

**FOOD SERVICE ESTABLISHMENT PLAN REVIEW
INSTRUCTIONS AND SIGN OFF SHEET****Fee: \$85.00*****(must accompany this application)******Allow a minimum of 10 Business days for review of all submittals to the Health Department***

The plan review process consists of two parts.

PART 1 consists of the approval of the facility layout and equipment. You must contact the following Departments; Planning & Zoning (385-4017), Building (385-4010), Water Pollution (385-4065), and the Fire Marshal (385-4070) to find out their requirements for your establishment prior to finalizing your submission to the Health Department.

Your **PART 1** submission should include: (Pages 1-3)

The completed Part 1 plan review application.

One (1) copy of the entire facility layout drawn to scale (1/4"=1 foot). While architectural drawings are not usually required, the plans must be a professional rendering. Food service equipment companies can provide this service.

- The floor plan must contain the equipment schedule, which includes the manufacturer and the model number of each piece of equipment on the floor plan (must be NSF or equivalent).
- The plan should also contain a finish schedule for floors, walls and ceilings.

A complete set of equipment specifications, numbered on the specification sheets to correspond with numbers on the plan. The equipment model numbers must be identified on the specification sheets.

A detailed menu.

Do not purchase equipment prior to Health Department approval. Construction and/or remodeling should not take place until your plan and equipment is approved by this Department. The appropriate permits/approvals must be obtained from other Town departments.

Proposed changes in the menu, design layout or equipment must be approved by the Health Department **prior** to making the changes.

Incomplete applications will be returned to the applicant.

The Health Department will sign off on the Building Permit application when **PART 1** is approved.



Construction inspections for **Part 1** will be conducted by the Health Department at the following intervals:

- Inspection 1: Upon completion of floors, walls and ceilings, and prior to equipment Installation
- Inspection 2: Upon completion of equipment installation.
- Inspection 3: Upon completion of the establishment, prior to applying for your food service license.

Appointments for inspections must be scheduled at least 3 business days in advance. The applicant can request additional site visits at any time during the construction process.

Complete the following:

Type of application: New Establishment _____ Remodel _____ Change of Owner _____

Owner _____

Owner's Home Address _____

Owner's Phone Number _____ E-mail _____

Manager's Name _____

Contact Phone _____

Anticipated Opening Date _____

Establishment Name _____

Establishment Address _____

Establishment Phone: _____ Establishment Fax: _____

Person filling out this application _____

Title _____

Sanitarian in charge of plan review _____

Class: _____ Date Paid _____

Date Plan Approved _____ Sanitarian Signature _____



Part II

CLASS 1 AND 2 FOOD SERVICE ESTABLISHMENTS PLAN REVIEW APPLICATION

National Sanitation Foundation (NSF)- equipment identified as having met specified requirements for design, construction, and performance, necessary for clean-ability, food protection and freedom from harborages.

Potentially Hazardous Foods (PHF)- All food or drink which consist whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, or other ingredients capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms that can lead to illness. Also included in this list are cut melon, sprouts, and garlic in oil or butter.

Ready-to-Eat (RTE)- Food that is in a form that is edible without washing, cooking, or additional preparation by the food establishment or the consumer and that is reasonably expected to be consumed in that form.

YOU WILL BE RESPONSIBLE FOR ALL INFORMATION CONTAINED IN THIS APPLICATION

Failure to complete this form fully or accurately will delay approval by this Department

This establishment is (circle): **New** **Remodel** **Conversion** **New Owner**

Type of Establishment (circle):

Sit down meals **Take-out** **Caterer** **Vendor** **Grocery** **Other**

Total square feet of facility: _____ Number of seats: _____

Square Footage for: Food Preparation Area _____ Kitchen _____ Storage _____

Number of staff: _____

Meals to be served:

Breakfast _____

Lunch _____

Dinner _____

Hours of operation:

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____



THE FOLLOWING ITEMS ARE REQUIRED BY THE HEALTH DEPARTMENT PRIOR TO LICENSING

1. The maximum seating capacity at your establishment per the Fire Marshall.
_____ Seats
2. The projected daily meal volume for your food service operation including how often deliveries will be received at your establishment each week.
_____ # Meals per week _____ # Deliveries per week
3. The Dumpster must be located on a four-inch thick concrete pad and enclosed with a chain link fence with privacy slats. If the fence or lids are left open, locks will be required.
4. The owner must write the training program that is provided to all food service workers. This food safety manual must be available to employees at all times. The manual shall include but is not limited to:
 - Describe the proper procedure to **wash hands**. Include what sink to wash hands in, how to wash hands, and when hands should be washed.
 - Write what are the **hot** (hot dogs, commercial soups, and kielbasa) **and cold holding temperatures** requirements of potentially hazardous foods (PHF).
 - Write what the **reheating time/temperature** (hot dogs, commercial soups, kielbasa) requirements are of PHF's.
 - Write what the proper **thawing** temperature (hot dogs, kielbasa) requirements are of PHF's.
 - Indicate your establishment's policy on how to **minimize hand contact with ready to eat foods** (rolls, etc.).
 - Indicate how your staff will **minimize hand contact with non-ready to eat foods** (hot dogs, commercial soup, kielbasa).
 - Describe the proper way to set up the three bay sinks. Include **when the three bay sink should be set-up and when the three bay sink should be changed**. Indicate the type of sanitizer used at your facility. Include the use of test strips and what concentration the test strip should read.
 - Describe when the **sanitizing bucket** should be set up and when they should be changed. Indicate where buckets will be set up at your establishment and what the concentration of the sanitizer should be.
 - Discuss the proper storage of chemicals, including labeling of chemicals, and **specific storage locations at your establishment**.



5. A copy of your sick policy. *A form will be provided to you by the Health Department.*
6. A thermometer and alcohol swabs.
7. Verification from the tax collector's office that personal property taxes are current at the address of the subject establishment. Date verified: ___/___/___

FOOD SOURCE:

Check categories of Potentially Hazardous Foods (PHF) handled, prepared, and served.

	Yes	No
Thick meats,	()	()
Cold processed foods (ie. salads, sandwiches, vegetable)	()	()
Hot processed foods	()	()
Baked goods	()	()
Other (list) _____		

Is all equipment in your establishment National Sanitation Foundation (NSF) or equivalent?

Yes **No**

NOTE: Home-style equipment is not approved in food service establishments. All equipment must meet National Sanitation Foundation standards.

Number of refrigeration units _____

All refrigeration units must have ambient thermometers that are *permanently* affixed in the front portion of the refrigeration and are easily visible.

All refrigeration units have ambient thermometers that are *permanently* affixed in the front portion of your unit/s and are easily visible?

Yes **No**

5. Number of freezer units _____

6. Do you have an ice machine? **Yes** **No**

Is the machine (circle one)? **air-cooled** **water-cooled**

7. How will the ice machine be plumbed (circle one)? **Air gap** **Indirect connection**



8. How / where will the ice scoop be stored?

Explain _____

THERMOMETER:

9. Will a thermometer be used to take food and drink temperatures?

10. How will the **Yes** thermometer be **No** sanitized while in use?
Explain _____

THAWING:

11. How will PHF's be thawed at your establishment (explain in detail)?

HOT AND COLD HOLDING:

12. How will the temperature of hot PHF's be measured?

13. How will hot PHF's be maintained at 140 degrees F. or above for service?

14. How will the temperature of cold PHF's be measured?

15. How will cold PHF's be maintained at or below 45 degrees F. for service?

16. What is the longest time frame leftovers will be kept at your establishment?

_____ hrs _____ days

REHEATING:

17. What temperature must PHF's be reheated to?

18. List the equipment your establishment will use to reheat PHF's.

19. How will the temperature of the reheated foods be verified?



PREPARATION:

20. List the foods prepared more than 12 hours in advance of service.

21. Will all employees preparing, handling, and serving food be trained by the owner of the establishment _____ on _____ food sanitation practices as taught in the certified food service sanitation course? **Yes** **No**

22. What will the owner do if an employee who prepares, handles, or serves food does not follow food safety practices as outlined in the establishment's training manual?

23. How will food workers minimize hand contact with ready to eat foods?

24. Are rodent proof door sweeps on all outside doors? **Yes** **No**

25. Are screen doors provided on all outside doors? **Yes** **No**

GARBAGE AND REFUSE:

26. *Locks will be required on the lids and on the fence door at all times if the dumpster lids are kept open, or the gate to the fence is kept open, or we receive complaints concerning your dumpster area.*

27. Are all dumpsters (including grease dumpster) located on a four-inch concrete pad and enclosed with chain link fencing with privacy slats? **Yes** **No**

28. Who will be your dumpster company? _____

29. On what day/s during the week will you have pick-up?

30. **Su M Tu W Th F Sa**

31. How many dumpsters will you have? _____

32. What size are the dumpster/s? _____

33. Will you have a grease dumpster? _____

34. Who is your grease dumpster hauler? _____



PLUMBING:

35. *You must contact Water Pollution Control at 385-4065 for grease trap sizing requirements.*
36. Choose the method used for each: air gap, air break, integral trap, P-trap, vacuum breaker, or condensate pump.
- a). Dipper wells _____
- b.) Any spigot that can accommodate a garden hose connection _____
- c.) _____ Prep _____ sink
37. Are floor drains provided? **Yes** **No** If yes, indicate location. _____

GENERAL:

38. Where at your establishment will employees' store their personal belongings such as jackets, shoes, and purses?

39. Where will insecticide and rodenticides be stored at your facility?

40. Who is your pest management company? _____
41. How often will they service your establishment? _____
42. Are all containers of toxic items, including sanitizing spray bottles, clearly labeled?
Yes **No**
43. Where will toxic items be stored at your facility?

44. Are NSF or equivalent food grade containers being used to store all bulk food items such as flour or rice? **Yes** **No**
45. Where will mop/brooms be hung to air dry when not in use?

MECHANICAL DISHWASHER

46. Do you have (circle one)? chemical hot water dishwasher
47. For chemical dishwashers, do you have test strips to verify the sanitization cycle?
Yes **No**



48. For chemical dishwashers, what type of sanitizer will be used? _____

49. For chemical dishwashers what concentration should the test strip read at the sanitization cycle?

50. For hot water dishwashers, what temperature must the sanitization cycle read?

51. For hot water dishwashers, do you have thermo labels for the sanitization cycle?

Yes

No

THREE BAY SINKS:

52. For three bay sinks, can the largest pot or pan be submerged in each of the three bays?

Yes

No

53. What type of sanitizer will be used at the three bay sink?

54. Do you have test strips for your sanitizer?

55. What will the concentration read on the test strip?

56. How many gallons is your hot water generator? _____

HAND WASHING/TOILET FACILITIES:

57. Are soap dispensers and paper towel holders permanently mounted at all hand sinks?

Yes

No

58. Is hot water at a minimum 110 degrees F., and cold water provided at each hand sink?

Yes

No

The hot or cold water valve under any sinks cannot be turned off during business hours.

59. Is there a separate waste basket at each hand sink?

Yes

No

60. Does the waste basket in the women's or coed bathroom have a cover on it?

Yes

No

61. Do all toilet rooms have self-closing doors?

Yes

No

62. Do all toilet rooms have (circle the one that applies)?
mechanical and/or a window for ventilation



63. NOTE: Wood shelving, milk crates, soda trays, or wood pallets are not allowed as storage shelving. Additional storage shelving or dunnage racks may be required by the Health Department once your establishment is operational.

OUTSIDE DINING:

64. Will there be outside dining? Yes No
65. *Outside dining requires prior approval from the Health Department and Planning and Zoning*
66. Will there be outside food preparation or food storage? Yes No
If yes, indicate area on submitted site plan
67. Will there be outside storage of food or drink related items such as plates, utensils, and condiments? Yes No
If yes, indicate area on submitted site plan

The owner of the establishment must read and sign the following statement:

Approval of these plans and specifications by this Health Department does not indicate compliance with any other code, law or regulation that may be required. It further does not constitute endorsement or acceptance of the completed establishment. A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with local and state laws governing food service establishments. Any changes made to the food establishment that are not listed on this plan review will void this document and may jeopardize your license to operate a food establishment.

I hereby certify that the information in this plan review is correct, and I fully understand that any deviation from the above without prior permission from this Health Department may nullify this approval.

Approval of this application expires after one year.

Owner' Signature

Date

Print Name

Approval of Inspector

Date