

_____ Breakfast Number of staff: _____
 _____ Lunch Square Feet: _____
 _____ Dinner

Please enclose the following documents:

_____ Proposed menu

_____ Specification sheets for each piece of equipment

_____ Site plan showing location of business in building, location of building on site including alleys, streets and location of any outside facility (dumpsters, walk-ins).

_____ Plan drawn to scale of facility showing location of equipment, plumbing and electrical.

Please make certain the following information is available on the plans or attached on additional documents.

- Details of lighting – location, type and type of shielding or protection.
- Details of ventilation – mechanical or natural, CFM.
- Location and size of all grease traps.
- Location of employee and/or patron restrooms including lavatories, water closets and urinals.
- Location of employee dressing rooms and/or lockers.
- Note that ceilings, walls and floors must be suitably finished to facilitate cleaning. All studs, joists and rafters must not be left exposed. Utility service lines and pipes must not be unnecessarily exposed.
- Details of special operations such as salad bars, bulk foods and vacuum packing.

A. Finish Schedule

Applicant fills in materials (i.e., quarry tile, stainless steel, 4" plastic covered moulding, etc.)

	Floor	Coving	Walls	Ceiling
Kitchen	_____			
Ware washing	_____			
Food Storage	_____			
Other Storage	_____			

Bathrooms _____

Dressing Rooms _____

B. Insect and Rodent Harborage

Applicant: Please check the appropriate boxes.

	Yes	No	N/A
1. Are all outside doors self-closing with rodent proof flashing?	_____	_____	_____
2. Are screen doors provided on outside doors for use in summer?	_____	_____	_____
3. Do all operable windows have a minimum #16 mesh screening?	_____	_____	_____
4. Are all pipes, electrical conduit chases, ventilation systems exhaust and intakes sealed?	_____	_____	_____
5. Is area around building clear of unnecessary brush, litter, boxes or other harborage?	_____	_____	_____
6. Are air curtains used?	_____	_____	_____

C. Garbage and Refuse – Inside

7. Do all containers have lids?	_____	_____	_____
8. Will refuse be stored inside? If so, where? _____	_____	_____	_____
9. Is there a cleaning sink or area?	_____	_____	_____

Garbage and Refuse – Outside

10. Will a dumpster be used? Number _____ Size _____ Frequency of Pick-Up _____ Contractor _____	_____	_____	_____
11. Will a compactor be used? Number _____ Size _____ Frequency of Pick-Up _____ Contractor _____	_____	_____	_____
12. Will cans be stored outside?	_____	_____	_____
13. Describe surface dumpster/ compactor/cans are to be stored _____	_____	_____	_____

D. Plumbing

Please describe back-siphonage protection of the following:

	Air Gap	Air Break	Check Valve	"P" Trap	Vacuum Breaker
14. Water closets	_____	_____	_____	_____	_____
15. Urinals	_____	_____	_____	_____	_____
16. Dishwasher	_____	_____	_____	_____	_____
17. Garbage grinder	_____	_____	_____	_____	_____
18. Ice machines	_____	_____	_____	_____	_____
19. Ice storage bin	_____	_____	_____	_____	_____
20. Sinks	_____	_____	_____	_____	_____
21. Steam tables	_____	_____	_____	_____	_____
22. Dipper wells	_____	_____	_____	_____	_____
23. Refrigerators	_____	_____	_____	_____	_____
24. Hose connection	_____	_____	_____	_____	_____
25. Potato peeler	_____	_____	_____	_____	_____
26. Soap dispensers (wall mounted, individual freestanding pump dispensers, and numbers. _____)					
27. Hand drying facilities (paper towels, air blower, etc.) _____					
28. Describe waste receptacles in each restroom: _____					

E. Water Supply

29. Is water supply public _____ or private _____?
30. If private, has source been approved? Yes ___ No ___ Pending ___
Please attach a copy of written approval
31. Is ice made on premises _____ or made commercially _____?
If on premises, are specifications of machine enclosed? Yes ___ No ___
Describe provision for ice scoop storage: _____

F. Sewage Disposal

32. Is building connected to municipal sewer? ___ Yes ___ No
33. If no, has private disposal system been approved? ___ Yes ___ No

G. Dressing Rooms

34. Are separate dressing rooms provided? ___ Yes ___ No
35. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.): _____

H. General

36. Describe facilities for separation of storage of insecticides and detergents/sanitizers/cleaning agents/caustics/acids/polishes and first-aid supplies/personal medications? _____

37. Is laundry facility located on the premises? Yes No
If yes, what will be laundered? _____
Is location physically separated from food preparation areas and ware washing?
 Yes No

38. Location of clean linen storage: _____

39. Location of dirty linen storage: _____

Exhaust Hoods

Hood Locations: _____

Odor Supp. Device: _____

Square Feet: _____

Fire Protection: _____

Air Capacity/CFM: _____

I. Sinks

40. Is a separate mop sink present? Yes No
If no, please describe facility for cleaning of mops and other equipment: _____

41. Is a separate food preparation sink present? Yes No

42. Is a separate hand-washing sink present in the food preparation area?
 Yes No

J. Dishwashing Facilities

43. Will sinks or a dishwasher be used for ware washing?
Dishwasher _____
Two compartment sink _____
Three compartment sink _____

44. Dishwasher
Type of sanitization used:
Hot water (temp. provided) _____
Booster heater _____

Chemical type _____

45. Does the largest pot and pan fit in each compartment? ___ Yes ___ No

46. Are there drain boards on both ends? ___ Yes ___ No

47. If two compartment sink is used, what method will be used for utensil washing? _____

48. What type of sanitizer is used:

Chlorine _____

Iodine _____

Quaternary ammonium _____

Hot water _____

Please make certain the corresponding test kits are available at the preopening inspection.

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

Signature(s): _____

Date: _____

Approval of these plans and specifications by this Health Department *does not* indicate compliance with any other code, law or regulations that may be required, federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

Reviewer's Checklist

Sat. Unsat. N/A Insuff. Information

1. Finish Schedule
 - Kitchen
 - Ware washing
 - Food Storage
 - Other Storage
 - Bathrooms
 - Dressing Rooms
2. Insect and Rodent Harborage
3. Garbage and Refuse
4. Plumbing
5. Water Supply
6. Sewage Disposal
7. Dressing Rooms
8. Separate Storage of toxics

- 9. Laundry Facilities
- 10. Linen Storage
- 11. Exhaust Hoods
- 12. Sinks
- 13. Dishwashing
- 14. Lighting
- 15. Ventilation
- 16. Grease Traps
- 17. Employee Restrooms
 - Location
 - Number _____
 - Soap
 - Hand Drying
 - Lavatories
 - Water Closets
 - Urinals
 - Waste Receptacles
- 18. Patrons Restrooms
 - Location
 - Number _____
 - Soap
 - Hand Drying
 - Lavatories
 - Water Closets
 - Urinals
 - Waste Receptacles
- 19. Kitchen Equipment
 - a. Space between units or wall closed or adequate space for easy cleaning.
 - b. Aisles sufficient width
 - c. Storage 6" off floor
 - d. Countertops and cutting boards of suitable material
 - e. Self serve food area Adequately protected.
 - f. Built-in external temperature gauges or provision for separate internal thermometers noted for each piece of refrigerated equipment.
 - g. Utensil and Kitchen Storage
 - Clean
 - Soiled
 - h. Counter mounted equipment
 - i. Floor mounted equipment

j. Vacuum packaging equipment

k. Bulk food

l. Self service

Salad

Hot/Cold Buffet

Comments: (Note why any item was noted "Unsatisfactory")

Reviewer's Signature

Date

Reviewer's Title

Approval: _____

Date _____

Disapproval: _____

Date _____

Reason(s) for disapproval:
