

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)

Total Number of Food Workers: _____	Sun _____	Thurs _____
	Mon _____	Fri _____
	Tues _____	Sat _____
	Wed _____	

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 served 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.

<b><u>CATEGORY*</u></b>	<b><u>(YES)</u></b>	<b><u>(NO)</u></b>
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?