INFORMATION SHEET FOR FOOD SERVICE PLAN REVIEW

The purpose for the review and approval of plans prior to any work being done is:
(1) To ensure compliance with The Commonwealth of Virginia Board of Health Food Regulations (2) to prevent misunderstanding by the operator as to what is required (3) to prevent errors that may later result in additional cost to the operator.

Requirements:

The owner should submit to the Health Department, a floor plan drawn to scale of the entire establishment that shows the layout of rooms (including storage rooms), and the proposed location of lights, plumbing, and all fixed equipment. In addition, the proposed location of kitchen equipment such as refrigerators, stoves, hoods, sinks, dishwashing machines, and slicers should be shown. Manufacturer equipment specification sheets for each piece of equipment should also be submitted with the package.

The following plan review checklist is suggested as a guide, which can be used to assure that all areas of the physical facilities, and equipment to be installed in the establishment, are given proper consideration for compliance with code requirements. If you have any questions please call the Environmental Health Office at (804) 205-3912.

Name of Facility _____________________________ Owner _________________________________
Address ____________________________________ Address ________________________________
_________________________________               ________________________________
Phone ______________________________________  Phone  ______________________

Architect____________________________________  Seating Capacity _______________________
Address __________________________________      Type of Foodservice: _________________
Phone ___________________________________

Plans and information submitted by _____________________________  Date ________________
Is information complete? (Check items submitted)

☐ Floor plan    ☐ Mechanical layout
☐ Equipment lists    ☐ Other (specify) ________________________________
☐ Plumbing diagram

Has the above information been reviewed or submitted to any of the following departments?

☐ Fire safety    ☐ Building department
☐ Plumbing    ☐ Other (specify)
☐ Electrical    ☐ Zoning

Are food service operations separate from other domestic areas by complete partitioning and solid self-closing doors?

☐ Yes    ☐ No    ☐ N/A

The following questions are to enable both the food service establishment owner and the Health Department to ascertain the acceptability of the facility plans. Check the appropriate boxes where needed.

Floors:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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Are floor materials smooth, grease resistant, impervious, and easily cleanable in the kitchen and restrooms?

☐ ☐ ☐ ☐

Are floors graded to drain, if drains are provided?

☐ ☐ ☐ ☐

Is the floor wall juncture coved?

☐ ☐ ☐ ☐

List materials used on floors in the following areas:

- Kitchen ________________________________
- Dining ________________________________
- Bathrooms ________________________________
- Storage ________________________________

Walls and Ceilings:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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Are walls and ceilings in the kitchen and restrooms constructed of smooth, and easily cleanable materials?

☐ ☐ ☐ ☐

In areas subject to moisture, are the walls and ceilings constructed of nonabsorbent materials?

☐ ☐ ☐ ☐

Is the ceiling in all food preparation and storage areas constructed such that no beams or piping are exposed overhead?

☐ ☐ ☐ ☐
List materials used on the walls in the following areas:
- Kitchen ________________________________
- Bathrooms ______________________________
- Dining ________________________________
- Storage ________________________________

List materials used on the ceiling in the following areas:
- Kitchen ________________________________
- Bathrooms ______________________________
- Dining ________________________________
- Storage ________________________________

Toilet Facilities:

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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
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</table>

- Are employee toilet rooms conveniently located? [ ] [ ] [ ]
- Are toilet room doors self-closing? [ ] [ ] [ ]
- Are public toilet rooms provided for each sex? [ ] [ ] [ ]
- Are handicapped toilets provided? [ ] [ ] [ ]
- Are hand basins provided in each restroom? [ ] [ ] [ ]
- Are toilet rooms ventilated to outside air? [ ] [ ] [ ]
- Are adequate lockers or storage areas provided outside of the food service, storage and preparation areas for personal belongings (coats, sweaters, purses etc.)? [ ] [ ] [ ]

Handwashing facilities:

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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</table>

- Are handwashing lavatories provided in all food preparation areas? [ ] [ ] [ ]
- Are handwashing lavatories provided in the dishwashing area? [ ] [ ] [ ]
- Are handwashing lavatories provided in serving and busing areas? [ ] [ ] [ ]
- Is each handwashing lavatory equipped to provide water at a temperature of at least 110 degrees F (43 degrees C) through a mixing valve or combination faucet? [ ] [ ] [ ]
- Is the required handwashing signage posted at each handwashing lavatory? [ ] [ ] [ ]
- Is each handwashing lavatory equipped with adequate handwashing soap and disposable towels or approved hand drying device? [ ] [ ] [ ]
Plumbing:

Yes  No  N/A

☐  ☐  ☐  Is all water-supplied equipment installed to prevent back-siphonage or backflow of contaminants into the water supply system?

☐  ☐  ☐  Are indirect waste lines installed where needed?

☐  ☐  ☐  Is all plumbing in compliance with the plumbing code?

☐  ☐  ☐  Are any exposed sewer lines located over food preparation or storage areas?

Lighting:

Yes  No  N/A

☐  ☐  ☐  Will the lighting sources provided over all working surfaces be at least 50-foot (540 lux) candles of intensity?

☐  ☐  ☐  Will the lighting sources provided in utensil washing, hand washing, and toilet room areas be at least 20-foot (220 lux) candles of intensity?

☐  ☐  ☐  Will the lighting sources provided in all food storage areas, including walk-in refrigeration units, be at least 10-foot (110 lux) candles of intensity?

☐  ☐  ☐  Will light bulbs in food preparation and storage areas be properly shielded or otherwise shatter-resistant?

Ventilation:

Yes  No  N/A

☐  ☐  ☐  Are ventilation hood system and other devices sufficient in number and capacity to prevent grease or condensation from collecting on walls and ceilings?

☐  ☐  ☐  Are exhaust ventilation hood systems, including component parts, designed to prevent grease or condensation contamination of food preparation, storage and warewashing areas?

☐  ☐  ☐  Are ventilation hood system filters designed to be readily removable for cleaning and replacement, if not designed to be cleaned in place?

Garbage and Refuse

Yes  No  N/A

☐  ☐  ☐  Is a designated outdoor refuse storage area provided?

☐  ☐  ☐  Is the outdoor storage area easily cleanable, having a smooth concrete pad or asphalt pad that is sloped to drain?

☐  ☐  ☐  Are wastewaters from cleaning operations disposed of as sewage (dumpster pad with drain)?
Is at least one service sink (mop sink), or one curbed cleaning facility equipped with a floor drain, provided in the facility?

Insect and rodent control

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>
Are all openings properly protected by tight-fitting windows and doors?

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<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>
Have all holes or gaps along floors, walls, and ceilings been filled or closed?

Insect and rodent control

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<tr>
<th>Yes</th>
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Are floors, walls and ceilings properly finished around ducts, pipes, and cables?

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If the outer windows or doors will be kept open for ventilation or other purposes, are the openings protected against the entrance of insects and rodents by screens, air curtains, or other effective means?

Storage Areas

<table>
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<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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Are there ample areas for refrigerated and dry storage of food supplies and all paper goods, dishes, etc?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>
Is all storage shelving installed a minimum of 6 inches above the floor and constructed of smooth, nonporous, and easily cleanable materials?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>
Is a separate storage area provided for poisonous and toxic materials (i.e. cleaning agents)?

Equipment

<table>
<thead>
<tr>
<th>Yes</th>
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</table>
Is all equipment NSF (National Sanitation Foundation) approved or equivalent?

<table>
<thead>
<tr>
<th>Yes</th>
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Has a list of all in-place equipment including manufacturer’s name and model number been submitted?

<table>
<thead>
<tr>
<th>Yes</th>
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</table>
Is a 3-compartment sink with the required double drainboards provided?

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<thead>
<tr>
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<th>No</th>
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Is a mechanical dishwasher to be installed? If so, check the type.

- Hot water sanitizing machine
- Chemical sanitizing machine

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>
If the mechanical dishwasher uses a chemical for sanitizing, is the unit equipped with a device that indicates audibly or visually when more chemical sanitizer is needed?
If the mechanical dishwasher uses only hot water for sanitizing, is the unit equipped with a pressure gauge or similar device that measures and displays the water pressure in the supply line immediately before entering the dishwasher?

**Equipment**

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<thead>
<tr>
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Are serving line or salad bar protector devices, display cases, and sneeze guards provided if needed?

Are serving line or salad bar protector devices, display cases, and sneeze guards provided if needed?

Is all fixed equipment (equipment that is not easily removable) either spaced to allow for cleaning along the sides, behind, and above the equipment, or spaced not more than 1/32 inch from adjoining equipment, walls, and ceilings?

Is all table-mounted equipment, that is not easily movable, installed to allow for cleaning of the equipment and areas underneath and around the equipment?

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**For Office Use Only:**

Plan Review Received By: __________________________ Date: __________

Floor Plans Received By: __________________________ Date: __________

**EHS Staff:**

Plan Review Reviewed By: __________________________ Date: __________

Plan Review Approved By: __________________________ Date: __________