



Delaware Public Health District

Dedicated to your health

FOOD PLAN REVIEW



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 payable to: Delaware Public Health District
4. Return the application with appropriate fee and enclose the items listed below under Format Specifications for Plans

(please circle):

NEW		REMODEL		EXPEDITED
>25,000 s.f.	<25,000 s.f.	>25,000 s.f.	<25,000 s.f.	(5 BUSINESS DAY TURNAROUND)
\$900.00	\$500.00	\$600.00	\$300.00	ADDITIONAL \$500

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: _____

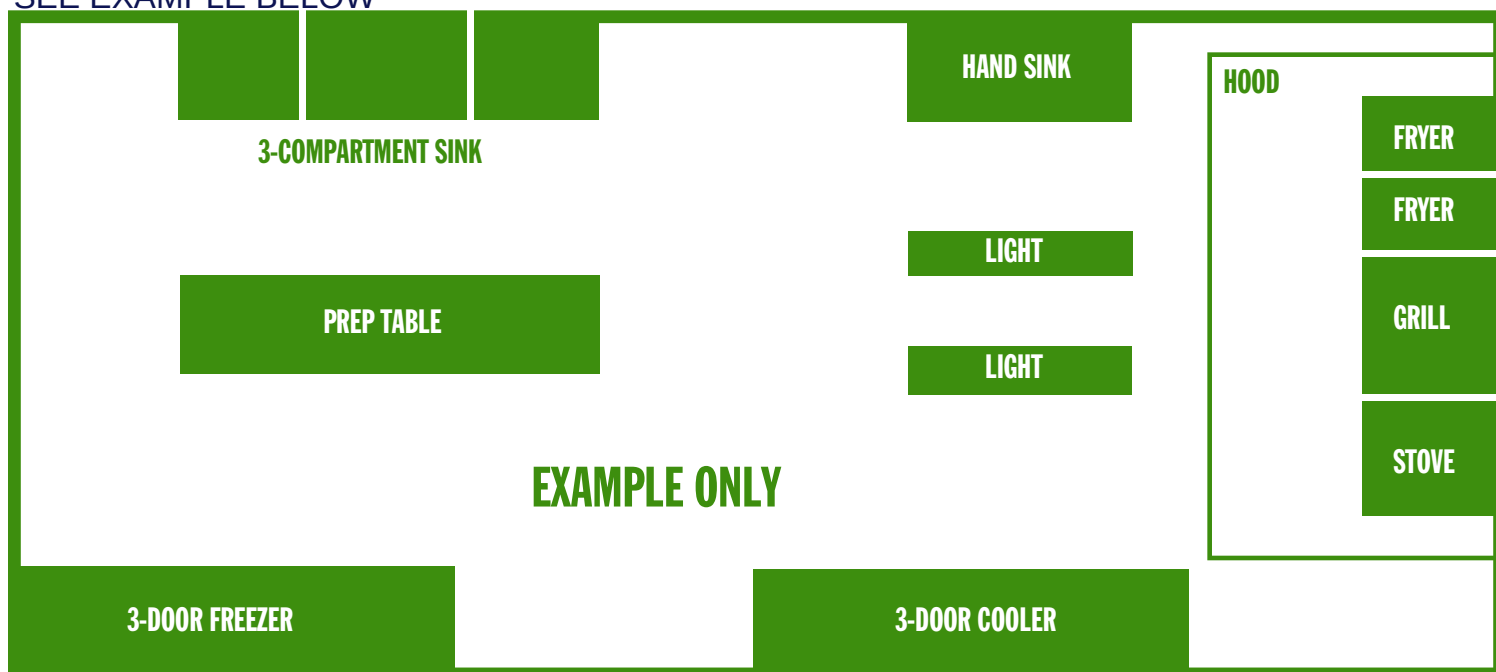


FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

REQUIREMENTS FOR PAN REVIEW SUBMISSION

- 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.
 - ALL equipment must be approved for use in a commercial facility
- 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.
 - 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.).
- MENU
- 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 ☐

Refrigeration ☐

Running Water (less than 70°F) ☐

Microwave (as part of cooking process) ☐

Cooked from frozen state ☐

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?

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:

PREPARATION AND SERVICE

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

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: _____

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): _____

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?



FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

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 Public 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
 - DPHD now offers expedited plan review for an additional \$500.00. Turnaround time is 5 business days.
- Along with the one set of plans the plan review application should be submitted with the associated fee
 - Plan review fees are determined based on square footage

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
- 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:

- 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