

## **PROCEDURE FOR THE SUBMISSION OF A PLAN REVIEW**

1. Fully complete the plan review application package-be sure to include a phone number for a contact person who can answer questions.
2. Provide a drawing showing location and description of equipment. This must be drawn to scale such as  $\frac{1}{4}'' = 1'$ .
3. Provide a menu. Please include explanation of unique dishes.
4. Provide all equipment specification sheets for the facility.
5. Plan review fee must be paid at the time of submission of the entire application package. Fee schedule as follows:

**RESTAURANTS \$200**

**FOOD STANDS/MEAT MARKETS/CATERING  
OPERATIONS ETC. \$200**

**MOBILE FOOD UNITS & PUSHCARTS \$200**

# Food Establishment Plan Review Application

## General Information:

Name of Establishment: \_\_\_\_\_

Establishment's Address: \_\_\_\_\_

Phone if Available: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## Operational Information:

Hours of Operation:

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Number of Seats: \_\_\_\_\_

Number of Staff: \_\_\_\_\_

Restaurant \_\_\_\_\_

Buffet: YES \_\_\_ NO \_\_\_

Foodstand (Take Out Only) \_\_\_\_\_

Meat Market \_\_\_\_\_

Caterer \_\_\_\_\_

Mobile Food Unit/Push Cart \_\_\_\_\_

Total Square Footage of the facility: \_\_\_\_\_

Note: This calculation must include the square footage of the entire kitchen area, food preparation areas, walk-in units, storage rooms, bare areas and any other related area(s) to be associated with the facilities operation.

**\*Square Footage does not apply to a Restaurant\***

Have you included the following documents?

\_\_\_\_\_ Proposed menu \_\_\_\_\_ Scale drawing of facility lay out

**Note:** Be sure to include location of panel box, hot water heater, air handling unit, bag-n-box drink unit and any other item occupying space in the kitchen lay-out.

## Food Preparation and Storage:

1. Which of the following will be prepared in your facility?

_____	Chicken-will you be using: (check all that apply)	
	Cutting raw	_____
	Whole raw	_____
	Processed breasts	_____
	Cooked from frozen state	_____
_____	Raw hamburger-will you patty?	YES ___ NO ___
_____	Raw shrimp-will you be cleaning?	YES ___ NO ___
_____	Raw fish-will you be cleaning?	YES ___ NO ___
_____	Raw beef or pork-will you be cutting?	YES ___ NO ___
_____	Raw oysters-will they be served raw?	YES ___ NO ___
_____	Raw vegetables-will you be washing?	YES ___ NO ___

2. If any of the above has been checked, please indicate where these items will be washed and prepared or if they will be purchased pre-processed.

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**Note:** If meats or vegetables are washed and prepared, separate prep sinks maybe required.

3. Will you be cooling any item(s)? Please describe the item(s) and indicate your procedure for cooling.

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4. Will any item(s) be pre-cooked and hot held? Describe the item(s) and indicate how temperature will be maintained.

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5. Will any item(s) be thawed? Describe the item(s) and indicate your procedure for thawing.

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6. Will food product thermometers be provided? YES \_\_\_ NO \_\_\_
7. Is there an appropriate hand washing sink(s) in the facility?  
(ie: for food prep, ware washing and toilet facilities?) YES \_\_\_ NO \_\_\_
8. Will disposable gloves and/or utensils and/or food grade paper be  
used to minimize handling of ready-to-eat foods? YES \_\_\_ NO \_\_\_
9. Will food contact equipment be indirectly plumbed?  
(ie: ice machine, prep sink(s), drink machine, etc?) YES \_\_\_ NO \_\_\_
10. Is there an established policy to exclude or restrict food workers  
who are sick or have infected cuts and lesions? YES \_\_\_ NO \_\_\_  
If yes, please describe briefly: \_\_\_\_\_  
\_\_\_\_\_

### Dishwashing Facilities:

1. Do you plan to use multi-use dishes or glasses? YES \_\_\_ NO \_\_\_  
Check all that apply: \_\_\_ plates \_\_\_ glasses \_\_\_ silverware \_\_\_ mugs  
**(Single service disposables go to questions #4)**
2. How will your dishes and utensils be cleaned and sanitized?  
\_\_\_\_\_ Dishwasher \_\_\_\_\_ Three-compartment sink
3. If you are using a dishwasher, please answer the following:  
Make and Model: \_\_\_\_\_  
How does it sanitize?: \_\_\_\_\_  
Water consumption per hour or per rack: \_\_\_\_\_  
Do you have a counter sunk sink? YES \_\_\_ NO \_\_\_  
If no, how ill you pre-cleaning, pre-flush, or pre-soak?: \_\_\_\_\_  
\_\_\_\_\_
4. Do you have a: Two compartment sink \_\_\_\_\_  
Three compartment sink \_\_\_\_\_
5. How will cooking equipment, cutting boards, counter tops and other food contact  
surfaces which cannot be submerged in sinks or put through a dishwasher be  
cleaned and sanitized? \_\_\_\_\_  
\_\_\_\_\_
6. Please describe your procedure to ensure all dishes and /or pans will air dry:  
\_\_\_\_\_
7. What is the size of the sink vats?: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ drainboards: \_\_\_\_\_
8. What type of sanitizer is used for food contact surfaces?  
Chlorine \_\_\_\_\_  
Quaternary ammonium \_\_\_\_\_  
Other (please indicate) \_\_\_\_\_

9. Will test strips for testing sanitizer be provided? YES \_\_\_ NO \_\_\_

**Hot Water Heater:**

- 1. Water heater storage capacity. (\_\_\_\_\_ Gallons Storage)
- 2. Water heater recovery rate in gallons per hour at a 100F temperature rise. (\_\_\_\_\_ Gallons per hour) **see worksheet**
- 3. Are laundry facilities located on premises? YES \_\_\_ NO \_\_\_

**Water Supply & Sewage Disposal:**

- 1. Is water supply: ( ) public ( ) well
- 2. Is building connected to: ( ) municipal sewer ( ) on-site septic system

**Storage:**

- 1. How much dry storage do you have? \_\_\_\_\_ sq. feet
- 2. Please indicate location of:
  - Dry food storage: \_\_\_\_\_
  - Single service storage: \_\_\_\_\_
  - Paper products: \_\_\_\_\_
  - Chemicals/cleaning products: \_\_\_\_\_
  - Personal & office items: \_\_\_\_\_
  - Linen (if applicable): \_\_\_\_\_

**Garbage and Refuse:**

- 1. Will the facility have:
  - Dumpster(s) with lids? YES \_\_\_ NO \_\_\_
  - Trash can(s) with lids? YES \_\_\_ NO \_\_\_
  - Grease storage receptacle? YES \_\_\_ NO \_\_\_
  - Can wash cleaning facility? YES \_\_\_ NO \_\_\_
  - Off-site contracted cleaning service for dumpsters? YES \_\_\_ NO \_\_\_
- 2. Location where dumpster(s)/compactor/can(s) will be stored. \_\_\_\_\_  
\_\_\_\_\_

**Pest Control:**

1. Do you have a pest control company? YES \_\_\_ NO \_\_\_
2. If no, please explain pest management procedures. \_\_\_\_\_  
\_\_\_\_\_
3. Are outside doors self closing? YES \_\_\_ NO \_\_\_
4. Do you have a fly fan? YES \_\_\_ NO \_\_\_
5. If no, please explain procedure for controlling flies in the facility. \_\_\_\_\_  
\_\_\_\_\_

**Finish Schedule:**

Applicants must fill in materials (ie: quarry tile, stainless steel, FRP, etc)

	FLOOR	BASE	WALLS	CEILING
Kitchen	( _____ )	( _____ )	( _____ )	( _____ )
Bar	( _____ )	( _____ )	( _____ )	( _____ )
Food Storage	( _____ )	( _____ )	( _____ )	( _____ )
Toilet Rooms	( _____ )	( _____ )	( _____ )	( _____ )
Dressing Rooms	( _____ )	( _____ )	( _____ )	( _____ )
Refuse Storage	( _____ )	( _____ )	( _____ )	( _____ )
Mop Area	( _____ )	( _____ )	( _____ )	( _____ )

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**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from this Health Regulatory Office may nullify the approval.

Signature(s) \_\_\_\_\_  
Owner(s) or Responsible Representative(s)

Date: \_\_\_\_\_

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Approval of these plans and specifications by this Health 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 acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the state laws governing food service establishments.