

Commonwealth of Virginia

Date Received: _____

Chesapeake Health Department Environmental Health

748 North Battlefield Boulevard
Chesapeake, VA 23320
(757)382-8672 Fax (757) 382-8713



FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Application Type: New Remodel Smoking Status: _____

Name of Establishment: _____

Establishment Type: Full Service Fast Food Caterer Hospital School Concession
 Other (please explain) _____

Address: _____

Phone if available: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Architect's Name: _____

Point of Contact: _____

Mailing Address: _____

Telephone: _____

I have submitted plans/applications to the Chesapeake Department of Development & Permits:

Yes (date: _____) No

Projected Date for Completion of Project: _____

Number of Seats: _____

Have the following documents been submitted?

- Proposed Menu (including seasonal, off-site and banquet menus)
- Manufacturer Specification sheets for each piece of equipment shown on the plan
- Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, waste grease containers, well, septic system - if applicable)
- Architectural plans drawn to scale of food establishment showing location of equipment, plumbing, electrical services (including lighting), mechanical ventilation and room finishes

FOOD PREPARATION REVIEW

CATEGORY *(Which categories of potentially hazardous foods (PHFs) will be handled, prepared and served?)*

1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets; legs; wings)..... YES NO
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)..... YES NO
3. Cold processed foods (salads, sandwiches, vegetables) YES NO
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles) YES NO
5. Bakery goods (pies, custards, cream fillings & toppings) YES NO
6. Other: _____

FOOD SUPPLIES:

1. What are the projected frequencies of deliveries for frozen foods _____, refrigerated foods _____, and dry goods _____?
2. How will dry goods be stored off the floor? _____

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen and refrigerated foods at 41°F (5°C) and below? YES NO
2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES NO
If yes, how will cross-contamination be prevented?

3. Is there a bulk ice machine available? YES NO

THAWING:

How will frozen foods be properly thawed?

COOKING:

What type of food thermometer will be used to insure proper internal cooking (reheating) temperatures of PHFs are met? _____

HOT/COLD HOLDING:

1. How will hot PHFs be maintained at 135°F (57°C) or above during holding for service? Indicate type and number of hot holding units.

2. How will cold PHFs be maintained at 41°F (5°C) or below during holding for service? Indicate type and number of cold holding units.

COOLING:

How will foods be properly cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours)?

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? Indicate type and number of units used for reheating foods.

PREPARATION:

1. Please list foods prepared more than 12 hours in advance of service.

2. How will food employees be trained in good food safety practices?

3. How will ready-to-eat foods be handled to prevent bare hand contact?

4. 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: _____

5. Will a chemical wash be used for produce?..... YES NO

If yes, please describe: _____

6. Will the facility be serving food to a highly susceptible population (i.e. the elderly, children, or those with weakened immune systems)? YES NO

If yes, how will foods be safely transferred between the kitchen and service areas?

FINISH SCHEDULE

Indicate which materials (tile type, stainless steel, 4" plastic coving, etc.) will be used in these areas.

AREA	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing/Locker Rooms				
Garbage and Refuse Storage Area				
Mopsink Area				
Warewashing Areas				
Walk-in Refrigerators and Freezers				

1. Will all outside doors be self-closing, rodent proof and open outward? YES NO
2. Are screen doors provided on all entrances left open to the outside? YES NO
3. Do all openable windows have a minimum #16 mesh screening? YES NO
4. Is the placement of electrocution devices (bug zappers) identified on the plan? YES NO
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected against pest entry? YES NO
6. Is area around building clear of unnecessary brush, litter, boxes and other harborage? YES NO
7. Will air curtains be used? YES NO
If yes, where? _____

8. Are all drive-thru or service windows self-closing? YES NO
9. Has a state licensed pest control service been contracted? YES NO
- If yes, name and service frequency: _____

GARBAGE AND REFUSE

10. Will refuse be stored inside? YES NO
- If so, where? _____
12. Is there an area designated for garbage can or floor mat cleaning? YES NO
13. Will a dumpster be used? YES NO
- Number _____ Size _____ Frequency of pickup _____
- Contractor _____
13. Will garbage cans be stored outside? YES NO
14. Describe surface and location where dumpster/compactor/garbage cans are to be Stored:
- _____
15. Describe location of grease storage receptacles:
- _____
16. Is there an area to store recyclable containers? YES NO
- If yes, what materials are to be recycled? _____
- _____

PLUMBING CONNECTIONS

18. Is all water supply equipment installed to prevent back siphonage? YES NO
19. Are floor drains provided easily cleanable?..... YES NO

WATER SUPPLY

20. Is water supply public or private? _____
21. If private, has source been approved?..... YES NO
- **Please attach copy of written approval and/or permit.*
22. Is ice made on premises or purchased commercially? _____
23. What is the capacity of the hot water heater?
- _____
24. Is there a water treatment device?..... YES NO
- If yes, how will the device be inspected & serviced?
- _____
- _____

SEWAGE DISPOSAL

25. Is building connected to city sewer?..... YES NO
26. If no, is private disposal system approved? YES NO
- **Please attach copy of written approval and/or permit.*

27. Are grease traps provided?..... YES NO
If so, where? _____
Provide schedule for cleaning & maintenance. _____

DRESSING ROOMS

28. Are dressing rooms with lockers provided?..... YES NO
If not describe storage facilities for employees' personal belongings (i.e. purses, coats)

GENERAL

29. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas?..... YES NO
30. Will linens be laundered on site? YES NO
If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

31. Is a laundry dryer available?..... YES NO
32. What type of containers are used to store bulk food products?

33. Are all areas properly vented and hood systems approved by the Fire Marshall? YES NO

SINKS

34. Is a separate food preparation sink provided?..... YES NO
** If yes, an air gap must be provided in the drain pipe.

DISHWASHING FACILITIES

35. What method will be used for warewashing?
 Three compartment sink
 Dishwasher
Type of Dishwasher:
Hot Water Sanitizing (temp. provided) _____
Chemical Sanitizing _____
Is ventilation provided?..... YES NO

36. Do all dish machines have templates with operating instructions, water temperature and/or chemical requirements YES NO
37. Do all dish machines have properly working temperature/pressure gauges and alarms or visual display for low chemicals as required? YES NO

38. Does the largest pot/pan fit in all compartments of the three compartment sink? YES NO
If no, what is the procedure for manual cleaning and sanitizing?

39. Are there drain boards on both ends of the three compartment sink? YES NO

40. What type of sanitizer is used? _____

HANDWASHING/TOILET FACILITIES

41. Is there a handsink in each food preparation and warewashing area? YES NO

42. Do all handsinks, including those in the restrooms, have a mixing valve or combination faucet?
allowing hot and cold water? YES NO

43. If installed, do self-closing metering faucets provide a flow of water for at least 15 seconds without the need
to reactivate the faucet? YES NO

44. Is hand cleanser available at all hand sinks?..... YES NO

45. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand sinks? ... YES NO

46. Are covered waste receptacles available in all ladies' restrooms? YES NO

47. Are hot and cold running water under pressure available at each handsink, with hot water reading at least
100°F?..... YES NO

48. Are all toilet room doors self-closing?..... YES NO

49. Are all toilet rooms equipped with adequate ventilation? YES NO

50. Is a handwashing sign posted at all hand sinks? YES NO

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 Chesapeake Health Department may nullify final approval.

Signature(s) _____ Date: _____

Print Name(s) _____

Approval of these plans and specifications by the Chesapeake Health Department 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 & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.