



**Delaware General Health District**

*Dedicated to your health.*

1 W. Winter St. PO Box 570 Delaware, OH 43015 Phone: (740)368-1700 Fax: (740)368-1736

**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

**Instructions:**

1. Complete all applicable sections below
2. Sign and Date the application
3. Make check or money order for the appropriate fee (see brochure) payable to: Delaware General Health District
4. Return the application with appropriate fee and enclose the items listed below under Format Specifications for Plans

(please circle)  **NEW**  **REMODEL**

**Name of Establishment:** \_\_\_\_\_

**Address of Establishment:** \_\_\_\_\_

Phone for Establishment (if available): \_\_\_\_\_ /Fax #: \_\_\_\_\_

**Name of Owner(s)/License Holder:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ /Fax #: \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Title (owner, manager, architect, etc.):** \_\_\_\_\_

**Mailing Address(if different from above):** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ /Fax #: \_\_\_\_\_

**Email address:** \_\_\_\_\_

Projected Start Date of Project: \_\_\_\_\_ Projected Date of Completion of Project: \_\_\_\_\_

Days and hours of proposed operation: \_\_\_\_\_

**Reminder that you must submit plans/applications to the following authorities (as applicable):**

**Plumbing, Zoning, Electric, Building, Fire**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

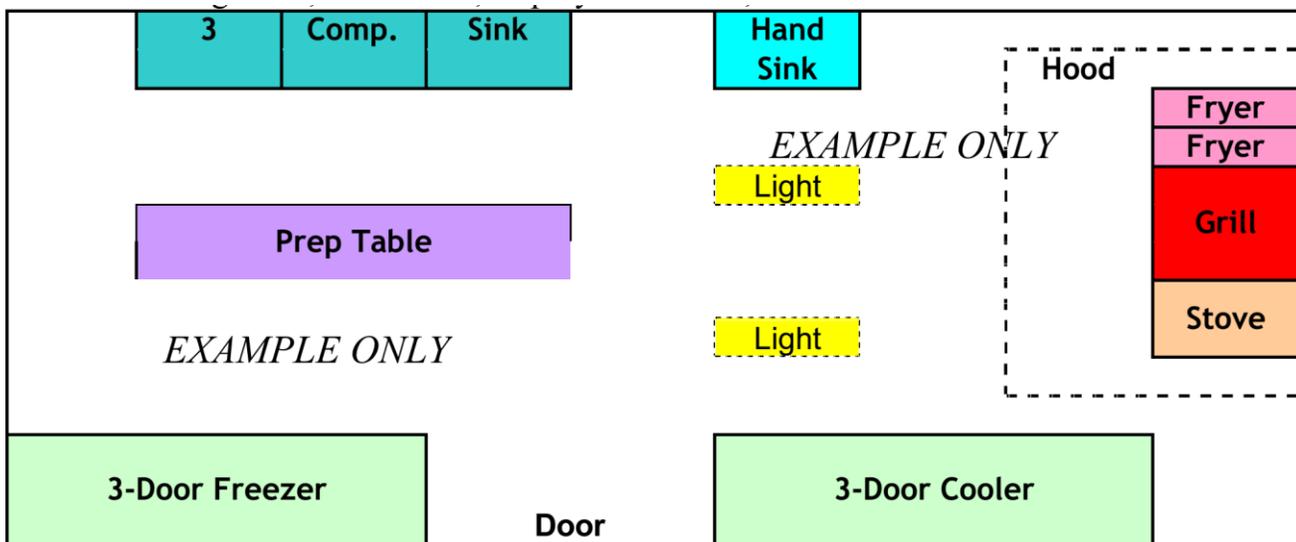
**FOR DEPARTMENT USE ONLY**

|                      |                    |                            |
|----------------------|--------------------|----------------------------|
| Risk Level: _____    | Sq. Footage: _____ | RFE or FSO                 |
| Plan Review #: _____ | Fee: _____         | Sanitarian assigned: _____ |

## Format Specifications for Plans:

- **Plans are to be to scale** at a minimum of ¼ inch = 1 foot. This is to allow for ease of reading the plans.
- Each piece of equipment (large or small) is to be designated on the floor plan and clearly labeled with its common name.
- Clearly designate handwashing facilities for each restroom and in the immediate area of food preparation.
- Provide the square footage of all areas where food is to be stored, prepared, cooked or sold. Include locations of entrances, exits, loading and unloading areas as applicable.
- Provide complete finish schedules for each room including floors, walls, ceilings, and coved juncture bases.
- Lighting schedule describing the amount of light and how lighting is protected.
  - Note:
    - At least 10 foot candles (110 lux) is required in walk-in refrigeration units, dry storage areas, and other rooms during cleaning.
    - At least 20 foot candles (220 lux) is required at self service areas; inside equipment such as reach in coolers and under counter refrigerators; where handwashing, dishwashing, restrooms, and where equipment and utensils are stored
    - At least 50 foot candles (540 lux) is required where food employees work with food, utensils, and equipment (such as knives, slicers, grinders, etc.).
- Source of water supply and method of sewage disposal. (Whether you are on city water/sewer or have an EPA approved system).
- Location of mop sink or curbed cleaning facility.
- Cabinets/area for storing chemicals.
- Dressing room, locker area, employee rest area, and/or are designated for storage of employee personal items.

## See Example Below:



## FOOD PREPARATION REVIEW

Check categories of Time-Temperature Controlled for Safety (TCS) foods to be handled, prepared, and/or served.

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

### PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS:

#### FOOD and SUPPLIES:

1. Where will food and supplies be purchased? (provide name and location of all purveyors)

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2. What are the projected frequencies of the deliveries for:

Frozen Foods: \_\_\_\_\_ Refrigerated Foods: \_\_\_\_\_

Dry Goods: \_\_\_\_\_

3. Provide information on the amount of space (in cubic feet) allocated for:

Frozen Storage: \_\_\_\_\_ Refrigerated Storage: \_\_\_\_\_

Dry Storage: \_\_\_\_\_

4. How will dry goods be stored 6 inches off the floor? \_\_\_\_\_

5. Are bulk storage containers constructed of a durable and safe material? YES / NO

Indicate material type \_\_\_\_\_

**COLD STORAGE:**

1. 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?: \_\_\_\_\_

2. Is there a bulk ice machine available? YES/NO

If YES- Will you be bagging ice for retail sale? YES/NO

If no bulk ice machine available, what source will you utilize for ice? \_\_\_\_\_

**THAWING FROZEN TCS FOOD:**

Please indicate by checking the appropriate boxes how frozen TCS foods in each category will be thawed. More than one method may apply.

| <b>Thawing Method</b>                  | <b>*Thick Frozen Foods</b> | <b>*Thin Frozen Foods</b> |
|--|----------------------------|---------------------------|
| Refrigeration                          |                            |                           |
| Running Water (less than 70°F)         |                            |                           |
| Microwave (as part of cooking process) |                            |                           |
| Cooked from frozen state               |                            |                           |
| Other (describe)                       |                            |                           |

\*Frozen foods: approximately one inch or less = thin, and more than one inch = thick.

**COOKING:**

1. Please describe how employees will ensure proper minimum required cooking temperatures are being achieved:

\_\_\_\_\_  
\_\_\_\_\_

2. Will the operation be performing special processes that require a variance or a HACCP plan? YES/NO

If YES- please check all of the applicable processes:

- a. Acidification of white rice \_\_\_\_\_
- b. Reduced Oxygen Packaging(ROP) or Modified Atmospheric Packaging (MAP) \_\_\_\_\_
- c. Sous Vide or Cook/Chill \_\_\_\_\_
- d. Addition of cure to products (Sodium Nitrate/Nitrite) \_\_\_\_\_
- e. Custom processing of animals such as deer or wild game/waterfowl \_\_\_\_\_
- f. Fresh juice packaging \_\_\_\_\_

**HOT/COLD HOLDING:**

1. How will TCS foods being held for service be maintained at 135°F or above or 41°F or less?

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**COOLING**

Please indicate by checking the appropriate boxes how TCS foods will be cooled to 41°F within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F within an additional 4 hours).

| Cooling Method        | Thick Meats | Thin Meats | Thin Soups/Gravy | Thick Soups/Gravy | Rice/Noodles |
|-----------------------|-------------|------------|------------------|-------------------|--------------|
| Shallow Pans          |             |            |                  |                   |              |
| Ice Baths             |             |            |                  |                   |              |
| Reduce Volume or Size |             |            |                  |                   |              |
| Rapid Chill           |             |            |                  |                   |              |
| Other (describe)      |             |            |                  |                   |              |

**REHEATING** (if applicable)

1. Will you be cooking, cooling and re-heating foods in batches for hot holding (i.e. soups, sauces)?

YES/NO

If YES- How will 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? Indicate type of equipment used for reheating.

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**PREPARATION and SERVICE:**

1. Please list categories of food prepared more than 12 hours in advance of service: \_\_\_\_\_

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2. Will all produce be washed on-site prior to use? YES / NO

If YES- Describe the planned location for washing produce: \_\_\_\_\_

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If NO- How and where will produce be washed? Describe: \_\_\_\_\_

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3. Describe preparation practices that will minimize the amount of time that TCS foods will be in the Temperature Danger Zone (135°F- 41°F): \_\_\_\_\_

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4. 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?

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**EMPLOYEE TRAINING and HYGENIC PRACTICES:**

1. Will food employees be trained in good food sanitation practices? YES/NO # Employees\_\_\_\_\_

Method of training: \_\_\_\_\_

2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent bare hand contact with ready-to-eat foods? YES/NO

If NO- Please describe how bare hand contact with ready-to-eat foods will be prevented. \_\_\_\_\_

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3. Is there a written policy to exclude or restrict food workers who are sick, been diagnosed with a foodborne illness or have infected cuts or lesions? YES/NO

If YES- Please attach copy of policy with plans.

**If NO- It is a requirement that all facilities have a policy or mechanism in place to ensure that food employees are reporting illness to the Person in Charge and that employees are excluded or restricted as necessary.**

**CLEANING:**

1. Will a dish machine or 3-compartment sink or BOTH be used to clean and sanitize equipment and utensils? \_\_\_\_\_

2. 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 cleaned and sanitized? \_\_\_\_\_

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3. Does the largest pot and pan fit into the dish machine or at least half into the compartments of the 3-compartment sink? YES / NO

If NO- What procedure will be used for cleaning and sanitizing those items?

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

If NO- Where will dirty dishes be stored prior to washing and clean dishes be allowed to air dry after sanitizing? \_\_\_\_\_

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5. What type of sanitizer will be used for each of the following? (*as applicable*):

3 Compartment sink \_\_\_\_\_

Dishwashing machine \_\_\_\_\_

Food contact surfaces \_\_\_\_\_

Test kit provided? YES/NO

**WATER/SEWAGE:**

1. Is the water supply *private* (well) or *public* (municipal supply)? \_\_\_\_\_

If PRIVATE- has the source been approved for use in a public operation? YES/NO

2. Is the sewage disposal/treatment system *private* (on site) or *public* (central sewer)? \_\_\_\_\_

If PRIVATE- is the system and EPA approved treatment system? YES/NO

3. Is there a water treatment device on site? YES/NO

If YES- How will the device be inspected and serviced? \_\_\_\_\_

\_\_\_\_\_

4. How will backflow prevention devices be inspected and serviced? \_\_\_\_\_

\_\_\_\_\_

5. Are grease traps provided? If so, where? \_\_\_\_\_

How will grease traps be cleaned and maintained? \_\_\_\_\_

\_\_\_\_\_

**GARBAGE/REFUSE**

1. Will a dumpster be used? YES / NO

If YES: Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of Pickup \_\_\_\_\_

Contractor \_\_\_\_\_

If NO- How will garbage/refuse be disposed of? Describe: \_\_\_\_\_

\_\_\_\_\_

2. Describe surface and location where dumpster/garbage cans are to be stored: \_\_\_\_\_

\_\_\_\_\_

3. Describe location of grease storage receptacle: \_\_\_\_\_

**GENERAL**

1. Are all chemicals and toxics for use on the premise or for retail sale (this includes personal medications) located in an area separate from food preparation and storage areas? YES / NO

2. Will linens be laundered on site? YES / NO

If YES- What will be laundered and where? \_\_\_\_\_

If NO- How and where will linens be cleaned? \_\_\_\_\_

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3. Will you be using a licensed pesticide company? YES/NO

If YES- List name and location of company. \_\_\_\_\_

If NO- How will insects/rodents be prevented from entering or eliminated from the premises? \_\_\_\_\_

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**HANDWASHING/TOILET FACILITIES**

1. Is there a handwashing sink in each food preparation and warewashing area? YES / NO

2. Is hand cleanser available at all handwashing sinks? YES / NO

3. Are hand drying facilities (paper towels, air dryers) available at all handwashing sinks? YES / NO

4. Is hot and cold running water under pressure available at all handwashing sinks? YES/NO

5. Are required handwashing signs posted at each handsink and restroom? YES/NO

6. Are covered waste receptacles available in each restroom? YES / NO

7. Are all toilet room doors that open into the kitchen self-closing? YES / NO