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_____

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.

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

6. Other_____

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?