

Food Service Establishment Plan Evaluation Information

APPLICATION TYPE:

New Construction Remodel Ownership Change

BUSINESS/LOCATION INFORMATION:

Name of Business Establishment: _____

Address and Location: _____

Establishment Phone Number and Email: _____

Owner Name and Phone Number and Email:

Owner Mailing Address (this is where all paperwork will be mailed):

Establishment Type (Example: restaurant, coffee shop, daycare kitchen, school cafeteria, catering, etc.):

Number of Seats (indoor, outdoor and bar seats): _____

Type of Service (counter service, to-go, catering, tableside, etc.): _____

Provide Menu

STRUCTURAL:

Description	Construction Materials
1. Floors	_____
2. Interior Walls	_____
3. Ceilings	_____
4. Doors/Outer Openings	_____
a. Will all outside doors be self-closing and rodent proof?	_____
b. Will any of the following be used? Mesh Screening/Air Curtains/Garage Doors/Other	_____
_____	_____

Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.

HAND WASHING:

1. Number of Hand Sinks: _____ (Label on submitted plans)

LIGHTING:

1. Type _____
2. All lighting shielded (Yes/No) _____

WATER AND PLUMBING:

1. Approved water source [Public, well or other (describe/company name)]:

2. Air gaps in plumbing- Ice Machines, Dipper wells, etc. Air Gapped (Yes/No) _____
3. Hot and cold water under pressure to all sinks (Yes/No) _____
4. Approval from City Plumbing Inspector, if applicable (Yes/No-NA) _____
5. Utility/Mop sink (Yes/No) _____ (Label on submitted plans)
6. Type, size, model number and capacity of hot water heater:

WASTE DISPOSAL:

1. Sewage (City Sewer Service, Septic tank, or Other) _____
2. Garbage/Refuse Disposal (city pick-up, private company pick-up, or disposal by owner):

GREASE TRAP:

1. Will grease trap interceptors be provided? (Yes/No) _____

Note: Refer to the WWTa or equivalent regulatory agency for grease trap requirements.

DISHWASHING FACILITIES AND SANITATION:

1. Manual
 - a. 3-compartment sink (Yes/No) _____
 - b. 2 drain boards or portable dish carts (Yes/No) _____
 - c. Type of sanitizer _____
2. Automatic Dish Machine
 - a. Type, brand name, model number, description:

 - b. High temperature sanitization (Yes/No) _____
 - c. Chemical injection sanitation (Yes/No) _____
 - i. Chemical used: _____
3. Surface sanitizer (Yes/No) _____
 - a. Chemical used: _____

FOOD STORAGE:

1. Type

a. Cold (description of refrigerator, freezers, coolers, etc.):

b. Hot (description of steam tables, warmers, etc.):

c. Dry Storage (description of stock room shelving, dollies, racks, etc.):

2. Location of all storage areas (on plan diagram) (Yes/No): _____

OTHER EQUIPMENT:

1. Description of cooking equipment, etc. (stoves, ovens, grills, steamers, etc.):

2. Any other equipment:

RESTROOMS:

1. Employee Restroom (Yes/No): _____

2. Customer restrooms- two (2) required with more than 16 seats (Yes/No) _____

SPECIAL PROCESSES:

1. Special Processes will be used (Yes/No) _____

If yes, HACCP/Variance approval from the State is required. Special Processes include:

- Smoking for preservation
- Curing
- Using food additives
- Reduced oxygen packaging (use of vacuum sealer and/or sous vide)
- Live molluscan shellfish tanks
- Sprouted seeds
- Processing and packaging juice
- Custom processing of animals

FIRE PREVENTION:

1. Ansul Fire Extinguisher System if required (Yes/No) _____

2. Fire extinguisher installed (Yes/No) _____

Certificate of Occupancy from City, if applicable (Yes, No, NA) _____

VENTILATION:

1. Hood (Yes/No) _____

2. Approval by City or State Fire Marshal, if applicable (Yes/No/NA) _____

Note: Provide documentation of Fire Marshal approval

Signature

Date