



FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Date: _____

NAME OF ESTABLISHMENT: _____

CATEGORY : RESTAURANT __, INSTITUTION __, DAYCARE __, RETAIL MARKET __, OTHER ____.

ADDRESS: _____

PHONE NUMBER : _____

SECONDARY PHONE NUMBER: _____

NAME OF OWNER: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

APPLICANTS NAME: _____

TITLE (OWNER ,MANAGER , ARCHITECT, ETC.) _____

MAILING ADDRESS: _____

I HAVE SUBMITTED PLANS / APPLICATIONS TO THE FOLLOWING AUTHORITIES ON FOLLOWING DATES:

_____ GOVERNING BOARD OF COUNCIL

_____ PLUMBING

_____ PLANNING/ZONING

_____ ELECTRIC

_____ BUILDING

_____ POLICE

_____ FIRE

_____ CONSERVATION

_____ OTHER ()

HOURS OF OPERATION : _____ SUN _____ THURS

_____ MON _____ FRI

_____ TUES _____ SAT

_____ WED

NUMBER OF SEATS: _____ NUMBER OF STAFF(MAX PER SHIFT) _____

TOTAL SQUARE FT OF FACILITY _____

NUMBER OF FLOORS ON WHICH OPERATIONS ARE CONDUCTED _____

MAXIMUM MEALS TO BE SERVED: _____ BREAKFAST

_____ LUNCH

_____ DINNER

FEE \$150.00

RECEIPT # : _____

CASH / CHECK/ CC

PROJECTED DATE FOR START OF PROJECT: _____

PROJECTED DATE FOR COMPLETION OF PROJECT: _____

TYPE OF SERVICE: SIT DOWN MEALS _____ TAKE OUT _____
 CATERER _____ MOBILE VENDOR _____
 OTHER _____

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS:

- _____ CERTIFIED FOOD MANAGER CERTIFICATION
- _____ PROPOSED MENU (INCLUDING SEASONAL , OFF SITE AND BANQUET MENUS)
- _____ 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 SYSTEMS—IF APPLICABLE)
- _____ PLAN DRAWN TO SCALE OF FOOD ESTABLISHMENT SHOWING LOCATION OF EQUIPMENT, PLUMBING,ELECTRICAL SERVICES AND MECHANICAL VENTILATION.
- _____ EQUIPMENT SCHEDULE

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. PROVIDE PLANS THAT ARE A MINIMUM OF 11X 14 INCHES IN SIZE INCLUDING THE LAYOUT OF THE FLOOR PLAN ACCURATELY DRAWN TO A MINIMUM SCALE OF 1/4 INCH = 1 FOOT. THIS IS TO ALLOW FOR EASE OF READING PLANS.
2. INCLUDE: PROPOSED MENU, SEATING CAPACITY AND PROJECTED DAILY MEAL VOLUME FOR FOOD SERVICE OPERATIONS.
3. 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. DESIGNATE CLEARLY ON THE PLAN EQUIPMENT FOR ADEQUATE RAPID COOLING, INCLUDING ICE BATHS AND REFRIGERATION, AND FOR HOT- HOLDING POTENTIALLY HAZARDOUS FOODS.
2. LABEL AND LOCATE SEPARATE FOOD PREPARATION SINKS WHEN THE MENU DICTATES TO PRECLUDE CONTAMINATION AND CROSS CONTAMINATION OF RAW AND READY TO EAT FOODS.
3. CLEARLY DESIGNATE ADEQUATE HANDWASHING LAVATORIES FOR EACH TOILET FIXTURE AND IN THE IMMEDIATE AREA OF FOOD PREPARATION.
4. PROVIDE THE ROOM SIZE, AISLE SPACE, SPACE BETWEEN AND BEHIND EQUIPMENT AND THE PLACEMENT OF THE EQUIPMENT ON THE FLOOR PLAN.
2. ON THE PLAN REPRESENT AUXILIARY AREAS SUCH AS STORAGE ROOMS, GARBAGE ROOMS ,TOILETS ,BASEMENTS, AND / OR CELLARS USED FOR STORAGE OR FOOD PREPARATION. SHOW ALL FEATURES OF THESE ROOMS AS REQUIRED BY THIS GUIDANCE MANUAL.
3. INCLUDE AND PROVIDE SPECIFICATIONS FOR:
 - A. ENTRANCES, EXITS, LOADING/UNLOADING AREAS AND DOCKS.
 - B. COMPLETE FINISH SCHEDULES FOR EACH ROOM INCLUDING FLOORS, WALLS, CEILINGS AND COVERED JUNCTURE BASES.

C. PLUMBING SCHEDULE INCLUDING LOCATION OF THE FLOOR DRAINS , FLOOR SINKS, WATER SUPPLY LINES, OVER HEAD WASTE-WATER LINES, HOT WATER GENERATING EQUIPMENT WITH CAPACITY AND RECOVERY RATE, BACK FLOW PREVENTION AND WASTER WATER LINE CONNECTIONS;

D. LIGHTING SCHEDULE WITH PROTECTORS;

1) AT LEAST 110 LUX (10 FOOT CANDLES) AT A DISTANCE OF 75 COM (30 INCHES) ABOVE THE FLOOR, IN WALK IN REFRIGERATION UNITS AND DRY FOOD STORAGE AREAS AND IN OTHER AREAS AND ROOMS DURING PERIODS OF CLEANING;

2) AT LEAST 220 LUX (20 FOOT CANDELS):

A) AT A SURFACE WHERE FOOD IS PROVIDED FOR CONSUMER SELF- SERVICE SUCH AS BUFFETS AND SALAD BARS OR WHERE FRESH PRODUCE OR PACKAGED FOOD ARE SOLD OR OFFERED FOR CONSUMPTION.

B) INSIDE EQUIPMENT SUCH AS REACH IN AND COUNTER REFRIGERATORS.

C) AT A DISTANCE OF 75 CM (30 INCHES) ABOVE THE FLOOR IN AREAS USED FOR HANDWASHING, WAREWASHING, AND EQUIPMENT AND UTENSIL STORAGE, AND IN TOILET ROOMS.

3) AT LEAST 540 LUX (50 FOOT CANDLES) AT A SURFACE WHERE A FOOD EMPLOYEE IS WORKING WITH FOOD OR WORKING WITH UTENSILS OR EQUIPMENT SUCH AS KNIVES, SLICERS,GRINDERS, OR SAWS WHERE EMPLOYEE SAFETY IS A FACTOR.

E) FOOD EQUIPMENT SCHEDULE TO INCLUDE MAKE A MODEL NUMBERS AND LISTING 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. PROVIDE THE LOCATION OF THESE FACILITES AND SUBMIT EVIDENCE THAT STATE AND LOCAL REGULATIONS ARE COMPLIED WITH.

G) A COLOR CODED FLOW CHART DEMONSTRATING FLOW PATTERNS FOR

- FOOD (RECEIVING , STORAGE, PREPERATION, SERVICE)

- FOOD AND DISHES (POTIONING, TRANSPORT, SERVICE)

- DISHES (CLEAN, SOILED, CLEANING STORAGE)

- UTENSIL (STORAGE USE CLEANING)

- TRASH AND GARBAGE (SERVICE AREA , HOLDING, STORAGE)

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;

M) COMPLETED SECTION 1

N) SITE PLAN (PLOT PLAN)

FOOD PREPERATION REVIEW

CHECK CATEGORIES OF POTENTIALLY HAZARDOUS FOODS (PHF'S) TO BE HANDLED, PREPARED AND SERVED

<u>CATEGORY</u>	<u>(YES)</u>	<u>(NO)</u>
1. THIN MEATS, POULTRY, FISH, EGGS (HAMBURGERS; 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 (PIES, CUSTARDS,CREAM FILLINGS & TOPPINGS)	()	()
6. OTHER _____ _____		

* A GENERIC HACCP PLAN FOR EACH CATEGORY OF FOOD MAY BE AVAILABLE FROM THE REGULATORY AUTHORITY FOR REFERENCE.

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 OF DELIVERIES FOR FROZEN FOODS _____, REFIGERATED FOODS _____, AND DRY GOODS _____.
3. PROVIDE INFORMATION ON THE AMOUNT OF SPACE (IN CUBIC FEET) ALLOCATED FOR:
 DRY STORAGE _____
 REFIGERATED STORAGE _____
 FROZEN STORAGE _____
4. HOW WILL DRY GOODS BE STORED OFF THE FLOOR ? _____

COLD STORAGE:

1. IS ADEQUATE AND APPROVED FREEZER AND REFRIGERATION AVAILABLE TO STORE FROZEN FOODS, AND REFRIGERATED FOODS AT 41°F (5°C) AND BELOW? YES /NO
2. WILL RAW MEATS, POULTRY AND SEAFOOD BE STORED IN THE SAME REFRIGERATORS AND FREEZERS WITH COOKED/ READY- TO- EAT FOODS? YES / NO
 I F YES, HOW WILL CROSS- CONTAMINATION BE PREVENTED? _____

3. DOES EACH REFRIGERATOR/ FREEZER HAVE A THERMOMETER? YES / NO

NUMBER OF REFRIGERATION UNITS: _____

NUMBER OF FREEZER UNITS: _____

4. IS THERE A BULK ICE MACHINE AVAILABLE? YES / NO

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

PLEASE INDICATE BY CHECKING THE APPROPRIATE BOXES HOW FROZEN POTENTIALLY HAZARDOUS FOODS (PHF'S) IN EACH CATEGORY WILL BE THAWED. MORE THAN ONE METHOD MAY APPLY. ALSO, INDICATE WHERE THAWING WILL TAKE PLACE.

THAWING METHOD	*THICK FROZEN FOODS	*THIN FROZEN FOODS
REFRIGERATION		
RUNNING WATER LESS THAN 70 * F (21*C)		
MICROWAVE (AS PART OF COOKING PROCESS		
COOKED FROM FROZEN STATE		
OTHER (DESCRIBE)		

- FROZEN FOODS: APPROXIMATELY ONE INCH OR LESS = THIN, AND MORE THAN AN INCH = THICK

COOKING:

1. WILL FOOD PRODUCT THERMOMETERS BE USED TO MEASURE FINAL COOKING/REHEATING TEMPERATURES OF PHF'S?

YES / NO

WHAT TYPE OF TEMPERATURE MEASURING DEVICE: _____

MINIMUM COOKING TIME AND TEMPERATURES OF PRODUCT UTILIZING CONVECTION AND

CONDUCTION HEATING EQUIPMENT.

BEEF ROASTS 130°F (121) MIN

SOLID SEAFOOD PIECES 145°F (15 SEC)

OTHER PHF'S 145°F (15 SEC)

PORK 145°F (15 SEC)

EGGS:

COMMINGLED MEATS/ FISH 155°F (15 SEC)

IMMEDIATE SRV 145°F (15 SEC)

POULTRY 165°F (15 SEC)

POOLED* 155°F (15 SECS)

REHEATED PHF'S 165°F (15 SEC)

*PASTEURIZED EGGS MUST BE SERVED TO A HIGHLY SUSCEPTIBLE POPULATION

2. LIST TYPES OF COOKING EQUIPMENT.

HOT / COLD HOLDING:

1. HOW WILL HOT PHF’S BE MAINTAINED AT 140°F (60°C) OR ABOVE DURING HOLDING SERVICE? INDICATE TYPE AND NUMBER OF HOT HOLDING UNITS.

2. HOW WILL COLD PHF’S BE MAINTAINED AT 41°F (5°C) OR BELOW DURING HOLDING SERVICE? INDICATE TYPE AND NUMBER OF COLD HOLDING UNITS.

COOLING:

PLEASE INDICATE BY CHECKING THE APPROPRIATE BOXES HOW PHF’S WILL BE COOLED TO 41° F (5C) WITHIN 6 HOURS (140° F TO 70°F IN 2 HOURS AND 70° F TO 41°F IN 4 HOURS.) ALSO INDICATE WHERE THE COOLING WILL TAKE PLACE.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/NOODLES
SHALLOW PANS					
ICE BATHS					
REDUCE VOLUME OR SIZE					
RAPID CHILL					
OTHER (DESCRIBE)					

REHEATING:

1.HOW WILL PHF’S THAT ARE COOKED, COOLED AND REHEATED FOR HOT HOLDING BE REHEATED SO THAT ALL PARTS OF THE FOOD REACH A TEMPERATURE OF AT LEAST 165° F FOR 15 SECONDS. INDICATE TYPE AND NUMBER OF UNITS USED FOR REHEATING FOODS.

2. HOW WILL REHEATING FOOD TO 165° F FOR HOT HOLDING BE DONE WITH IN 2 HRS?

PREPERATION:

1. PLEASE LIST CATEGORIES OF FOODS PREPARED MORE THAN 12 HRS IN ADVANCE SERVICE.

2. WILL FOOD EMPLOYEES BE TRAINED IN GOOD FOOD SANITATION PRACTICES? YES / NO

METHOD OF TRAINING: _____

NUMBER OF EMPLOYEES: _____

DATES OF COMPLETION: _____

3. WILL DISPOSABLE GLOVES AND / OR UTENSILS AND / OR FOOD GRADE PAPER BE USED TO PREVENT HANDLING OF READY TO EAT FOODS? YES / NO

4. IS THERE A WRITTEN POLICY TO EXCLUDE OR RESTRICT FOOD WORKERS WHO ARE SICK OR HAVE INFECTED CUTS AND LESIONS? YES / NO PLEASE DESCRIBE BRIEFLY: _____

WILL EMPLOYEES HAVE PAID SICK LEAVE? YES / NO

5. HOW WILL COOKING EQUIPMENT, CUTTING BOARDS,COUNTER TOPS AND OTHER FOOD CONTACT SURFACES WHICH CANNOT BE SUBMERGED IN SINK OR PUT THROUGH A DISHWASHER BE SANITIZED?

CHEMICAL TYPE: _____

CONCENTRATION : _____

TEST KIT : YES /NO

6. WILL INGREDIENTS FOR COLD READY- TO- EAT FOODS SUCH AS TUNA, MAYONAISE AND EGGS FOR SALADS AND SANDWHICHESD BE PRE- CHILLED BEFORE BEING MIXED AND /OR ASSEMBLED? YES / NO
IF NOT , HOW WILL READY -TO- EAT FOODS BE COOLED TO 41* F?

7. WILL ALL PRODUCE BE WASHED ON- PRIOR TO USE? YES / NO

IS THERE A PLANNED LOCATION USED FOR WASHING PRODUCE ? YES / NO

DESCRIBE: _____

IF NOT , DESCRIBE THE PROCEDURE FOR CLEANING AND SANITIZING MULTIPLE USE SINKS BETWEEN USES.

8. DESCRIBE THE PROCEDURE USED FOR MINIMIZING THE LENGTH OF TIME PHF'S WILL BE KEPT IN THE TEMPERATURE DANGERZONE (41°F—140°F) DURING PREPERATION. _____

9. PROVIDE A HACCP PLAN FOR SPECIALIZED PROCESSING METHODS SUCH AS VACUUM PACKAGED FOOD ITEMS PREPARED ONSITE OR OTHERWISE REQUIRED BY THE REGULATORY AUTHORITY.

10. WILL THE FACILITY BE SERVING FOOD TO A HIGHLY SUSCEPTIBLE POPULATION? YES/NO

IF YES, HOW WILL THE TEMPERATURE OF FOODS BE MAINTAINED WHILE BEING TRANSFERRED BETWEEN THE KITCHEN AND SERVICE AREA? _____

A. **FINISH SCHEDULE**

APPLICANT MUST INDICATE WHICH MATERIALS (QUARRY TILE , STAINLESS STEEL, 4" PLASTIC COVERED MOLDING, ETC.) WILL BE USED IN THE FOLLOWING AREAS.

	FLOOR	COVING	WALLS	CEILING
KITCHEN				
BAR				
FOOD STORAGE				
OTHER STORAGE				
TOILET ROOMS				
DRESSING ROOMS				
GARBAGE & REFUSE STORAGE				
MOP SERVICE BASIN AREA				
WARE WASHING AREA				
WALK-IN REFRIGERATORS AND FREEZERS				

B. INSECT AND RODENT CONTROL

APPLICANT : PLEASE CHECK APPROPRIATE BOXES.

	YES	NO	NA
1. WILL ALL OUTSIDE DOORS BE SELF—CLOSING AND RODENT PROOF?	()	()	()
2. ARE SCREEN DOORS PROVIDED ON ALL ENTRANCES LEFT OPEN TO THE OUTSIDE?	()	()	()
3. DO ALL OPENABLE WINDOWS HAVE A MINIMUM #16 MESH SCREENING ?	()	()	()
4. IS THE PLACEMENT OF ELECTROCUTION DEVICES IDENTIFIED ON THE PLAN?	()	()	()
5. WILL ALL PIPES & ELECTRICAL CONDUIT CHASES BE SEALED; VENTILATION SYTEMS EXHAUST AND INTAKES PROTECTED?	()	()	()
6. IS AREA AROUND THE BUILDING CLEAR OF UNNECESSARY BRUSH, LITTER, BOXES, AND OTHER HARBORAGE?	()	()	()
7. WILL AIR CURTAINS BE USED? IF YES , WHERE? _____	()	()	()

C. GARBAGE AND REFUSE

INSIDE

8. DO ALL CONTAINERS HAVE LIDS?	()	()	()
9. WILL REFUSE BE STORED INSIDE? IF SO WHERE? _____	()	()	()
10. IS THERE AN AREA DESIGNATED FOR GARBAGE CAN OR FLOOR MAT CLEANING?	()	()	()

OUTSIDE

11. WILL A DUMPSTER BE USED? NUMBER _____ SIZE _____ FREQUENCY PICKUP _____ CONTRACTOR _____	()	()	()
12. WILL A COMPACTOR BE USED? NUMBER _____ SIZE _____ FREQUENCY PICKUP _____ CONTRACTOR _____	()	()	()
13. WILL GARBAGE CANS BE STORED OUTSIDE?	()	()	()

14. DESCRIBE SURFACE AND LOCATION WHERE DUMPSTER, COMPACTOR/GARBAGE CANS ARE TO BE STORED.

15. DESCRIBE LOCATION OF GREASE STORAGE RECEPTACLE.

16. IS THERE AN AREA TO STORE RECYCLED CONTAINERS YES () NO () NA ()

DESCRIBE _____

INDICATE WHAT MATERIALS ARE REQUIRED TO BE RECYCLED;

() GLASS

() METAL

() PAPER

() CARDBOARD

() PLASTIC

17. IS THERE ANY AREA TO STORE RETURNABLE YES () NO () NA ()

DAMAGED GOODS? IF SO WHERE ? _____

D. PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	INTEGRAL TRAP	* -P- TRAP	VACUUM BREAKER	CONDENSE PUMP
18. TOILET						
19. URINALS						
20. DISHWASHER						
21. GARBAGE GRINDER						
22. ICE MACHINES						
23. ICE STORAGE BIN						
24. SINKS MOP, JANITOR, HANDWASH, 3 COMPARTMENT, 2 COMPARTMENT, 1 COMPARTMENT, WATER STATION						
25. STEAM TABLES						
26. DIPPER WELLS						
27. REFRIGERATION/ CONDENSATE DRAIN LINES						
28. HOSE CONNECTION						
29. POTATO PEELER						
30. BEVERAGE DISPENSER WITH CARBONATOR						
31. OTHER: _____ _____						

- **TRAP**: A FITTING OR DEVICE WHICH PROVIDES A LIQUID SEAL TO PREVENT THE MISSION OF SEWER GAS'S WITHOUT MATERIALLY AFFECTING THE FLOW OF SEWAGE OR WASTE WATER THROUGH IT. AN INTEGRAL TRAP IS ONE THAT IS BUILT DIRECTLY INTO THE FIXTURE, E.G., A TOILET FIXTURE. A "P" TRAP IS A FIXTURE TRAP THAT PROVIDES A LIQUID SEAL IN THE SHAPE OF THE LETTER " P ". FULL "S" TRAPS ARE PROHIBITED.

32. ARE FLOOR DRAINS PROVIDED & EASILY CLEANABLE, IF SO, INDICATE LOCATION:

E. WATER SUPPLY

33. IS WATER SUPPLY PUBLIC () OR PRIVATE () ?

34. IF PRIVATE, HAS SOURCE BEEN APPROVED? YES () NO () PENDING ()

PLEASE ATTACH COPY OF WRITTEN APPROVAL AND OR PERMIT.

35. IS ICE MADE ON PREMISES () OR PURCHASED COMMERCIALY () ?

IF MADE ON PREMISE, ARE SPECIFICATIONS FOR THE ICE MACHINE PROVIDED? YES () NO ()

DESCRIBE THE PROVISION FOR ICE SCOOP STORAGE: _____

PROVIDE LOCATION OF THE ICE MAKER OR BAGGING OPERATION _____

36. WHAT IS THE CAPACITY OF THE HOT WATER GENERATOR? _____

37. IS THE HOT WATER GENERATOR SUFFICIENT FOR THE NEEDS OF THE ESTABLISHMENT? PROVIDE CALCULATIONS FOR NECESSARY HOT WATER (SEE PART 5 & PART 9 UNDER SECTION III IN THIS MANUAL)

38. IS THERE A WATER TREATMENT DEVICE? YES () NO ()

IF YES, HOW WILL THE DEVICE BE INSPECTED & SERVICED? _____

39. HOW ARE BACKFLOW PREVENTION DEVICES INSPECTED & SERVICED? _____

F. SEWAGE DISPOSAL

40. IS BUILDING CONNECTED TO A MUNICIPAL SEWER? YES () NO ()

41. IF NO, IS PRIVATE DISPOSAL SYSTEM APPROVED? YES () NO () PENDING ()

PLEASE ATTACH COPY OF WRITTEN APPROVAL AND / OR PERMIT.

42. ARE GREASE TRAPS PROVIDED? YES () NO ()

IF SO, WHERE? _____

PROVIDE SCHEDULE FOR CLEANING AND MAINTENANCE _____

G. DRESSING ROOMS

43. ARE DRESSING ROOMS PROVIDED? YES () NO ()

44. DESCRIBE STORAGE FACILITIES FOR EMPLOYEES PERSONAL BELONGINGS (IE, PURSE, COATS, BOOTS, UMBRELLAS ETC.)

H. GENERAL

45. ARE INSECTICIDES/RODENTICIDES STORED SEPARATELY FROM CLEANING & SANITIZING AGENTS? YES () NO ()

INDICATE LOCATION: _____

46. ARE ALL TOXICS FOR USE ON THE PREMISE OR FOR RETAIL SALE (THIS INCLUDES PERSONAL MEDICATIONS) STORED AWAY FROM FOOD PREPARATION AND STORAGE AREAS? YES () NO ()

47. ARE ALL CONTAINERS INCLUDING SANITIZING SPRAY BOTTLES CLEARLY LABELED? YES () NO ()

48. WILL LINENS BE LAUNDERED ON SITE? YES () NO ()

IF YES , WHAT WILL BE LAUNDERED AND WHERE? _____

IF NO, HOW WILL LINENS BE CLEANED? _____

49. IS A LAUNDRY DRYER AVAILABLE? YES () NO ()

50. LOCATION OF CLEAN LINEN STORAGE: _____

51. LOCATION OF DIRTY LINEN STORAGE: _____

52. ARE CONTAINERS CONSTRUCTED OF SAFE MATERIALS TO STORE BULK FOOD PRODUCTS? YES () NO ()

INDICATE TYPE: _____

53. INDICATE ALL AREAS WHERE EXHAUST HOODS ARE INSTALLED:

54.

LOCATION	FILTERS & OR EXTRACTIONS DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKE UP CFM

HOW IS EACH LISTED VENTILATION HOOD SYSTEM CLEANED? _____

I. SINKS

55. IS A MOP SINK PRESENT? YES () NO ()

IF NO, PLEASE DESCRIBE FACILITY FOR CLEANING OF MOPS AND OTHER EQUIPMENT: _____

IF THE MENU DICTATES , IS A FOOD PREPERATION SINK PRESENT? YES () NO ()

J. DISHWASHING FACILITIES

57. WILL SINKS OR A DISHWASHER BE USED FOR WAREWASHING?

DISHWASHER ()

TWO COMPARTMENT SINK ()

58. DISHWASHER

TYPE OF SANITIZATION USED:

HOT WATER (TEMP. PROVIDED) _____

BOOSTER HEATER _____

CHEMICAL TYPE _____

59. IS VENTILATION PROVIDED? YES () NO ()

60. DO ALL DISH MACHINES HAVE TEMPLATES WITH OPERATING INSTRUCTIONS? YES () NO ()

61. DO ALL DISH MACHINES HAVE TEMPERATURE/PRESSURE GAUGES AS REQUIRED THAT ARE ACCURATELY WORKING?

YES () NO ()

62. DOES THE LARGEST POT AND PAN FIT INTO EACH COMPARTMENT OF THE POT SINK? YES () NO ()

IF NO , WHAT IS THE PROCEDURE FOR THE MANUAL CLEANING AND SANITIZING? _____

63. ARE THERE DRAIN BOARDS ON BOTH ENDS OF THE POT SINK? YES () NO ()

64. WHAT TYPES OF SANITIZER IS USED? CHLORINE () IODINE () QUATERNARY AMMONIUM () HOT WATER () OTHER ()

65. ARE TEST PAPERS AND/ OR KITS AVAILABLE FOR CHECKING SANITIZER CONCENTRATION? YES () NO ()

K. HANDWASHING /TOILET FACILITIES

66. IS THERE A HANDWASHING SINK IN EACH FOOD PREPARATION AND WAREWASHING AREA? YES () NO ()

67. DO ALL HANDWASHING SINKS ,INCLUDING THOSE IN THE RESTROOMS, HAVE A MIXING VALVE OR COMBINATION FAUCET?

YES () NO ()

68. DO SELF- CLOSING METERING FAUCETS PROVIDE A FLOW OF WATER FOR AT LEAST 15 SECONDS WITHOUT THE NEED TO REACTIVATE THE FAUCET? YES () NO ()

69. IS A HAND CLEANSER AVAILABLE AT ALL HANDWASHING SINKS? YES () NO ()

70. ARE HAND DRYING FACILITIES (PAPER TOWELS, AIR BLOWERS, ETC.) AVAILABLE AT ALL HANDWASHING SINKS?

YES () NO ()

71. ARE COVERED WASTE RECEPTACLES AVAILABLE IN EACH RESTROOM? YES () NO ()

72. IS HOT AND COLD RUNNING WATER UNDER PRESSURE AVAILABLE AT EACH HANDWASHING SINK?

YES () NO ()

73. ARE ALL TOILET ROOM DOORS SELF- CLOSING? YES () NO ()

74. IF REQUIRED, IS A HANDWASHING SIGN POSTED IN EACH EMPLOYEE RESTROOM? YES () NO ()

L. SMALL EQUIPMENT REQUIREMENTS

75. PLEASE SPECIFY THE NUMBER ,LOCATION, AND TYPES OF EACH OF THE FOLLOWING

SLICERS _____

CUTTING BOARDS _____

CAN OPENERS _____

MIXERS _____

FLOOR MATS _____

OTHER _____

STATEMENT

I HEAREBY CERTIFY THAT THE FOLLOWING INFORMATION IS CORRECT, AND I FULLY UNDERSTAND THAT
ANY DEVIATION FROM THE ABOVE WITHOUT PRIOR PERMISSION FROM THIS HEALTH REGULATORY
OFFICE MAY NULLIFY FINAL APPROVAL.

DATE: _____

SIGNATURE(S) _____

OWNER(S) OR RESPONSIBLE REPRESENTATIVES(S)

APPROVAL OF THESE PLANS AND SPECIFICATIONS BY THIS REGULATORY AUTHORITY DOES NOT
INDICATE COMPLIANCE WITH ANY OTHER CODE,LAW OR REGULATION THAT MAY BE
REQUIRED-FEDERAL,STATE, OR LOCAL. IT FURTHER DOES NOT CONSTITUTE ENDORSEMENT OR AC-
CEPTANCE OF THE COMPLETED ESTABLISHMENT(STRUCTURE OR EQUIPMENT). A PRE-OPENING
INSPECTION OF THE ESTABLISHMENT WITH EQUIPMENT IN PLACE & OPERATIONAL WILL BE NECESSARY
TO DETERMINE IF IT COMPLIES WITH THE LOCAL AND STATE LAWS GOVERNING FOOD SERVICE
ESTABLISHMENTS.

REGULATORY AUTHORITY COMPLIANCE REVIEW LIST

	<u>SAT.</u>	<u>UNSAT.</u>	<u>N/A</u>	<u>INSUFF INFO.</u>
<u>1.FOOD PREPERATION REVIEW</u>				
A) RAW FOOD PREP TABLE(S) (AS MENU DICTATES)	()	()	()	()
B) RAW FOOD PREP SINK(S) (AS MENU INDICATES)	()	()	()	()
C) ADEQUATE COLD HOLDING FACILITIES	()	()	()	()
D) ADEQUATE HOT HOLDING FACILITIES	()	()	()	()
E) ADEQUATE REFRIGERATION	()	()	()	()
F) ADEQUATE HOT FOOD PREPERATION EQUIP.	()	()	()	()
G) VACUUM PACKAGING (HACCP PLAN)	()	()	()	()
<u>2. UTENSIL & EQUIPMENT STORAGE</u>				
A) CLEAN	()	()	()	()
B) SOILED	()	()	()	()
C) COUNTER MOUNTED EQUIPMENT	()	()	()	()
D) FLOOR MOUNTED EQUIPMENT	()	()	()	()
E) VACUUM PACKAGING EQUIPMENT	()	()	()	()
F) BULK FOOD	()	()	()	()
G) SELF SERVICE (SALAD)	()	()	()	()
H) SELF SERVICE (HOT/COLD BUFFET)	()	()	()	()
<u>3. KITCHEN EQUIPMENT</u>				
A) SPACE BETWEEN UNITS OR WALL CLOSED; MOVEABLE, OR ADEQUATE SPACE FOR EASY CLEANING	()	()	()	()
B) WORK SPACE & AISLES SUFFICIENT	()	()	()	()
C) STORAGE 6" OFF THE FLOOR	()	()	()	()
D) COUNTER TOPS & CUTTING BOARDS OF SUITABLE MATERIAL	()	()	()	()
E) SELF SERVE FOOD AREA ADEQUATELY PROTECTED	()	()	()	()
F) APPROVED THERMOMETER FOR EACH REFRIGERATOR & FREEZER, AND FOR TAKING FOOD TEMPERATURES.	()	()	()	()

	<u>SAT.</u>	<u>UNSAT.</u>	<u>N/A</u>	<u>INSUFF INFO.</u>
4. FINISH SCHEDULE				
A) KITCHEN	()	()	()	()
B) BAR	()	()	()	()
C) FOOD STORAGE	()	()	()	()
D) OTHER STORAGE	()	()	()	()
E) TOILET ROOMS	()	()	()	()
F) DRESSING ROOMS	()	()	()	()
G) GARBAGE AND REFUSE STORAGE	()	()	()	()
H) MOP SERVICE AREA	()	()	()	()
I) WAREWASHING AREA	()	()	()	()
J) WALK– IN REFRIGERATOR & FREEZER	()	()	()	()
5. PLUMBING				
A) CROSS CONNECTIONS	()	()	()	()
B) WATER SUPPLY	()	()	()	()
C) SEWAGE DISPOSAL	()	()	()	()
D) 3 COMPART. SINK	()	()	()	()
E) HAND SINKS	()	()	()	()
F) DISHWASHING & POT SINKS	()	()	()	()
G) GREASE TRAPS	()	()	()	()
H) SERVICE/ JANITORIAL SINKS	()	()	()	()
I) HOT WATER	()	()	()	()
6. PHYSICAL FACILITIES				
A) DRESSING ROOMS	()	()	()	()
B) SEPARATE TOXIC STORAGE	()	()	()	()
C) LAUNDRY FACILITIES	()	()	()	()
D) LINEN STORAGE	()	()	()	()
E) LIGHTING	()	()	()	()
F) FOOD STORAGE	()	()	()	()
G) DRY GOODS STORAGE	()	()	()	()
7. REFUSE & PEST CONTROL				
A) GARBAGE AND REFUSE STORAGE	()	()	()	()
B) INSECT & RODENT	()	()	()	()
C) CONTROL MEASURES	()	()	()	()

	<u>SAT.</u>	<u>UNSAT.</u>	<u>N/A</u>	<u>INSUFF INFO.</u>
8. VENTILATION				
A) EXHAUST HOODS	()	()	()	()
B) VENTILATION	()	()	()	()
9. EMPLOYEE RESTROOMS				
A) LOCATION	()	()	()	()
B) NUMBER _____	()	()	()	()
C) SOAP DISPENSERS	()	()	()	()
D) HAND DRYING	()	()	()	()
E) LAVATORIES	()	()	()	()
F) WATER CLOSETS	()	()	()	()
G) URINALS	()	()	()	()
H) HOT AND COLD WATER PROVIDED	()	()	()	()
I) WASTE RECEPTACLES	()	()	()	()
10. PATRON RESTROOMS				
A) LOCATION	()	()	()	()
B) NUMBER _____	()	()	()	()
C) SOAP DISPENSERS	()	()	()	()
D) HAND DRYING	()	()	()	()
E) LAVATORIES	()	()	()	()
F) WATER CLOSETS	()	()	()	()
G) URINALS	()	()	()	()
H) HOT AND COLD WATER PROVIDED	()	()	()	()
I) WASTE RECEPTACLES	()	()	()	()

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DATE _____

DATE: _____

DATE: _____

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