

Marion County Health Department Plan Review Worksheet

Fixed Food Establishment Plan Review **Worksheet**

To be completed by the operator and submitted to the Marion County Health
Department, 300 Second Street, Fairmont, WV 26554

Establishment

Name: _____

Address: _____

City, State, Zip: _____

Food Manager Knowledge

Under the FDA Food Code of 2005, as amended, retail food establishments are required to have a person in charge (PIC) during all hours of operation and employee at least managerial employee under a program accredited by American National Standards Institute.

1. Check all that apply

- A designated person in charge that can demonstrate knowledge of: foodborne disease prevention, application of food safety (HACCP) principles, and the requirements of the Food Code, will be available during all hours of operation. (REQUIRED)
- Certified Managerial Employees under ANSI Requirements is provided (REQUIRED)
- Standard operating procedures (SOP) including a policy that excludes or restricts food workers who are ill or have infected cuts or lesions*

Food Preparation Review

2. How will potentially hazardous food (time/temperature control for safety food) be thawed? (Check all that apply)

<u>Thawing Method</u>	Foods less than 1" thick	Foods more than 1" thick
Refrigeration		
Running water (less than 70 °F)		
Microwave as part of cooking process		
Cook from frozen		
Other:		

3. Cooking and reheating potentially hazardous food (time/temperature control for safety food): List all cooking and reheating equipment and check all applicable boxes.

Equipment Name	Cooking	Reheating	New	Used	NSF Approved or Equivalent

4. Hot and cold holding of potentially hazardous food (time/temperature control for safety food): List all hot and cold holding equipment and check all applicable boxes.

Equipment Name	Hot Holding	Cold Holding	New	Used	NSF Approved Or Equivalent

5. Will ice be used as a refrigerant for potentially hazardous foods (time/temperature control for safety food)? Yes No
 If yes, describe which foods will be held on ice, for how long, where this will occur and the source of the ice.

6. Will time be used for bacterial growth control, instead of hot or cold holding? Yes No
 If yes, submit a list of the foods involved and the standard operating procedures that will be used to monitor the use of time as a control.

7. Cooling Potentially Hazardous Food: List foods that will be cooled using each of the following methods. Foods must be cooled from 135°F to 70°F in 2 hours or less and with a total of 6 hours from 135°F to 41°F or less.

- A. Shallow pans in refrigerator: _____
- B. Ice baths: _____
- C. Volume reduction (e.g., quartering a large roast): _____
- D. Rapid chill devices (e.g., blast freezers): _____
- E. Ice paddles: _____
- F. Other: _____

8. Food Preparation

A. List foods that will be prepared a day or more in advance of service or sale.

B. How will employees avoid bare-hand contact with ready-to-eat foods? (Check all that apply)

- | | | | |
|--------------------------|-------------------|--------------------------|-------------------|
| <input type="checkbox"/> | Disposable gloves | <input type="checkbox"/> | Suitable utensils |
| <input type="checkbox"/> | Deli tissue | <input type="checkbox"/> | Other: _____ |

C. Will produce be cleaned on-site? Yes No

D. If C is yes, describe which sink(s) will be used for food preparation.

9. Date Marking:

When potentially hazardous food (time/temperature control for safety food) is ready-to-eat and will be kept under refrigeration for more than 24 hours after preparation / opening, a date marking system must be utilized. Note: The day of preparation counts as Day 1.

A. Will the establishment have food items that must be date marked? ___ Yes ___ No

If yes, describe the date marking system that will be used and provide written standard operating procedures.

10. Catering/Off-Site/Satellite:

Complete if establishment will cater foods to another location or performing any cooking or preparations off-site at other locations.

A. List menu items

B. Maximum number of meals per day taken to or prepared at off-site location

C. How will hot food be held at proper temperature during transportation and at the remote serving location?

D. How will cold food be held at proper temperature during transportation and at the remote serving location?

E. What types of vehicles will be used to transport food?

F. What types of sneeze guards or food protection devices will be used?

Dishwashing

11. Dishwashing methods (check all that apply) ___ Dishmachine ___ Sink

Dishwashing Sinks	Length (inches)	Width (inches)	Depth (inches)
A. Sink 1, Size of compartments			
B. Sink 2, Size of compartments			
C. Sink 3, Size of compartments			

D. What is the largest item that will have to be washed in a sink and its size?

E. List the location of all garbage disposals:

General

12. Will employee dressing rooms be provided? ___ Yes ___ No
 (See manual part 16.)

13. If no, describe how personal belongings will be stored:

14. Check which of the following will be used ___ Washer ___ Dryer
 on-site:

15. Describe what will be laundered on-site: _____

16. What type of mop sink will be provided (e.g., curbed floor drain, mop sink on legs, etc)?
 See manual part 8.

Room Finish Schedules

Fill in materials to be used (See manual part 10)

Area	Floor	Coving*	Wall	Ceiling
17. Preparation				
18. Cooking				
19. Dishwashing				
20. Food Storage				
21. Bar				
22. Dining				
23. Employee Restrooms				
24. Dressing Room				
25. Walk-In Refrigerator				
26. Walk-In Freezer				
27. Garbage Room				
28. Janitor Closet				
29.				
30.				

*List the material that will be used to provide a smooth, rounded and cleanable surface where the floor and wall joins. **Note:** Please explain abbreviations.

Water Supply

31. Will the water supply be: ___ Municipal ___ Existing on-site ___ New on-site
32. If an on-site water supply is being used, is the local health department in the process of approving? ___ Yes ___ No*

Sewage Disposal

33. Will the sewage disposal be: ___ Municipal ___ Existing on-site ___ New on-site
34. If an on-site sewage system is being used, is the System permitted and approved? ___ Yes ___ No*
Permit Number _____

NOTE: Permit to Operate cannot be issued without an approved sewage disposal system.

Insect and Rodent Control

35. Will outside doors be self-closing? ___ Yes ___ No
36. Will the facility have a drive-thru or walk-up window? ___ Yes ___ No
37. If 36 is yes, describe how insects will be kept out (e.g., self-closer, air curtains, etc.)

38. Are other openable windows screened? ___ NA ___ Yes ___ No

39. Will openings around pipes, electrical conduits, chases and other wall perforations be sealed? ___ Yes ___ No

40. Will garage-style or loading bay doors be present? ___ Yes ___ No

41. If 40 is yes, how will garage style or loading doors be protected against vermin entry?

Solid Waste Storage

42. Outside Storage

A. What type of storage will be used?* ___ Compactor* ___ Dumpster* ___ Cans

B. What type of surface will be under the container? _____

C. What is the minimum pick-up frequency? _____

*Remember to show details on site plan, including unit location and slope of surface under the unit.

43. Inside Storage

A. Describe how garbage, boxes, etc., will be stored inside:

B. Describe any inside storage or cleaning area (e.g., garbage can cleaning area):

C. Will any compactors or dumpsters be located inside? If yes, show on plans. Yes No

D. Describe any area where damaged merchandise returned for credit to vendor will be stored:

E. Describe how waste grease will be handled and stored: _____

F. Describe how and where recyclables will be stored: _____

G. Check the types of materials that will be recycled:

Glass Metal Paper Cardboard Plastic

Plumbing Cross-Connections

The following technical information is needed on the proposed plumbing. This section is best completed by a qualified plumber, architect or engineer. Be sure to include all devices, equipment and fixtures that have cross-connection protection. Remember to complete both the water supply and waste side (e.g., a dishwasher may have an AVB on the water supply and an air-gapped drain).

Fixture	Sewage Disposal			Water Supply					
	Air Gap	Air Break	Direct Connect	AVB	PVB	RPZ	VDC	HB	Air Gap
44. Dishwasher									
45. Glasswasher									
46. Garbage grinder									
47. Ice machines									
48. Ice storage bin									
49. Mop sink faucet									
50. 3 compartment sink									
51. 2 compartment sink									
52. 1 compartment sink									
53. Steam tables									
54. Dipper wells									
55. Hose connections									
56. Refrigeration condensate drain lines									
57. Beverage dispenser with carbonator									
58. Water softener									
59. Potato peeler									
60. Walk-in floor drain									
61. Chinese range									
62. Detergent feeder on faucet									

63. Outside sprinkler or irrigation system									
64. Power washer									
65. Retractable hose reel									
66. Toilet									
67. Urinal									
68. Boiler									
69. Bain-marie									
70. Espresso machine									
71. Combi-style oven									
72. Kettle									
73. Rethermalizer									
74. Steamer									
75. Overhead spray rinse									
76. Hot water dispenser									
77.									
78.									
AVB = atmospheric vacuum breaker					HB = hose bib vacuum breaker				
PVB = pressure vacuum breaker					VDC = vented double check valve				
RPZ = reduced pressure principle backflow preventer									

Formula Information

Several calculations are required to determine if there will be adequate hot water, ventilation, dry storage space and refrigerated storage space. The information requested on the following two pages provides the necessary data for performing calculations.

79. Hot Water

List each type of plumbing fixture that uses hot water	# fixtures
Handsinks	
Bathroom Sinks	
1 Compartment Sink	
2 Compartment Sink	
3 Compartment Sink	
Vegetable Sink	
Overhead Spray Rinse	
Bar Sink _____ 3 compartment _____ 4 compartment	
Cook Sink	
Hot Water Filling Faucet	
Bain-marie	
Coffee Urn	
Kettle Stand	
Garbage Can Washer	
9 & 12 lb. Clothes Washer	
16 lb. Clothes Washer	
Employee Shower	
Mop Sink	
Dishmachine ___ hot water ___ chemical	
Dishmachine Make & model: _____	
Other:	
Other:	

80. Water Heater #1 Manufacturer: _____ Model number: _____

A. Hot water heater proposed size: Electric _____ KW
 Gas _____ BTU's Thermal Efficiency: _____ %
 B. Hot water heater storage capacity: _____ gallons
 C. Hot water heater recovery rate: _____ gallons per hour (@100° rise)

Attach information for any additional water heaters. Specify what area each water heater services and whether or not units will be installed in parallel.

81. Do hot water heater(s) serve any non-food equipment areas?
 If yes describe: _____

82. Dishmachine Booster Heater _____ KW _____ BTU Make _____ Model # _____

83. Refrigerated and Dry Food Storage

It is essential that a reliable estimate be made of the number of customers that are served or buy food between deliveries, in order to calculate dry and refrigerated storage capacities.

A. # meals or people served per day = _____
 B. # days between deliveries = _____ Dry Food _____ Refrigerated Items _____
 C. # meals between deliveries (AxB =) Dry Food _____ Refrigerated Items _____

Please describe any assumptions made in determining the meal quantity estimate:

84. Refrigerated Storage

Walk-in Item #	**Interior Usable Height (ft)	Interior Length (ft)	Interior Width (ft)

*Upright Item #	Interior Depth (in)	Interior Width (in)	Interior Height (in)

*Working, preparation and line refrigerators should not be included. Only storage units.

85. Dry Storage

Storage Rooms*

**Usable room height (ft)	Interior Length (ft)	Interior Width (ft)

*Please note the location of any auxiliary storage (i.e outside storage).
 **To determine usable height, determine height from floor to ceiling, then subtract height of food off floor (usually 6") and height of food from ceiling (usually 12-18").

Or, if there is no dry storage room proposed:

For full height shelves

Total Shelving Length (ft)	Shelving Width (ft)

Suggestion Sheet Food Establishment Plan Review Worksheet

Suggestions for changes to this plan review worksheet are welcomed from all users (e.g, food service operators, architects, engineers and regulators, etc.). Revisions to documents are made periodically as needed. Thank you for taking the time to submit your ideas.

Name: _____ Phone: _____ Fax: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Submit to:
Marion County Health Department
300 Second Street
Fairmont, WV 26554
Fax: 304.363.8217
Email : lloyd.r.white@wv.gov

For suggested changes, please list section specific location in document. You may list your suggestions below or attach separate sheets. Please be specific and clear.
