



**Delaware General Health District**

*Dedicated to Your Health*

# FOOD PLAN REVIEW



## FOOD INSPECTION STAFF

### **Stephanie DeGenero, RS**

(740) 203-2074

[sdegenaro@delawarehealth.org](mailto:sdegenaro@delawarehealth.org)

Program Manager

Plan Review

### **Melissa Adams, RS**

(740) 203-2067

[madams@delawarehealth.org](mailto:madams@delawarehealth.org)

Berkshire, Delaware, Genoa, Liberty, Porter, Orange, Oxford Townships, Delaware City, Powell

### **Shannon Self, RS**

(740) 203-2071

[sself@delawarehealth.org](mailto:sself@delawarehealth.org)

Berkshire, Brown, Delaware, Marlboro, Radnor, Scioto, Troy Townships, Ashley, Delaware City, Ostrander

### **Jennifer Strong, RS**

(740) 203-2073

[jstrong@delawarehealth.org](mailto:jstrong@delawarehealth.org)

Berlin, Genoa, Harlem, Orange, Porter, Trenton Townships, Delaware City, Galena, Sunbury

### **Karie Sanders RS**

(740) 203-2072

[ksanders@delawarehealth.org](mailto:ksanders@delawarehealth.org)

Delaware, Liberty, Orange Townships, Delaware City, Powell



## 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: \_\_\_\_\_

**I understand that I must submit plans/applications to the following authorities (as applicable): Plumbing, Zoning, Electric, Building, Fire. I attest that the information provided in this application is true and accurate to the best of my knowledge.**

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

### FOR DEPARTMENT USE ONLY

Risk Level: \_\_\_\_\_ Sq. Footage: \_\_\_\_\_ RFE or FSO    Plan Review #: \_\_\_\_\_ Fee: \_\_\_\_\_

Sanitarian assigned: \_\_\_\_\_

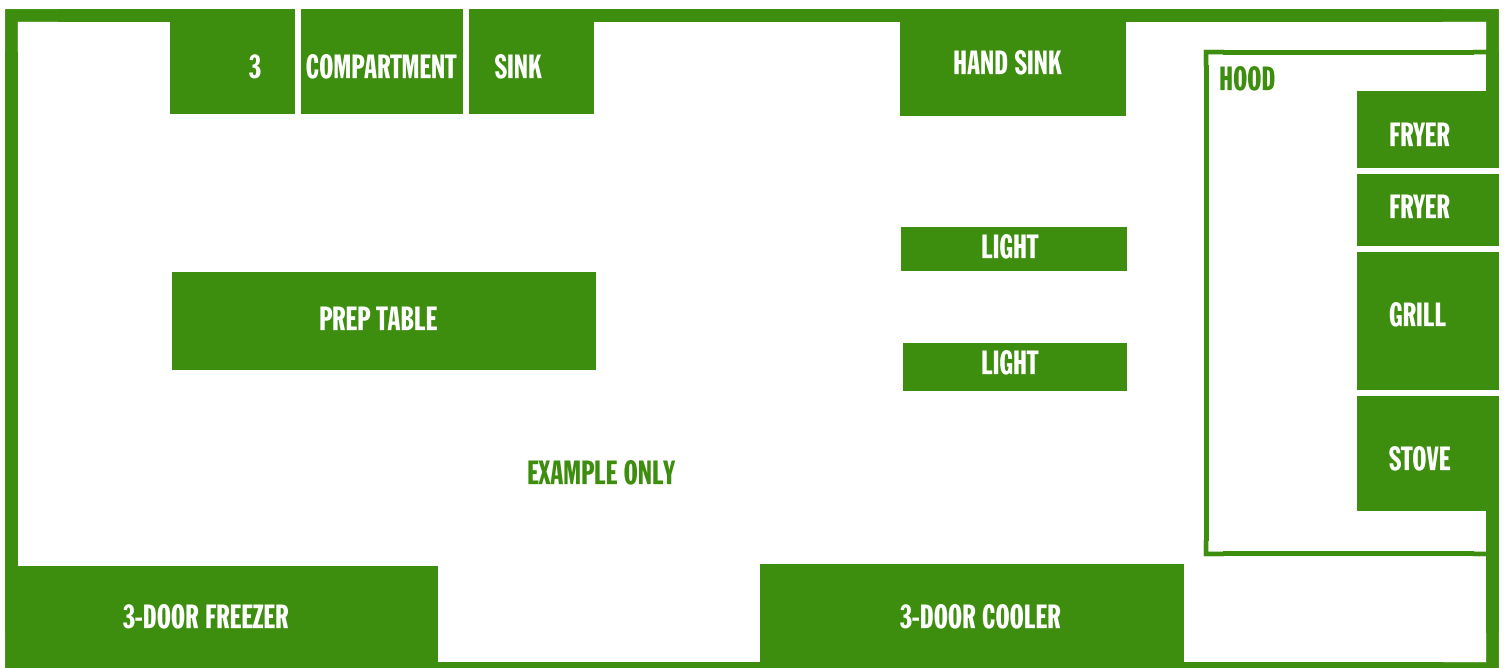


## FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

### 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 - make and model of equipment must be supplied or cut sheets provided.
- 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.
- Garbage storage/disposal area.

### SEE EXAMPLE BELOW





**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

**FOOD PREPARATION REVIEW**

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

CATEGORY	(YES)	(NO)
1. Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)	( )	( )
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	( )	( )
3. Cold processed foods (salads, sandwiches, vegetables)	( )	( )
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	( )	( )
5. Bakery goods (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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_



## FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

### 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:

How will frozen TCS foods be thawed? (More than one method may apply.)

- |                                |                          |  |                          |
|--------------------------------|--------------------------|--|--------------------------|
| Thawing Method                 | <input type="checkbox"/> | Refrigeration                          | <input type="checkbox"/> |
| Running Water (less than 70°F) | <input type="checkbox"/> | Microwave (as part of cooking process) | <input type="checkbox"/> |
| Cooked from frozen state       | <input type="checkbox"/> |  |                          |

Other (describe) \_\_\_\_\_  
\_\_\_\_\_

### 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 \_\_\_\_\_

3. How will employees be effectively trained in special process requirements? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

**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**

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: \_\_\_\_\_

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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## FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

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### EMPLOYEE TRAINING AND HYGIENIC 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: \_\_\_\_\_

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? \_\_\_\_\_

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? \_\_\_\_\_

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? \_\_\_\_\_

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





**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

**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? \_\_\_\_\_  
 \_\_\_\_\_

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? \_\_\_\_\_  
 \_\_\_\_\_

**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



## HOW TO OPEN A RESTAURANT OR GROCERY /CONVENIENCE STORE

- **Submit one set of plans to the Delaware General Health District Food office**
  - The plans should include everything listed on Requirements for Food Plans sheet
- **The plans should be submitted as far in advance of the intended opening date as possible. Plans are reviewed in the order they are received and early submittal will help avoid delays in the opening process.**
  - State rules allow for up to 30 days for review of plans
- **Along with the one set of plans the plan review application should be submitted with the associated fee**
  - Plan review and license fees are determined by the facility's menu. Contact the food office to discuss the fee
- **The applicant may be contacted with questions during the review process. Please provide an email address and/or phone number of the person best able to answer questions**
- **When the review has been completed, a letter of approval or disapproval will be sent to the applicant**
  - If a disapproval letter has been sent, please respond quickly with the requested information
- **If an approval letter has been sent or a phone call received:**
  - **The applicant is responsible for notifying the food office when occupancy for the space where the food service is located has been obtained**
    - **Occupancy is granted by the building department**
    - **If temporary occupancy has been granted contact the food office to discuss options**
    - **If the building is an existing structure, the applicant is responsible for verifying that no inspections from the building department or local fire department are necessary. Please obtain written verification and provide a copy for our files**
  - **Once you notify the food office of occupancy and you have the items completed in the list below, schedule a pre-license inspection:**  
**Pre-license inspection will include:**
    - **All coolers & freezers operating**
    - **All thermometers in coolers & freezers**
    - **Metal stem thermometer in facility**
    - **All surfaces clean**
    - **Sanitizer and test strips available**
    - **Handsinks stocked with soap & paper towels**
    - **Proof of Attendance from a Person in Charge or ServSafe class**
    - **Signed building card (in lieu of Occupancy Certificate)**
    - **Completed food license application**
    - **License fee associated with risk classification**
    - **Questions for the inspector**

**\*A full inspection will be completed within 30 days of the food license being issued**



## LICENSE CLASSIFICATIONS AND DESCRIPTIONS

### CLASS I - EXAMPLE: VIDEO RENTAL STORE THAT SELLS PRE-PACKAGED CANDY AND DRINKS

- Pre-packaged non-time/temperature controlled for safety foods
- Non-time/temperature controlled for safety beverages
- Pre-packaged refrigerated and/or frozen time/temperature controlled for safety foods
- Baby food, baby formula

### CLASS II - EXAMPLE: CHILD CARE OPERATIONS WHO RECEIVE CATERED HOT MEALS AND THEN HOLD THE FOOD AT THE CORRECT TEMPERATURE UNTIL THE CHILDREN ARE SERVED

Baking of non-time/temperature controlled for safety food  
Manufacturing of confectionery products  
Bulk displays of unwrapped non-time/temperature controlled for safety food  
Re-packaging of non-time/temperature controlled for safety food prepared elsewhere  
Warming of food from a commercially processed hermetically sealed container and immediately handled for retail sale or service  
Maintaining hot time/temperature controlled for safety foods at proper holding temperature until handled for retail service or sale if it was received at 135° F or above  
Manufacture and bagging of ice for retail sale  
The operation only prepares and/or serves non-time/temperature controlled for safety food  
Hand dipping of frozen desserts, frozen dessert dispenser  
Time/temperature controlled for safety foods received in individual portions and served immediately  
Foods, prepackaged in individual portions, received from a licensed food operation of off premise commercial processor and served cold or heated individually and immediately served  
Foods received from a licensed food operation or off premise commercial processor in bulk quantities and maintained and served at the same proper temperature as received

### CLASS III - EXAMPLE: COOK AND SERVE FACILITIES SUCH AS FAST FOOD RESTAURANTS

- Heat treatment dispensing freezer
- Processing of produce for ready-to-eat sale
- Cutting and grinding of raw meat products
- Slicing of lunchmeats and cheeses
- Cook/serve, cook/cool, cook/hot hold, cook/cool/cold hold
- Heating of a product from an intact hermetically sealed package and held hot
- Cook, cool, add additional raw ingredients, cold hold
- Reheat in individual portions only

### CLASS IV - EXAMPLE: HOSPITALS AND ASSISTED LIVING FACILITIES

Cook/cool/reheat/hot hold  
Cook/hold/cool/reheat  
Using time in lieu of temperature  
Freezing of fish to destroy parasites before sale or service  
Reheating bulk quantities of leftover time/temperature controlled for safety foods more than once every seven days  
Transports time/temperature controlled for safety foods as a catering or commissary food service operation  
Serving primarily to a high risk clientele, such as in a hospital or extended care facility  
Offers a menu item raw time/temperature controlled for safety meats, poultry products, fish, or shellfish or foods with these items as ingredients  
Smoking for preservation of time/temperature controlled for safety  
Canning, bottling or reduced oxygen packaging  
Juice pressing, custom processing  
Selling of oyster, clam, mussels from shellfish tanks