

***PLAN REVIEW APPLICATION PACKET
FOR COMPLETION BY THE OPERATORS OF
FOOD SERVICE & RETAIL FOOD ESTABLISHMENTS***

Completed Application Packet Must Be
Submitted With All Floor Plans (*2 Sets*),
Related Documents And **\$350.00**
Plan Review Fee To The
Greene County Combined Health District



CONTENT AND FORMAT REQUIREMENTS
OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. Include the proposed menu, seating capacity, and projected meal volume for the food operation.
3. Show the proposed location and placement of all food equipment. Each piece of equipment must be clearly identified and referenced to the Equipment Schedule as applicable. Submit drawings of self-service hot and cold holding units *with* sneeze guards.
4. Designate clearly on the plan equipment intended to be used for adequate rapid cooling (i.e. - ice baths, refrigeration, etc. [as applicable]), and for hot-holding time/temperature controlled for safety (TCS) foods.
5. Label and locate separate food preparation sinks when the menu dictates to prevent contamination and cross-contamination of raw and ready-to-eat foods.
6. Label and locate all dedicated hand and dump sinks. **Note:** Where applicable, dedicated dump sinks will be required (i.e. – bars, front portions of convenience stores, etc.) that are separate from any required hand sinks. Dual-use sinks are **not** permitted and will not be accepted. Also note on your plans the installation of any splash guards as may be applicable given their proposed location.
7. Provide clear and accurate drawings identifying the layout of all proposed restroom facilities.
8. Identify any auxiliary areas such as storage rooms, garbage rooms/dumpster pads, warewashing rooms, walk-in coolers/freezers, basements, cellars, etc. and their intended use. Must also indicate if and/or how food and food-related items (i.e. – To Go Items, linens, straws, etc.) will be stored (i.e. – shelving, dunnage racks, etc.) in these areas (as applicable). Also, clearly indicate how and where all multi-use items, smallwares, utensils, etc. will be staged for air drying and subsequent final storage.
9. Include and provide specifications for:
 - Entrances, exits, loading/unloading areas and docks, etc.
 - Complete finish schedules for each room including the floors, walls and ceilings and coved wall/juncture bases. **Note:** If ceiling tiles are proposed, vinyl-clad ceiling tiles must be installed in all food preparation rooms, bathrooms, and warewashing areas.
 - Plumbing schedule including the location of all floor drains, floor sinks, water supply lines, all waste/water lines, hot water generating equipment with capacity and recovery rates, backflow prevention devices, wastewater line connections, and grease traps.
 - Lighting schedule:
 - (a) At least 108 lux (10 foot-candles) at a distance of 30-inches above the floor in walk-in coolers/freezers and dry food storage areas and in other areas/rooms during periods of cleaning. (**Note: The GCCHD recommends a minimum of 440 lux (40 foot-candles) in all walk-in coolers/freezers in order to provide sufficient illumination for cleaning after the units are filled with food items.**)
 - (b) At least 215 lux (20 foot-candles) where food is provided for consumer self-service such as buffets and salad bars, or where fresh produce or packaged foods are sold for consumption. Also, in all areas used for handwashing, warewashing, equipment/utensil storage, and in toilet rooms at a distance of 30-inches above the floor.

PLAN REVIEW SUBMISSION REQUIREMENTS

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- (c) 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.
 - (d) Shatterproof light bulbs or shields/protectors on all light fixtures installed in all food preparation and warewashing areas, and where exposed foods are stored in any applicable pieces of equipment for purposes of display, serving, etc.
- Food Equipment Schedule to include the manufacturer's name and model numbers and listing of commercial-grade equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable). Accreditations accepted are NSF, UL (commercial-grade only), ETL and CSA.
 - Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with.
 - A floor-mounted mop sink or curbed cleaning facility along with the capability for hanging wet mops.
 - Garbage can washing area.
 - Cabinets or shelving appropriate for the storage of toxic chemicals.
 - Dressing rooms, locker rooms, employee rest areas, and/or coat racks.
 - Site plan showing the proposed location for this facility.

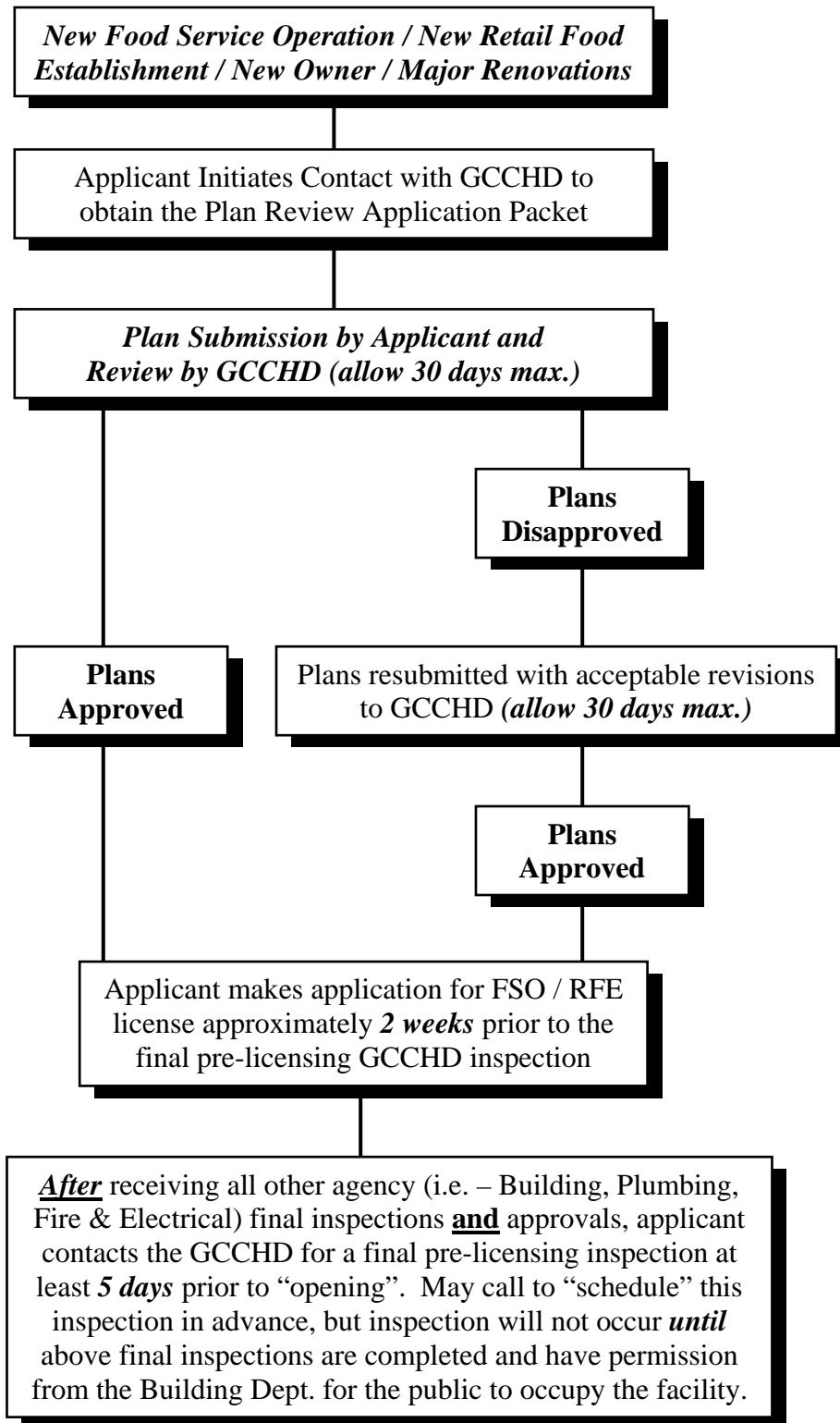
PLAN SUBMISSION PACKAGE CHECKLIST

Please verify each of the following are included with your Plan Submission Package:

- _____ Plan Review Fee of **\$350.00**. Checks must be made out to the Greene Co. Combined Health District. (*Note: No plan review fee is required for FSO/RFE mobile food operations*)
- _____ Completed Plan Review Application and Food Preparation Review and Planning Questions Packet. *Ensure all questions are answered or marked as N/A (not applicable) as appropriate.*
- _____ Proposed Menu (including seasonal, off-site and banquet menus).
- _____ Proposed meal volume for the food operation.
- _____ Manufacturer's name, make and model number for each piece of equipment shown on the submitted Floor Plan. *For sake of clarity, it is highly recommended that manufacturer's cut sheets be provided.*
- _____ **2 sets** of Floor Plans drawn to scale of the food operation showing:
 - ✓ The location and layout of all proposed pieces of equipment and sinks
 - ✓ All overhead lighting, including inside walk-in coolers/freezers
- _____ Finish Schedule (include materials to be used and the final finishes proposed)
- _____ Equipment Schedule (referenced back to the Floor Plan)
- _____ Plumbing Connection Schedule (include connection information and/or an isometric drawing)

***NOTE: FAILURE TO PROVIDE ALL INFORMATION MAY RESULT
IN DISAPPROVAL OF YOUR PLANS***

PLAN REVIEW PROCESS FLOW CHART



OFFICE USE ONLY													
Receipt No.:	_____	Rec'vd Date:	_____	New	_____	Remodel	_____						
Appv'd:	_____	Disappv'd:	_____	Resub:	_____								
Class:	1	2	3	4	Restrictions:	Y	N	Endorsement:	Y	N	25,000:	Under	Over
Rev. San. :	_____			Notes:	_____								

**FOOD SERVICE OPERATION / RETAIL FOOD ESTABLISHMENT
PLAN REVIEW APPLICATION**

Date: _____ **Type:** FSO _____ RFE _____ MOBILE _____

Category: Restaurant _____ Institution _____ Daycare _____ Retail Market _____ Other _____

Establishment Information:

Name of Establishment: _____

Name of Owner: _____

Address: _____

(City) (State) (Zip Code)

Telephone (If Available): _____

Applicant / Owner Information:

Applicant's Name: _____

Title (Owner, Manager, Architect, etc.): _____

Correspondence / Mailing Address: _____

(City) (State) (Zip Code)

Telephone: _____

Projected Date for Start of Project: _____ **Projected Date for Completion:** _____

Proposed Number of Seats: _____ **Total Square Footage of Facility:** _____

Total Square Footage of Non-Food Areas (for retail food establishments only): _____

Days / Hours of Operation: Mon _____ Tues _____ Weds _____ Thurs _____

Fri _____ Sat _____ Sun _____

If Seasonal Operation Month(s) of Operation: _____

Type of Service: Sit Down Meals _____ Take Out _____ Out of Store Catering _____

(Check all that apply)

Catering / Buffets _____ Mobile Vendor _____ Other: _____

Meals To Be Served: Breakfast _____ Lunch _____ Dinner _____ Other _____

Plans Concurrently Submitted To: Building Dept. _____ Fire Dept. _____ Plumbing Div. _____

Other Agency _____

**FOOD PREPARATION REVIEW
AND PLANNING QUESTIONS**

1. Check the categories of Time/Temperature Controlled for Safety (TCS) Foods to be handled, prepared and served:

<u>CATEGORY</u>	<u>(YES)</u>	<u>(NO)</u>
a. Thin meats, poultry, fish, eggs, baluts (Hamburgers, sliced meats, fillets)	()	()
b. Thick meats, whole poultry, ratites (Roast beef, whole turkey, chickens, hams)	()	()
c. Cold processed foods (Salads, sandwiches, vegetables)	()	()
d. Hot processed foods (Soups, stews, rice/noodles, gravy, chowders, casseroles)	()	()
e. Bakery goods (Pies, custards, cream fillings & toppings)	()	()
f. Other: _____		

2. **Food Supplies:**

a. How will dry goods be stored off of the floor? _____

3. **Cold Storage:**

a. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked and ready-to-eat foods? **YES NO** (Please circle)

If answered **YES**, how will potential food-to-food cross-contamination be prevented? _____

4. **Hot / Cold Holding:**

a. How will hot time/temperature controlled for safety (TCS) foods be maintained at 135° F or more during hot holding of food for service?

b. How will cold TCS foods be maintained at 41° F or less during holding for service?

5. **Cooling:**

Please indicate the method(s) by which time/temperature controlled for safety (TCS) foods will be cooled down to 41° F within 6 hours (from 135° F to 70° F in 2 hours and from 70° F to 41° F in 4 hours). Will you use shallow pans, ice baths, reduction in volume or size, rapid chilling, or some other method? Please indicate how and where such cooling will take place.

6. **Cook-Chill / Sous Vide Processes:**

- a. Do you intend on implementing a cook-chill / sous vide process for your time/temperature controlled for safety (TCS) foods? **YES NO** (Please circle) (Reference: Section 3717-1-03.4 (K)(4) – Food Code)
- b. Have you included equipment cut sheets for your sous vide specialty equipment (i.e. – vacuum food sealers, thermal immersion circulators, sous vide cooking controllers, thermal water baths, etc.)? **YES NO** (Please circle)

7. **Reheating:**

- a. Do you intend on reheating any foods within your facility? **YES NO** (Please circle)
- b. If **YES**, how will time/temperature controlled for safety (TCS) foods 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 within 2 hours or less? Please Indicate how and where food will be reheated.

8. **Preparation:**

- a. Which methods will be used to handle ready-to-eat foods? Check all that apply.
Gloves _____ Utensils (i.e. tongs, spatulas) _____ Food-grade paper (i.e. deli paper) _____
- b. Do you intend to allow food employees to handle exposed ready-to-eat foods not serving a highly susceptible population with their bare hands? **YES NO** (Please circle)
- c. How will cooking equipment, cutting boards, counter tops, and other food contact surfaces which cannot be submerged in sinks or put through a dishmachine be sanitized? Please describe.

Chemical Type _____ Concentration _____ Test Kit: **YES NO**
(Please circle)

- d. Will all produce be washed on-site prior to use? **YES NO** (Please circle)

- e. Is there a planned location intended for washing produce? **YES NO** (Please circle & describe).

9. **Person-In-Charge (PIC) / Staffing:**

- a. Will there be a Certified PIC at the facility during all times of operation? **YES NO**
(Please circle)
- b. Have you verified that every PIC (*per shift*) has completed and possesses a Level One or Level Two Certification in Food Protection Training? **YES NO** (**must provide evidence at time of inspection**)
(Please circle)
- c. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? **YES NO** (Please circle and describe (*below*) or attach your employee health policy).

10. **Finish Schedule:**

Applicants must indicate which materials (i.e. – quarry tile, stainless steel, FRP, VCT, vinyl-clad ceiling tiles, gypsum board w/paint, etc.) will be used in the following areas. (***Please provide this information within the submitted plans.***)

11. **Garbage and Refuse:**

- a. Where and how will garbage/refuse be stored inside your facility? _____
- b. Is there an area designated for garbage can or floor mat cleaning? **YES NO** (Please circle)
- c. Will a dumpster be used to collect/store refuse outside the facility? **YES NO** (Please circle)
No. of dumpsters? _____ Size? _____ Freq. of pickup? _____ Contractor _____
- d. Is there a grease storage receptacle? **YES NO** (Please circle)
Describe location and how will be pumped or cleaned.

12. **Plumbing Connections:**

Applicants must specify how the various items (i.e. all sinks, toilets, dishmachine, ice makers, steam wells, etc.) in your facility will be plumbed and connected to the waste system. (***Please provide this information within the submitted plans.***)

13. **Water Supply:**

- a. Is the water supply public () or private ()? (Check which applies)
- b. If private, has the source been approved? **YES NO PENDING** (Please circle)
- c. Is ice made on the premises () or purchased commercially ()? (Check which applies)

- d. Is the hot water tank sufficient for all of the needs of this facility, particularly during peak demand periods? **YES NO** (Please circle)

14. Sewage Disposal:

- a. Is the building connected to a municipal sewer? **YES NO** (Please circle)
- b. Is the building connected to an approved private disposal system? **YES NO PENDING**
(Please circle)
Please attach a copy of written approval and/or permit if applicable.
- c. Are grease traps provided in this facility? **YES NO** (Please circle)

If so, where? _____

Provide schedule for cleaning & maintenance: _____

15. Dressing Rooms / Personal Belongings:

- a. Describe the storage facilities provided for employee's personal belongings (i.e. purses, coats, boots, etc.), and how items will be stored separate from and/or below foods and food contact surfaces?

16. General Facility Considerations:

- a. Are insecticides/pesticides/toxic chemicals (including personal medications) stored separately from cleaning/sanitizing agents as well as away from all foods, food preparation, food contact surfaces and multi-use item storage (i.e. pans, pots, utensils, etc.) areas? **YES NO** (Please circle – if **YES** indicate location)

- b. What is the location of clean linen storage? _____

- c. What is the location of dirty linen storage? _____

- d. Are the containers proposed for use to store bulk food products constructed of food-grade plastic and of safe materials designed to be in direct contact with food? **YES NO** (Please Circle)

Please indicate the type of containers to be used: _____

- e. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks as well as instructions (signs/posters) as to how to properly wash hands? **YES NO** (Please circle)

- f. Are covered waste receptacles available in each restroom? **YES NO** (Please circle)

- g. Is hot and cold running water under pressure available at each handwashing sink (*Note – hot water must be at least 100° F*)? **YES NO** (Please circle)

- h. Are all toilet room doors self-closing? **YES NO** (Please circle)

17. **Sinks:**

- a. Is there a floor-mounted mop sink present? **YES NO N/A** (Please circle)
- b. If the menu dictates, is a food preparation sink present? **YES NO N/A** (Please circle)
- c. If the menu or facility layout dictates, are there dedicated dump sinks present? **YES NO N/A**
(Please circle)
- d. Have you ensured that there is a least one hand sink located within **15 to 18 feet** of all food preparation and warewashing areas within your facility? **YES NO** (Please circle)
- e. Is there a 3-compartment sink with dirty and clean-side drainboards present? **YES NO**
(Please circle)

18. **Dishwashing Facilities:**

- a. Will sinks or a dishmachine be provided for warewashing? _____
(Specify)

High Temp. Machine _____ Booster Heater? **YES NO** (Please circle)

Chemical Machine: _____ (Type of sanitizer)

- b. Does the largest pot and pan fit into each compartment of the pot sink? **YES NO** (Please circle)

If **NO**, then what is the procedure for manually cleaning and sanitizing such food contact surfaces?

- c. Are there drainboards on both ends of the 3-Compartment Sink? **YES NO** (Please circle)

- d. What type(s) of sanitizer(s) will be used in this facility? (Check all that apply)

Test Strips Available?

Chlorine	()	YES	NO	N/A	(Please circle)
Quaternary Ammonia	()	YES	NO	N/A	(Please circle)
Iodine	()	YES	NO	N/A	(Please circle)
Hot Water	()				

- e. Describe how and where will multi-use items (i.e. – pans, smallwares, etc.) be properly air-dried prior to final storage?
