The intent of the Food Service Plan Review Application is to answer questions that are not provided on the plans regarding the operation of the facility and to provide the health department with the operational procedures when the facility opens. Please be aware that franchised, chain, and prototypical type facility plans are required to be submitted to the Environmental Health Section, Plan Review Unit, 5605 Six Forks Rd., Raleigh, NC 27609. You may contact their office at (919) 707-5863 with questions regarding their requirements.

To complete plan review, the Food Establishment Plan Review Application must be submitted with all of the following items.

1. Proposed menu or complete list of food and beverages to be offered (including seasonal, catering and banquet menus).
2. Plan of the facility drawn to scale showing location of equipment (clearly numbered and cross-keyed with an equipment list), plumbing, mechanical ventilation, and lighting plan.
3. Site plan showing locations of any outside equipment or facilities (dumpsters, storage, well, septic-system – if applicable).
4. Manufacturer specifications for each piece of listed equipment.
5. An application fee of $240.00 paid at time of application submittal.

Please feel free to contact our office with any questions regarding the plan review process. We can be reached by telephone at (910) 296-2126.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Type of Construction \_\_\_\_\_\_\_\_\_\_ NEW \_\_\_\_\_\_\_\_\_\_ REMODEL

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

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City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner or Owner’s Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City & State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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City & State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (owner, manager, architect, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I 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 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)

\_\_\_\_\_\_\_\_Meat Market \_\_\_\_\_Plates \_\_\_\_\_Glassware \_\_\_\_\_Silverware

\_\_\_\_\_\_\_\_Other (Provide Explanation) Multi-use (reusable)

 \_\_\_\_\_Plates \_\_\_\_\_Glassware \_\_\_\_\_Silverware

 Explain “Other” Food Service Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Indicate any **specialized processes** that will take place

\_\_\_\_\_Curing \_\_\_\_\_Acidification (sushi, etc.) \_\_\_\_\_Reduced Oxygen Packaging (eg Vacuum)

\_\_\_\_\_Smoking \_\_\_\_\_Sprouting Beans \_\_\_\_\_Other

Explain checked processes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Indicate any of the following **highly susceptible populations** that will be catered to or served

\_\_\_\_\_Nursing Home \_\_\_\_\_Child Care Center \_\_\_\_\_Health Care Facility

\_\_\_\_\_Assisted Living Center \_\_\_\_\_School with pre-school aged children

**COLD STORAGE**

**Method used to determine cold storage requirements** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cubic-feet of reach-in cold storage ­­­­­­­­­­­­­­­­­­­­­­­­­­­ Cubic-feet of walk-in cold storage­­­­­­­­­­­­­­­­­­­

Reach-in refrigerator storage \_\_\_\_\_\_\_ft³ Walk-in refrigerator storage \_\_\_\_\_\_\_ft³

Reach-in freezer storage \_\_\_\_\_\_\_\_ft³ Walk-in freezer storage \_\_\_\_\_\_\_ft³

Number of reach-in refrigerators\_\_\_\_\_\_\_\_\_\_ Number of reach-in freezers\_\_\_\_\_\_\_\_\_\_

**HOT HOLDING**

Food that will be held **hot** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**COLD HOLDING**

Food that will be held **cold** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**COOLING**

Indicate by checking the appropriate boxes how cooked food will be cooled to 450F (70C) within 6 hours.

If “Other” is checked indicate type of food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cooling Process** | **Meat** | **Seafood** | **Poultry** | **Other** |
| Shallow Pans |  |  |  |  |
| Ice Baths |  |  |  |  |
| Rapid Chill |  |  |  |  |

**THAWING**

Indicate by checking the appropriate boxes how food in each category will be thawed.

If “Other” is checked indicate type of food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Thawing Process** | **Meat** |  **Seafood** | **Poultry** | **Other** |
| Refrigeration |  |  |  |  |
| Running Water less than 700 F (210 C) |  |  |  |  |
| Cooked Frozen  |  |  |  |  |
| Microwave |  |  |  |  |

**FOOD HANDLING PROCEDURES**

**Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and corresponding items on the plan where food will be handled.**

Explain the **handling procedures** for the following categories of food. Describe the process from receiving to service including

* How the food will arrive (frozen, fresh, packaged, etc.)
* Where the food will be stored
* Where (specific pieces of equipment with their corresponding equipment schedule numbers) and how the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
* When (time of day and frequency/day) food will be handled

**1. READY-TO-EAT FOOD HANDLING** (edible without additional preparation necessary, e.g., salads, cold sandwiches, raw molluscan shellfish)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. PRODUCE HANDLING** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. POULTRY HANDLING** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. MEAT HANDLING** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**5. SEAFOOD HANDLING**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DRY STORAGE**

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

Square feet of dry storage shelf space \_\_\_\_\_\_\_\_\_\_ ft²

Where will dry goods be stored? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FINISH SCHEDULE**

Indicate floor, wall and ceiling finishes (e.g., 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 |  |  |  |  |
| Service Sink |  |  |  |  |
| Other |  |  |  |  |

**WATER SUPPLY - SEWAGE**

1. Is water supply \_\_\_\_\_\_Municipal \_\_\_\_\_\_\_Well Is sewer \_\_\_\_\_\_\_Municipal \_\_\_\_\_\_\_Septic

2. Will ice \_\_\_\_\_\_\_ be made on premises \_\_\_\_\_\_\_purchased

3. Water heater

* Tank type
1. Manufacturer and model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Storage capacity \_\_\_\_\_\_\_\_\_\_ gallons
* Electric water heater \_\_\_\_\_\_\_\_\_\_ kilowatts (kW)
* Gas water heater \_\_\_\_\_\_\_\_\_\_ BTU’s
1. Water heater recovery rate (gallons per hour at 80ºF temperature rise) \_\_\_\_\_\_\_\_\_\_ GPH

**(See Water Heater Calculator on the Plan Review Unit website to calculate recovery rate needed)**

* Tankless
* a. Manufacturer and model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Quantity of tankless water heaters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(See Water Heater Calculator on the Plan Review Unit website to calculate number of tankless water heaters needed)**

4. Check the appropriate box indicating equipment drains

|  |  |  |
| --- | --- | --- |
|  | **Indirect Waste** | **Direct Waste** |
| **Plumbing Fixtures** | **Floor sink** | **Hub Drain** | **Floor Drain** |  |
| Warewashing Sink |  |  |  |  |
| Prep Sinks |  |  |  |  |
| Handwashing Sinks |  |  |  |  |
| Warewashing Machine |  |  |  |  |
| Ice Machine |  |  |  |  |
| Garbage Disposal |  |  |  |  |
| Dipper Well |  |  |  |  |
| Refrigeration |  |  |  |  |
| Steam Table |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |

**WAREWASHING EQUIPMENT**

**a. Manual Warewashing**

1. Size of sink compartments (inches) Length\_\_\_\_\_\_\_\_ Width\_\_\_\_\_\_\_\_ Depth\_\_\_\_\_\_\_\_

2. What type of sanitizer will be used?

Chlorine\_\_\_\_\_ Iodine\_\_\_\_\_ Quaternary Ammonium\_\_\_\_\_ Hot Water\_\_\_\_\_ Other (specify)\_\_\_\_\_\_\_\_\_\_

**b. Mechanical Warewashing**

1. Will a warewashing machine be used? \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No

 Warewashing machine manufacturer and model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. Type of sanitization \_\_\_\_\_\_\_\_ Hot water (180F) \_\_\_\_\_\_\_\_ Chemical

**c. General**

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

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2. Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable

 racks) of air drying space

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 Square feet of air drying space \_\_\_\_\_\_\_\_\_\_ ft²

**HANDWASHING**

Indicate number and location of handwashing sinks

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYEE ACCOMMODATIONS**

Indicate location for storing employees’ personal items

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**REFUSE AND RECYCLABLES**

1. Will refuse be stored inside? \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No

If yes, where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Provision for refuse 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.)

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**SERVICE SINK**

1. Location and size of service (mop) sink/can wash \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Is a separate mop storage area provided? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, describe type and location

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**INSECT AND RODENT CONTROL**

1. How is protection provided on all outside doors?

\_\_\_\_\_\_\_\_ Self-closing door \_\_\_\_\_\_\_\_ Fly Fan \_\_\_\_\_\_\_\_ Screen Door

2. How is protection provided on windows?

\_\_\_\_\_\_\_\_ Self-closing \_\_\_\_\_\_\_\_ Fly Fan \_\_\_\_\_\_\_\_ Screening

**LINEN**

Indicate location of clean and dirty linen storage

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**POISONOUS OR TOXIC MATERIALS**

Indicate location of poisonous and/or toxic materials (chemicals, sanitizers, etc.) storage

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