



**1. List the Hours of Operation for each day open:**

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**2. Projected Number of Meals served for each meal each day:**

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

**3. General Information**

- Number of seats: \_\_\_\_\_
- Has Manager/PIC taken an approved Food Protection Manager Certification Exam within the last 5 years? Yes  No

<p><b>TYPE OF FOOD SERVICE:</b></p> <p><input type="checkbox"/> Restaurant</p> <p><input type="checkbox"/> Food Stand</p> <p><input type="checkbox"/> Drink Stand</p> <p><input type="checkbox"/> Commissary</p> <p><input type="checkbox"/> Meat Market</p> <p><input type="checkbox"/> Other (explain): _____</p>
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<p><b>CHECK ALL THAT APPLY</b></p> <p><input type="checkbox"/> Sit-down meals</p> <p><input type="checkbox"/> Take-out meals</p> <p><input type="checkbox"/> Catering</p> <p>Single-service (disposable): <input type="checkbox"/> Plates <input type="checkbox"/> Glassware <input type="checkbox"/> Silverware</p> <p>Multi-use (reusable): <input type="checkbox"/> Plates <input type="checkbox"/> Glassware <input type="checkbox"/> Silverware</p>
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**4. Indicate any specialized process that will take place in your establishment:**

- Curing   
  Acidification (sushi, etc.)   
  Reduced Oxygen Packaging (eg: Vacuum)  
 Smoking   
  Sprouting Beans   
  Other

Explain checked processes:

**5. Indicate any of the following **highly susceptible populations** that will be catered to or served:**

- Nursing Home                     
  Child Care Center             
  Health Care Facility  
 Assisted Living Center             
  School with pre-school aged children

**6. COLD STORAGE FACILITIES:**

Provide total number of refrigerators and freezers in facility and Cubic-Feet:

Type of Cold Storage	Number of units	Cubic Feet
1. Reach-in refrigerators		
2. Reach-in freezers		
3. Walk-in refrigerators		
4. Walk-in freezers		

**7. THAWING PROCEDURES (IF YOU HAVE A FREEZER, YOU WILL BE THAWING):**

Indicate by checking the appropriate box how Time/Temperature Control for Safety Food (TCS) in each category will be thawed. If "Other" is checked indicate type of food:

Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running Water less than 70 <sup>0</sup> F (21 <sup>0</sup> C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. HOT AND COLD HOLDING PROCEDURES:**

- How will hot Time/Temperature Control for Safety Food (TCS) be maintained at 135°F or above during holding for service? Check all that apply:

- Steam Table
- Crock Pots
- Buffet
- Oven
- Cooked to order
- Hot Holding Cabinet
- Hot Plate/Stove
- Heat Lamps

**HOT HOLDING**

List all food that will be held **hot**:

- How will cold Time/Temperature Control for Safety Food (TCS) be maintained at 41°F or below during holding for service? Check all that apply:

- Refrigerator
- Freezer
- Buffet
- Ice bath
- Gel-Core Pans

**COLD HOLDING**

Food that will be held **cold**:

- Will any food be held at room temperature (between 41°F and 135°F) for display such as desserts, creamer, salad dressing, etc? Yes  No

- If so, list items:

**9. COOLING**

- Will any food be cooked prior to day of sale such as meat loaf, lasagna or pintos?  
Yes  No
- Will any leftovers be kept for use the next day such as leftover chili, pintos, baked potatoes or soups? Yes  No
- Will any food be cooked for use in another recipe such as chicken for chicken salad, eggs for salads, hamburger for chili or tomato sauce for lasagna? Yes  No
- Will you be making any salads such as chicken salad, tuna salad, egg salad?  
Yes  No
- List any foods that you will possibly cook and cool down for later use:

Indicate by checking the appropriate box how Time/Temperature Control for Safety Food (TCS) will be cooled from 135°F to below 70°F in 2 hours and must reach below 41°F in a total of 6 hours. If “Other” is checked indicate type of food:

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice as an Ingredient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Paddles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blast Chiller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. FOOD HANDLING PROCEDURES**

Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and corresponding items on the plan where food will be handled.

Explain the handling procedures for the following categories of food. Describe the process from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (specific pieces of equipment with their corresponding equipment schedule numbers) and how the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled

**1. READY-TO-EAT FOOD HANDLING (edible without additional preparation necessary, e.g., salads, cold sandwiches, raw molluscan shellfish)**

**2. PRODUCE HANDLING**

**3. POULTRY HANDLING**

**4. MEAT HANDLING**

**5. SEAFOOD HANDLING**

**11. DRY STORAGE**

Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time:

<b>Food Supplier</b>	<b># of Deliveries a Week</b>	<b>Gross Volume Delivered each time</b>

Where will dry good be stored (cans/bags of dry food)?

Square feet of dry storage shelf space:      ft<sup>2</sup>

**12. FINISH SCHEDULE** – Please check all that apply for KITCHEN, DISHWASHING AREAS, STORAGE AREAS, BATHROOMS, BAR AREAS, WAITRESS AREAS AND MOP SERVICE AREAS

- **Floor**
  - Tile
  - VCT
  - Concrete
  - Vinyl
  - Other
- **Wall Base:**
  - Vinyl Coving
  - Tile
  - Concrete
  - Other
- **Wall:**
  - Tile
  - FRP Board
  - Paneling
  - Stainless Steele
  - Drywall
  - Brick
  - Other
- **Ceiling:**
  - Drywall
  - Acoustic Tile
  - Other

**13. WATER SUPPLY AND SEWAGE**

- Is water supply:                      Municipal/City                       Well
- Is sewer:                                      Municipal/City                       Septic
- Will ice:                                      be made on premises                       purchased

**14. WATER HEATER INFORMATION** - Capacity of hot water heating facilities shall be based on number and size of sinks, capacity of dishwashing machines, and other food service and cleaning needs. Please contact Environmental Health before purchasing a new water heater for proper sizing. If you are changing ownership, a new water heater may be a requirement of your transitional permit.

- Storage Tank Type:    Manufacturer  
    Model Number  
    BTUs                      or Kilowatts  
    Water heater storage capacity:                      gallons  
    Recovery Rate (gallons per hour at 80°F temperature rise):                      GPH
- Tankless Type:                      Manufacturer and Model:  
    Quantity of tankless water heaters:

## 15. PLUMBING

Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Warewashing Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prep Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwashing Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warewashing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 16. DISHWASHING FACILITIES

### a. MANUAL WAREWASHING SINK

- Number of sink compartments: 2-Compartment  3-Compartment 
  - A variance approval is required for use of 2-compartment sinks
- Size of sink compartments (inches): Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_
- Length of drainboards (inches): Right: \_\_\_\_\_ Left: \_\_\_\_\_
- What type of sanitizer will be used? Hot Water  or Chemical ?
 

If Chemical sanitizer is used, what type? Chlorine(bleach)  QAC

### b. MECHANICAL DISHWASHER

- Will a Dishwasher be used? Yes  No
- Dishwasher Manufacturer: \_\_\_\_\_
- Model Number: \_\_\_\_\_
- Type of sanitization: Hot water (180°F)  Chemical

**c. GENERAL**

- Describe how cooking equipment, cutting boards, slicers, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized:
  
- Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:

**17. HANDWASHING/TOILET FACILITIES**

- How many handwashing sinks are located in the kitchen and dishwashing areas? \_\_\_\_\_
- Hot and Cold water provided? Yes  No
- Soap and Towels provided? Yes  No

**18. EMPLOYEE ACCOMMODATIONS**

- Is space provided for employee's personal items? Yes  No   
If so, where?  
Office   
Break Room   
Under Counter   
Other Area  Describe: \_\_\_\_\_

**19. REFUSE AND RECYCLABLES**

- Type of Storage for garbage disposal: Dumpster/Compactor  Trash Cans
- Provisions for cleaning dumpster/compactor: on-site  off-site
- Will any of the following be recycled?
  - cooking grease Yes  No
  - cardboard Yes  No
  - glass Yes  No
- Describe location for storage of recyclables (cooking grease, cardboard, glass, etc.):

**20. UTILITY OR SERVICE SINK**

- Do you have a mop sink or can wash? Yes  No
- Is it located outside? Yes  No
- Do you have a designated location for storage of chemicals? Yes  No
- Do you have a designated location for storage of clean linen? Yes  No
- Do you have a designated location for storage of dirty linen? Yes  No



## 21. INSECT AND RODENT CONTROL

- Are all outside doors self-closing with rodent-proof flashing? Yes  No
- How is fly protection provided on all outside doors and windows?  
Self-closing door  Fly Fan  Screen Door
- Are all bathroom doors self-closing & latching? Yes  No

## 22. LINEN

- Indicate location of clean and dirty linen storage:

## 23. POISONOUS OR TOXIC MATERIALS:

- Indicate location of poisonous and/or toxic materials (chemicals, sanitizers, etc.) storage: