

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 1/4 inch = 1 foot. This is to allow for ease in reading plans.
2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
9. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
 - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
 - d. Lighting schedule with protectors;
 - (1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
 - (2) At least 220 lux (20 foot candles):
 - (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
 - (b) Inside equipment such as reach-in and under-counter refrigerators;
 - (c) At a distance of 75 cm (30 inches) above the floor in areas used for hand washing, ware washing, and equipment and utensil storage, and in toilet rooms; and
 - (3) 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.
 - e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).
 - f. 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;
 - g. A color coded flow chart demonstrating flow patterns for:
 - food (receiving, storage, preparation, service);
 - food and dishes (portioning, transport, service);
 - dishes (clean, soiled, cleaning, storage);
 - utensil (storage, use, cleaning);
 - trash and garbage (service area, holding, storage);
 - h. Ventilation schedule for each room;
 - i. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
 - j. Garbage can washing area/facility;
 - k. Cabinets for storing toxic chemicals;
 - l. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;
 - m. Completed Section 1;
 - n. Site plan (plot plan)

FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF'S) to be handled, prepared, and served.

Category*

- | | Yes | No |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Thick meats, whole poultry (roast beef, whole turkey, chickens, or hams) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cold processed foods (salads, sandwiches, vegetables) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Bakery goods (pies, custards, cream fillings, and toppings) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |

*A generic HACCP plan for each category of food may be available from TCHD for reference.

HACCP PLAN REQUIREMENTS

Special Processes Requiring a HACCP Plan:

HACCP: A written document that delineates the formal procedures for following the HAZARD Analysis and CRITICAL CONTROL POINT principles developed by The National Advisory Committee on Microbiological Criteria for Foods.

- *Reduced Oxygen Packaging (ROP)* The term ROP can be used to describe any packaging procedure that results in a reduced oxygen level in a sealed package. The term is often used because it is an inclusive term and can include packaging options such as: *Cook-chill, Controlled Atmosphere Packaging (CAP), Modified Atmosphere Packaging (MAP), Sous Vide, Vacuum Packaging*
- *Other Food Manufacturing/Processing Operations*
- *Smoking and Curing* (for preservation not for flavoring)
- *Fermentation and Dehydration*
- *Raw juicing for Retail sale*

If you are unsure if you have a special process that would require a HACCP Plan or have questions, please contact an inspector at the health department for more information.

FOOD SUPPLIES

- Are all food supplies from inspected and approved sources? Yes No
- What are the projected frequencies of deliveries for:
 - Frozen foods _____
 - Refrigerated foods _____
 - Dry goods _____
- How will dry goods be stored off the floor? _____

COLD STORAGE

- Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat food? Yes No
If yes, how will cross-contamination be prevented? _____

- Does each refrigerator/freezer have a thermostat? Yes No

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD

Please indicate by checking the appropriate boxes how frozen Potentially Hazardous Food (PHF's) in each category will be thawed. More than one method may apply.

Thawing Method	Thick Frozen Foods (more than an inch)	Thin Frozen Foods (approx. one inch or less)
➤ Refrigeration		
➤ Running water less than 70°F (21°C)		
➤ Microwave (as part of cooking process)		
➤ Cooked from frozen state		
➤ Other (describe)		

COOKING

- What type of temperature measuring devices will be available: _____
- List types of cooking equipment: _____

HOT/COLD HOLDING

- How will hot PHF's be maintained at 140°F (60°C) or above and cold PHF's be maintained at 41°F (5°C) or below during holding service?
 Indicate type and number of hot holding units: _____

COOLING

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F (5°C) within 6 hours (140°F to 70°F in 2 hours and 70°F to 41°F in 4 hours).

Cooling Method	Thick Meats	Thin Meats	Thin Soups/Gravy	Thick Soups/Gravy	Rice/Noodles
Shallow pans					
Ice Bath					
Reduce volume/size					
Rapid chill					
Other (describe)					

REHEATING

How will PHF's 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. Indicate type and number of units used for reheating foods: _____

PREPARATION

- Please indicate all employees that have documented food safety training:

Total number of employees: _____ Number of certified food managers: _____ Number of certified food handlers _____

- Will disposable gloves be available for handling of ready-to-eat foods? Yes No
- Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? Yes No
- 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 sanitized?

Chemical Type:

- Chlorine
- Iodine
- Quaternary Ammonium
- Hot Water
- Other

Test Kit: Yes No

- Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise, and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? Yes No

If not, how will ready-to-eat foods be cooled to 41°F? _____

- Will all produce be washed on-site prior to use? Yes No
- Is there a planned location used for washing produce? Yes No

Please describe produce washing area: _____

- Describe the procedure for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F-140°F) during preparation: _____
- _____
- _____

- Will the facility be serving food to a *highly susceptible population? Yes No

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

* **Highly Susceptible Population:** Persons who are more likely than other people in the general population to experience foodborne disease because they are:

(1) Immunocompromised; preschool age children, or older adults; and

(2) Obtaining FOOD at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such as a senior center.

FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic covered molding, etc.) will be used in the following areas:

AREA	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Ware Washing Area				
Walk-in Refrigerators & Freezers				

INSECT AND RODENT CONTROL

- Will all outside doors be self-closing and rodent proof? Yes No NA
 - Are screen doors provided on all entrances left open to the outside? Yes No NA
 - Do all operable windows have a minimum #16 mesh screening? Yes No NA
 - Is the placement of electrocution devices identified on the plan? Yes No NA
 - Will all pipes and electrical conduit chases be sealed and ventilation systems, exhaust, and intakes protected? Yes No NA
 - Is area around the building clear of unnecessary brush, litter, boxes, and other harborage? Yes No NA
 - Will air curtains be used? Yes No NA
- If yes, where? _____

GARBAGE AND REFUSE

Inside

- Do all containers have lids? Yes No
 - Will refuse be stored inside? Yes No
- If so, where? _____
- Is there an area designated for garbage can or floor mat cleaning? Yes No NA

Outside

- Will a dumpster be used? Yes No NA Number: _____ Size: _____ Stored on Non-porous Surface? Yes No
Frequency of Pickup: _____ Contractor: _____
- Will a compactor be used? Yes No NA Number: _____ Size: _____ Frequency of Pickup: _____
Contractor: _____

PLUMBING CONNECTIONS

○ Are floor drains provided and easily cleanable? Yes No NA

If so, indicate location: _____

Please mark all that apply on table below

Plumbing Fixture	Air Gap	Air Break	Integral Trap*	"P" Trap*	Vacuum Breaker	Condensate Pump
Toilet						
Urinals						
Dishwasher						
Garbage Grinder						
Ice Machines						
Ice Storage Bin						
Sinks Mop Janitor Hand Wash 3 Compartment 2 Compartment 1 Compartment Water Station						
Steam Tables						
Dipper Wells						
Refrigeration Condensate/ Drain Lines						
Hose Connection						
Beverage Dispenser w/Carbonator						
Other						

*Trap: a fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A "P" trap is a fixture trap that provides a liquid seal in the shape of the letter "P". Full "S" traps are prohibited.

WATER SUPPLY

- Is water supply public or private? Public Private
- If private, has source been approved? Yes No Pending

Please attach a copy of written approval and/or permit.

- Is ice made on premises or purchased commercially? Made on Premises Purchased Commercially
- If made on premise, are specifications for the ice machine provided? Yes No

Describe provision for ice scoop storage: _____

- What is the capacity of the water heater? _____ gallons
- Is there a water treatment device? Yes No

If yes, how will the device be inspected and serviced? _____

SEWAGE DISPOSAL

- Is building connected to a municipal sewer? Yes No
- If no, is private disposal system approved? Yes No Pending

Please attach copy of written approval and/or permit

- Are grease traps provided? Yes No

If so, where? _____

Provide schedule for cleaning and maintenance: _____

GENERAL

- Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, etc.): _____

- Are insecticides/rodenticides stored separately from cleaning and sanitizing agents? Yes No

Indicate location: _____

- Are all chemicals for use on the premise or for retail sale, stored away from food preparation and storage areas? Yes No

Indicate location: _____

- Will linens be laundered on site? Yes No

If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

Location of clean linen storage: _____

Location of dirty linen storage: _____

- Are bulk food containers constructed of food grade materials? Yes No

Indicate type: _____

GENERAL (CONT'D)

Indicate all areas where exhaust hoods are installed

Equipment Type	Hood Type	Square Feet	Fire Protection	Air Capacity CFM	Air Makeup CFM

- How are the listed ventilation hood systems cleaned? _____

SINKS

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

- If the menu dictates, is a food preparation sink present? Yes No

DISHWASHING FACILITIES

Will sinks or a dishwasher be used for ware washing?

- Dishwasher
- Two compartment sink
- Three compartment sink

Type of sanitization used:

Hot Water (provide temp): _____

Booster Heater: _____

Chemical Type:

- Chlorine
- Iodine
- Quaternary Ammonium
- Other

Is ventilation provided? Yes No

- Do all dish machines have templates with operating instructions? Yes No
- Do all dish machines have temperature/pressure gauges as required that are accurately working? Yes No
- Does the largest pot and pan fit into each compartment of the pot sink? Yes No

If no, what is the procedure for manual cleaning and sanitizing? _____

- Are there drain boards on both ends of the pot sink? Yes No
- Are test papers and/or kits available for checking sanitizer concentration? Yes No

HANDWASHING/TOILET FACILITIES

- Is there a handwashing sink in each food preparation and warewashing area? Yes No
- Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? Yes No
- Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? Yes No
- Is hand cleanser available at all handwashing sinks? Yes No
- Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? Yes No
- Are covered waste receptacles available in each restroom? Yes No
- Is hot and cold running water under pressure available at each handwashing sink? Yes No
- Are all toilet rooms' doors self-closing? Yes No
- Are all toilet rooms equipped with adequate ventilation? Yes No
- Is a handwashing sign posted in each employee restroom and at all handwashing sinks? Yes No

SMALL EQUIPMENT REQUIREMENTS

Please specify the number, location, and types of each of the following:

Equipment	Type	Quantity	Location
Slicers			
Cutting Boards			
Can Openers			
Mixers			
Floor Mats			
Other			

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

Signature(s): _____ Date: ____/____/____

Owner(s) or Responsible Representative(s) Date: ____/____/____

Approval of these plans and specifications by this 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 in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Approved: _____ Date: ____/____/____
Inspector Signature