

Food Establishment Plan Review Application

Type of Construction: NEW EXISTING

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____ County: _____ Phone

(if available): - - - Fax: - - - - -

Owner or Owner's Representative: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone: - - - - - Fax: - - - - -

E-mail Address: _____

Applicant: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone: - - - - - Fax: - - - - - E-

mail Address: _____

Title (owner, manager, architect, etc.): _____

I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

Signature: _____
(Owner or Responsible Representative)

Hours of Operation:

Sun_____Mon_____Tue_____ Wed_____ Thu_____ Fri_____ Sat _____

Projected number of meals to be served between product deliveries:

Breakfast:_____ Lunch:_____ Dinner: _____

Number of seats:_____ Facility total square feet: _____

Projected start date of construction:_____ Projected completion date: _____

TYPE OF FOOD SERVICE:

CHECK ALL THAT APPLY

Restaurant

Sit-down meals

Food Stand

Take-out meals

Drink Stand

Catering

Commissary

Single-service (disposable): Plates Glassware Silverware

Meat Market

Multi-use (reusable): Plates Glassware Silverware

Other (explain): _____

Check categories of Potentially Hazardous Food (PHF) to be prepared and served:

- 1. Meat
- 2. Seafood
- 3. Poultry
- 4. Other (explain): _____

COLD STORAGE

Provide the method used to determine cold storage requirements: _____

Provide total cubic-feet of space dedicated to walk-in cold storage:

- a) Walk-in Refrigeration storage _____
- b) Walk-in freezer storage _____

Provide total cubic-feet of space dedicated to reach-in cold storage:

- a) Reach-in refrigeration storage _____
- b) Reach-in freezer storage _____

Number of refrigeration units: _____

Number of freezer units: _____

THAWING

Indicate by checking the appropriate box how potentially hazardous food (PHF) in each category will be thawed. If "Other" is checked indicate type of food: _____

Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running Water less than 70 ⁰ F (21 ⁰ C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOLDING

How will hot potentially hazardous food (PHF) be maintained at 140⁰ F (60⁰ C) or above during holding for service? Indicate type and number of hot holding units.

How will cold potentially hazardous food (PHF) be maintained at 45⁰ F (7⁰ C) or below during holding for service? Indicate type and number of cold holding units.

List any food that will be held between 45⁰F (7⁰C) and 140⁰F (60⁰C) for any of the following that apply, and indicate how long the food will be held in each category.

STORAGE:

DISPLAY:

SERVICE:

COOLING

Indicate by checking the appropriate box how potentially hazardous food (PHF) will be cooled to 45⁰ F (7⁰ C) within 6 hours. If "Other" is checked indicate type of food: _____

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? _____

FOOD PREPARATION PROCEDURES

The food preparation procedures should include:

- Types of food prepared or handled
- Time of day food is prepared or handled
- Equipment used for preparation or handling

If your company has developed food preparation procedures, they should be submitted.

1. PRODUCE PREPARATION PROCEDURE

- a. Will produce be washed, rinsed or otherwise handled prior to use? Yes No
- b. Is there a location used for washing, rinsing or handling produce? Yes No
- c. Will it be used for other operations? Yes No

Indicate location of produce washing or handling equipment and describe the procedure. Include time of day and frequency of produce preparation, and menu items that contain produce.

2. SEAFOOD PREPARATION PROCEDURE

- a. Will seafood be washed, rinsed or otherwise handled prior to use? Yes No
- b. Is there a location used for washing, rinsing or handling seafood? Yes No
- c. Will it be used for other operations? Yes No

Indicate location of seafood washing or handling (cutting, marinating, shelling, shucking, etc.) equipment and describe the procedure. Include time of day and frequency of seafood preparation, and menu items that contain seafood.

3. POULTRY PREPARATION PROCEDURE

- a. Will poultry be washed, rinsed or otherwise handled prior to use? Yes No
- b. Is there a location used for washing, rinsing or handling poultry? Yes No
- c. Will it be used for other operations? Yes No

Indicate location of poultry washing or handling (cutting, marinating, etc.) equipment and describe the procedure. Include time of day and frequency of poultry preparation, and menu items that contain poultry.

4. PORK and/or RED MEAT PREPARATION PROCEDURE

- a. Will meat be washed, rinsed or otherwise handled prior to use? Yes No
- b. Is there a location used for washing, rinsing or handling pork and/or red meat? Yes No
- c. Will it be used for other operations? Yes No

Indicate location of pork/red meat washing or handling (cutting, marinating, aging, etc.) equipment and describe the procedure. Include time of day and frequency of pork and/or red meat preparation, and menu items that contain pork/red meat.

DRY STORAGE

Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time: _____

Provide total square feet of shelf space dedicated to dry storage: _____

Where will dry goods be stored? _____

FINISH SCHEDULE

Indicate floor, wall and ceiling finishes (i.e., quarry tile, stainless steel, vinyl coated acoustic tile)

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Other				
Other				

WATER SUPPLY- SEWAGE

1. Is water supply: Municipal Well Is sewer: Municipal Septic
2. Will ice: be made on premises or purchased
3. Water heater make and model: _____
4. Water heater storage capacity:_____gallons.
5. Water heater recovery rate (gallons per hour at 100°F temperature rise):_____gallons per hour.
(See Water Heater Calculation Worksheet – Page 9 to calculate recovery rate needed)
6. Check the appropriate box for indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Grinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Storage Bins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Prep Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensil/Pot Wash Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam Tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potato Peeler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISHWASHING FACILITIES

a. Hand dishwashing

1. Number of sink compartments:
Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____
Length of drainboards (inches): Right: _____ Left: _____
2. What type of sanitizer will be used?

Chlorine Iodine Quaternary Ammonium Hot Water

Other (specify):

b. Mechanical dishwashing

1. Will a Dishmachine be used? Yes No

Dishmachine manufacturer and model:

2. Type of sanitization: Hot water (180°F) Chemical

c. General

1. Describe the procedure of how cooking equipment, cutting boards, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized?

2. Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space

Provide total square feet of air drying space: _____

HANDWASHING/TOILET FACILITIES

Is there a hand washing sink (with soap and hand-drying device) in each food preparation and warewashing area? Yes No

EMPLOYEE AREA

Is space provided for employee's personal items? Yes No

If so, describe location:

GARBAGE AND REFUSE

1. Will refuse be stored inside? Yes No
If so, where: _____
2. Provision for garbage disposal: Dumpster Compactor
3. Provision for cleaning dumpster/compactor: On-site Off-site
If off-site cleaning, provide name of cleaning contractor: _____
4. Describe location for storage of recyclables: (cooking grease, cardboard, glass, etc.)

CLEANING FACILITIES

1. Specify location and size of area for washing of garbage cans and storage of mops:

2. Is a separate mop basin provided? Yes No
If so, describe type and location: _____
3. Indicate location of cleaning chemical system and chemical storage:

INSECT AND RODENT

1. Are all outside doors self-closing with rodent-proof flashing? Yes No
2. How is fly protection provided on all outside doors?
Self-closing door Fly Fan Screen Door
3. How is fly protection provided on windows?
Self-closing Fly Fan Screening
4. Indicate location of insecticide/rodenticide storage:

5. Location of clean linen storage:

6. Location of dirty linen storage:

WATER HEATER SIZING

Water Heater Calculation Worksheet					
Equipment	Quantity	Times	Size	=	GPH
One-Comp. Sink (See Note)		X	x x	=	
Two-Comp. Sink (See Note)		X	x x	=	
Three-Comp. Sink (See Note)		X	x x	=	
Four-Comp. Sink (See Note)		X	x x	=	
One-Comp. Prep Sink		X	5 GPH	=	
Two-Comp. Prep Sink		X	10 GPH	=	
Three-Comp. Prep Sink		X	15 GPH	=	
Three Comp. Bar Sink (See Note)		X	x x	=	
Four Comp. Bar Sink (See Note)		X	x x	=	
Hand Sink		X	5 GPH	=	
Pre-Rinse		X	45 GPH	=	
Can Wash		X	10 GPH	=	
Mop Sink		X	5 GPH	=	
Dishmachine		X	GPH = 70% of "Final Rinse Usage"	=	
Cloth Washer		X	15 GPH	=	
Hose Reel		X	5 GPH	=	
Other Equipment		X		=	
Other Equipment		X		=	
Gallons per hour (GPH) Recovery Rate needed (based on 100 ⁰ F temperature rise)				Total	

Note:	GPH = (Sink size in cu. in.) x (7.5 gal./cu. ft.) x (# compartments x .75 capacity)
GPH Calculation for Sinks	1,728 cu. in./cu. ft.
Short version for above	GPH = (Sink size in cu. in.) x (# compartments) x (.003255/cu. in.) Example: (24" x 24" x 14") x (3 compartments) x (.003255) = 79 GPH