



PLAN REVIEW CHECKLIST

| | |
|--------------------|--------------|
| Establishment Name | |
| Address | Phone Number |

1.) List any foods that will be cooked and cooled in advanced to service (pasta or potato salads, coleslaw)

-
-
-
-

2.) Cooling: (Check all that apply)

Equipment planned to use:

- ☐ Cooler
- ☐ Freezer
- ☐ Blast chiller
- ☐ Food prep sink
- ☐ Counter
- ☐ Other _____

Method(s) planned to use:

- ☐ Shallow metal pans
- ☐ Ice bath
- ☐ Ice wand or add ice to product
- ☐ Reducing volume
- ☐ Uncovered
- ☐ Stirring often
- ☐ Other _____

3.) Reheating:

How will food be reheated to 165°F within 2 hours for hot holding?

- ☐ Stove top
- ☐ Microwave
- ☐ Hot Holding unit
- ☐ Other _____

4.) Washing Produce:

Will you be washing produce (fruit or vegetables) prior to use?

- ☐ NO-continue to #5
- ☐ YES- describe below

Describe:

5.) Food Prep Sink:

Will you be draining pasta/cooked vegetables, thawing, cooling, washing produce that would require use of a food prep sink?

- ☐ NO-continue to #6
- ☐ YES- describe below

Describe:

6.) Sanitizing Equipment:

Check what will be used to sanitize oversized cooking equipment, cutting boards, food contact surfaces?

Check all that apply:

- ☐ 3-Compartment Sink
- ☐ Dishwashing Machine
- ☐ Wiping Cloth Bucket
- ☐ Spray Bottle

Sanitizing Product: _____

Concentration required: _____ PPM

Test kit present: ☐ No ☐ Yes

7.) Preventing contamination

Check what products will be used to prevent contamination by bare hands of ready-to-eat foods?

- ☐ Disposable gloves
- ☐ Deli paper
- ☐ Utensils
- ☐ Other _____

8.) A written policy to exclude or restrict food workers is present at facility? ☐ No ☐ Yes

9.) Is this facility serving food to a highly susceptible population? (Nursing home, hospital patients, daycare)

- ☐ No ☐ Yes

10.) How will food employees be trained in food safety & sanitation practices?

Describe:

11.) Is there a self-service food area such as food buffets or salad bars?

- ☐ NO-continue to #12 ☐ Yes- describe below

Describe:

12.) Special processes

Check any that will be conducted- Discuss with inspector of your HACCP and/or Variance that is required

- ☐ Smoking food for preservation
- ☐ Packaging Juice
- ☐ Curing foods
- ☐ Fermentation of Foods (yogurt making)
- ☐ Adding vinegar to foods (sushi rice, refrigerator pickles)
- ☐ Growing sprouts
- ☐ Molluscan Shellfish life support tank
- ☐ Packing food using reduce oxygen packaging (ROP)-including cook-chill & Sous vide

13.) **Equipment list:** List name of all cold hold (freezer/coolers), hot holding units, & cooking units (grills, microwave, oven, etc.).

List here:

EQUIPMENT CHECKLIST:

| Yes | No | NA | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All Coolers are commercial grade or ANSI/NSF approved (NSF, SA, ETV)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All hot holding units' commercial grade? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All cooler/freezers have thermometers to monitor temperature? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is there a bulk ice machine on-site? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will you be bagging, labeling and selling ice on-site? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a food thermometer to measure final cook/reheating temperatures? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will food be cooked outside (i.e. smoker, pig roaster, outdoor grill)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are there activities that require a dump sink (bar or coffee station)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is there a utility/mop sink present to discard wastewater? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are there public bathrooms available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a grease trap/interceptor installed? (contact local building inspector to determine if required) |

FACILITY

14.) Method of dish washing?

- | | |
|---|---|
| <input type="checkbox"/> 3-Compartment sink | <input type="checkbox"/> High Heat Dishwasher |
| <input type="checkbox"/> 4-Compartment sink | <input type="checkbox"/> Chemical Dishwasher |

15.) Check all sinks dedicated for handwashing & have required aids present.

- | | |
|---|---|
| <input type="checkbox"/> Food Prep areas | <input type="checkbox"/> Bar |
| <input type="checkbox"/> Waitress Station | <input type="checkbox"/> Dishwashing area |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Other: _____ |

16.) Source of water supply

If private well on site, must submit sample every 12 months at minimum for bacteria & nitrate results

- ☐ No ☐ Yes

17.) Sewage Service

- ☐ Private Sewage System ☐ Public Sewer System

Checklist:

| Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is extensive remodeling going to take place prior to opening? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the floors constructed of materials that are durable, non-absorbent, & easily cleanable? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the floor/wall juncture have a coved base? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the walls smooth, non-absorbent, & easily cleanable? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility offer delivery? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the facility offer alcohol or liquor sales? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the operation have a drive thru? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the facility provide catering? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility have a banquet area? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the facility be wholesaling products? (estimate percentage of total sales wholesaled: _____%) |

Describe products:

GENERAL INFORMATION

18.) Seating Capacity

Outside: _____ Inside Dining: _____ Inside Bar: _____ **TOTAL:** _____

19.) Hours of operation

Describe:

20.) Other Departments and Agencies to contact

Yes No NA

☐ ☐ ☐ DSPS for compliance with Commercial Building Codes? (hood ventilation, construction)

☐ ☐ ☐ Local County or municipal Zoning Requirements? (verify land use of property, sewage disposal)

SUMMARY

You must provide the following documents for your facility

- ☐ **Facility Floor Plan.** Must include equipment, sink basins, restrooms, storage areas.
- ☐ **Proposed Menu.** Don't forget consumer advisory and indication of items served undercooked or raw.
- ☐ **Certified Food Manager Certificate:** At least one employee must have a certificate.
- ☐ **Private Well Water Sample Results:** Test results within the last 12 months for bacteria and nitrate

Signature of operator

Date