Is property served by an onsite or private well? ____Yes  No___

I have submitted plans/applications to the following authorities on the following dates:

_________ Zoning  __________ Plumbing
_________ Planning  __________ Fire Authority
_________ Building  __________ Other

Hours of Operation (indicate “closed” if not operating)

             Sun ______  Thurs ______
             Mon ______  Fri ______
             Tues_____  Sat ______
             Wed______

Total Number of Food Workers:______

Maximum Number of Food Workers per shift:______

Total Square Feet of Food Area:_______  Total Square Feet of Facility:_______

Number of food operations conducted on site_______

Maximum Meals to be Served: (approximate number per day)

Breakfast _______  Snack _______
Lunch _______  Snack Only _______
Dinner _______

Describe Snacks__________________________________________________________

________________________________________________________________________

If “Snack Only”,
Will snacks be serves as unopened prepackaged-single service items? ____Yes  No___

Are Only Single-use/Single-Service Utensils To Be Used? _____Yes  No_____
Type of Service:  
(check all that apply)  
Sit Down Meals ______
Take Out ______
Caterer ______
Mobile Food Unit ______
Other ______

Indicate if the following documents are included (if not applicable, indicate “N/A”):

_____ Proposed Menu (including seasonal, off-site/catering, special event, and banquets)
_____ Manufacturer Specification sheets for each piece of equipment shown on the plan
_____ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system - if applicable)
_____ Floor plan of the food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
_____ Equipment schedule
CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.

2. Identify all Food Preparation areas and indicate whether they will be used for raw foods and/or ready to eat foods.

3. Designate clearly on the plan equipment for adequate rapid cooling and short-term/long term cold storage (for example, refrigeration, freezers, blast chillers, ice baths, etc.) and for hot-holding (for example warmers, steam tables, etc.) of potentially hazardous foods.

4. Label and locate areas used for dry storage.

5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.

6. Label and locate all restrooms and toilet fixtures.

7. Clearly designate all handwashing sinks with each restroom, the food preparation area, and dishwashing area.

8. Identify areas where clean wet and clean dry equipment and utensils will be stored; and where dirty equipment will be stored prior to washing.

9. Locate and identify the dishwashing area. If manual dishwashing, identify location and size of 3-compartment sink and label as wash, rinse and sanitize; if automatic dishwashing, label and locate machine, indicate method of sanitization, provide machine specifications or American National Standards Institute (ANSI) accreditation (such as NSF, UL, etc.). Identify areas for pre-scraping, pre-flushing, or pre-soaking. Identify areas for drying clean equipment and utensils.

10. Identify auxiliary areas such as dining area, storage rooms, and garbage rooms.
11. Include and provide specifications for (where applicable):

   a. Entrances, exits, loading/unloading areas and docks (including air curtains);

   b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;

   c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;

   d. Lighting schedule with protectors;

   e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable);

   f. Source of water supply and method of sewage disposal. If provided by a municipality, provide verification. If not provided by a municipality, provide the location of these facilities;

   h. Ventilation schedule for each room;

   i. A mop sink or curbed cleaning facility with facilities for hanging wet mops;

   j. Garbage can washing area/facility;

   k. Cabinets for storing toxic chemicals;

   l. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required.
FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

<table>
<thead>
<tr>
<th>CATEGORY*</th>
<th>(YES)</th>
<th>(NO)</th>
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<tbody>
<tr>
<td>1. Thin meats, poultry, fish, eggs (e.g. hamburger, sliced meats, fillets)</td>
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<td>2. Thick meats, whole poultry (roast beef, whole turkey, chickens, hams)</td>
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<td>3. Cold processed foods (salads, sandwiches, vegetables)</td>
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<td>4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)</td>
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<td>5. Bakery goods (e.g. pies, custards, cream fillings &amp; toppings)</td>
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<td>6. Other</td>
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</table>

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

1. Are all food supplies from inspected and approved sources? YES / NO

2. What are the projected frequencies and time of deliveries for
   Frozen Foods: Frequency ________ Time __________________
   Refrigerated Foods: Frequency ________ Time __________________
   Dry goods: Frequency ________ Time __________________

3. Provide information on the amount of space (in cubic feet) allocated for:
   Dry Storage __________________
   Refrigerated Storage ________________
   Frozen Storage ___________________

4. How will dry goods be stored off of the floor?