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 of $100.00 must be paid at the time of submission of the entire application package.
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 unites, 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 layout

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?

<table>
<thead>
<tr>
<th>Chicken-will you be using: (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cutting raw</td>
</tr>
<tr>
<td>YES</td>
</tr>
</tbody>
</table>

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? (i.e.: 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? (i.e.: 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 will 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 & 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 100°F 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: __________
   - Paper products: __________
   - Chemicals/cleaning products: __________
   - Personal & office items: __________
   - Linen: __________

**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 not, please explain procedure for controlling flies in the facility. __________

Finish Schedule:

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

<table>
<thead>
<tr>
<th>Floor</th>
<th>Base</th>
<th>Walls</th>
<th>Ceiling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Storage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet Rooms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing Rooms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refuse Storage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mop Area</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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.