

FOODSERVICE PLAN REVIEW PROCESS

The Virginia Food Regulations require the submission of plans for review and approval prior to: “the construction of a food establishment; the conversion of an existing structure for use as a food establishment; or the remodeling of a food establishment...” (12 VAC 5-421-3600). The **non-refundable fees** are \$40.00 for foodservice plan review and \$40.00 for foodservice permit application/issuance.

This guide was developed to assist permit applicants or permit holders in submitting the information required for a thorough plan review. A good review of plans identifies critical issues to the operation of a foodservice facility using not only the Regulations, but also the flow of food through the establishment. By listing and locating the equipment on floor plans, providing electrical, mechanical and plumbing systems, and the proposed menu, potential problems can be identified on paper and modifications can be made prior to costly purchases, construction and installation.

The process is intended to assist foodservice operators in the approval of their facility, foodservice establishment permit and Building Permit, which leads to their Certificate of Occupancy to begin operation. Please refer to the FDA Food Establishment Plan Review Guide (www.cfsan.fda.gov/~dms/prev-toc.html) for guidance in completing the plan review. Please contact the Health Department if you have any questions about the process or wish to schedule a conference to discuss your plan review.

The following information must be submitted prior to a plan review:

1. Application for a Foodservice Plan Review and questionnaire - \$40 fee
2. Application for a Food Establishment Permit - \$40 fee
3. Set of architectural plans (blueprints to include electrical, mechanical, and plumbing schedule for new construction/expansion or to-scale drawing for renovations). Site plan showing location of business in building, location of building on site including alleys and streets, and location of any outside equipment (dumpsters, well, septic system, grease trap – if applicable, etc.).
4. Equipment schedule and manufacturer specification sheets for each piece of equipment shown on the plan
5. Proposed menu
6. Certified Food Protection Manager credentials
7. Proposed establishments using an onsite sewage disposal systems must have soils work, plans and specifications, along with wastewater characteristics (determined in part by proposed menu), submitted together – 4 copies – by an Authorized Onsite Soil Evaluator (AOSE) working in consultation with a Professional Engineer (PE) to the Health Department with, if applicable, appropriate septic and well fees. Existing residential/non-residential facilities changing to a food service establishment must have an AOSE and PE evaluate the existing system, with wastewater characteristics, to determine if the existing system is sufficient for the proposed facility and menu. This paperwork is initially reviewed by the District Onsite Technical Consultant, then submitted to the Virginia Department of Health Engineer for technical review and is thus handled separately from the food service plan review.
8. Any facility that will be on a well must contact the Division of Drinking Water at (804) 674-2880 to determine if the well must comply with the Division’s regulations in addition to Department requirements.

Chickahominy District Health Departments:

Charles City Health Department
7501 Adkins Road
Charles City, VA 23030
(804) 829-2490

Goochland Health Department
P.O. Box 178
Goochland, VA 23063
(804) 556-5843

Hanover Health Department
12312 Washington Highway
Ashland, VA 23005
(804) 365-4343

New Kent Health Department
12007 Courthouse Circle
New Kent, VA 23124
(804) 966-9640



Chickahominy Health District
12312 Washington Highway
Ashland, VA 23005

Date: _____

Tax Map #: _____

GPIN: _____

New Remodel Conversion

Name of Establishment: _____

Category: Restaurant Institution Day Care Other: _____

Address of facility: _____

Phone number: _____ Fax number: _____

Owner(s): _____

Mailing Address: _____

Phone number: _____

Applicant's Name: _____

Title: (owner, manager, architect, etc.): _____

Mailing Address: _____

Phone number: _____

I have submitted plans to the following authorities on the following dates:

	Date submitted:		Date submitted:
Building Department	_____	Public Works	_____
Fire Marshall	_____	Public Utilities	_____
Planning Department	_____	Police Department	_____

Hours of Operation: _____

Number of seats: _____ Number of Staff: _____

Total square feet of facility: _____

Maximum meals to be served: Breakfast _____ Lunch _____ Dinner _____

Projected start date of project: _____

Projected completion date of project: _____

Type of Service: Sit-down Take-out Caterer Mobile

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11x14 inches in size, including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot.
2. Include: proposed menu, seating capacity and projected daily meal volume for food service operations.
3. Show the location, and when requested elevated drawings, of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold-holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. On the plan, represent auxiliary areas such as storage rooms, garbage rooms, toilets and basements and/or cellars used for storage or food preparation. Show all features of these rooms.
9. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks
 - b. Complete finish schedules including floors, walls, ceilings and coved juncture bases
 - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention and wastewater line connections
 - d. Lighting schedule with shielding
 - i. At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry storage areas and in other areas and rooms during periods of cleaning
 - ii. At least 220 lux (20 foot candles):
 1. at a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption
 2. inside equipment such as reach-in and under-counter refrigerators
 3. at a distance of 75 cm (30 inches) above floor in areas used for handwashing, warewashing, equipment and utensil storage and in toilet rooms
 - iii. At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor
 - e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI or NSF accredited certification program

- (when applicable)
- f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence of compliance with state and local regulations
 - g. A mop sink or curbed cleaning facility with facilities for hanging wet mops
 - h. Garbage can washing and mat washing area/facility
 - i. Toxic chemicals storage area
 - j. Dressing rooms, locker areas, employee rest and dining areas and/or coat rack as required

Food Preparation Review

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served:

	Yes	No
1. Thin meats, cut poultry, fish, eggs (hamburgers, sliced meats)	_____	_____
2. Thick meats, whole poultry (roast beef, whole chickens)	_____	_____
3. Cold processed foods (salads, sandwiches, vegetables)	_____	_____
4. Hot processed foods (soups, stews, rice, noodles)	_____	_____
5. Bakery goods (pies, custards, cream fillings)	_____	_____

Food Supplies

- 1. Are all food supplies from inspected and approved sources? Yes No
- 2. What are the projected frequencies of deliveries for frozen foods? _____
 Refrigerated foods? _____ Dry goods? _____
- 3. Provide information on the amount of space (in cubic feet) allocated for:
 Dry storage: _____ Refrigerated storage: _____
 Frozen storage: _____
- 4. How will dry goods be stored off the floor? _____

Cold Storage

- 1. Is adequate and approved freezer and refrigeration available to store frozen foods and refrigerated foods at 41°F and below? Yes No

Provide the method used to calculate cold storage requirements.

- 2. 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? _____

- 3. Does each refrigerator/freezer have a thermometer? Yes No

Number of refrigeration units _____ Number of freezer units _____

- 4. Is there a bulk ice machine available? Yes No

Thawing Potentially Hazardous Food

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	*Thick Frozen Foods	*Thin Frozen Foods
Refrigeration		
Running water less than 70°F (21°C)		
Microwave (as part of cooking)		

process)		
Cooked from frozen state		
Other (describe)		

*Frozen foods: approximately one inch or less = thin and more than an inch = thick

Cooking

1. Will food product thermometers be used to measure final cooking/reheating temperatures of

Potentially Hazardous Foods? Yes No

What type of measuring device? _____

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

Beef roasts	130°F	121 min
Solid seafood pieces	145°F	15 sec
Other PHF's	145°F	15 sec
Eggs – immediate service*	145°F	15 sec
Eggs – holding*	155°F	15 sec
*pasteurized eggs must be served to a highly susceptible population		
Pork	145°F	15 sec
Comminuted meats/fish	155°F	15 sec
Poultry	165°F	15 sec
Reheated PHF's	165°F	15 sec

2. List types of cooking equipment: _____

Hot/Cold Holding

1. How will hot PHF's be maintained at 135°F or above during holding for service?

Indicate type and number of hot holding units: _____

2. How will cold PHF's be maintained at 41°F or below during holding for service?

Indicate type and number of cold holding units: _____

Cooling

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

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

1. How will PHF's 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° for 15 seconds? _____

Indicate type and number of units used for reheating foods: _____

2. How will reheating food to 165°F for hot holding be done rapidly (within 2 hours)? _____

Preparation

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

2. How will food employees be trained in good food sanitation practices?

Method of training: _____

Number of employees: _____ Dates of completion: _____

3. 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

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? Yes No

Please describe: _____

5. 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 sanitized? _____

Chemical type: _____ Concentration: _____ Test Kit: Yes No

6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? Yes No

If not, how will ready-to-eat foods be cooled to 41°F? _____

7. Will all produce be washed on-site prior to use? Yes No

Is there a planned location used for washing produce? Yes No

Describe: _____

If not, describe the procedure for cleaning and sanitizing multiple sinks between uses: _____

8. Describe the procedure used to minimize the length of time PHF's will be kept in the temperature danger zone (41°F - 135°F) during preparation: _____

9. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on site or otherwise required by the regulatory authority.

10. 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? _____

Finish Schedule

Please indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas:

	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators & Freezers				

Insect and Rodent Control

- | | | |
|---|-----|----|
| 1. Will all outside doors be self-closing and rodent proof? | Yes | No |
| 2. Are screen doors provided on all entrances left open to the outside? | Yes | No |
| 3. Do all openable windows have a minimum #16 mesh screening? | Yes | No |
| 4. Is the placement of electrocution devices identified on the plan? | Yes | No |
| 5. Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? | Yes | No |
| 6. Is area around building clear of unnecessary brush, litter, boxes and other harborage? | Yes | No |
| 7. Will air curtains be used? | Yes | No |
| If yes, where? _____ | | |

Garbage and Refuse

1. Do all indoor containers have lids? Yes No
2. Will refuse be stored inside? Yes No
If yes, where? _____
3. Is there an area designated for garbage can or floor mat cleaning? Yes No
4. Will an outside dumpster be used? Yes No
Number: _____ Size: _____ Frequency of pick-up: _____
5. Will an outside compactor be used? Yes No
Number: _____ Size: _____ Frequency of pick-up: _____
6. Will garbage cans be stored outside? Yes No
7. Describe surface and location where dumpster/compactor/garbage cans are to be stored: _____

8. Describe location of grease storage receptacle and servicing schedule: _____

9. Is there an area to store recycled containers? Yes No
If yes, describe: _____
10. Is there an area to store returnable damaged goods? Yes No

Plumbing Connections

	Air Gap	Air Break	*Integral Trap	*P Trap	Vacuum Breaker	Condensate Pump
Toilet						
Urinals						
Dishwasher						
Garbage grinder						
Ice machines						
Ice storage bin						
Sinks a. Mop b. Janitor c. Handwash d. 3 compartment e. 2 compartment f. 1 compartment g. Water station						
Steam tables						
Dipper wells						
Refrigeration condensate/drain lines						
Hose connection						
Potato peeler						
Beverage dispenser w/carbonator						
Other: _____						

**Trap: a fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or wastewater through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A "P" trap is a fixture that provides a liquid seal in the shape of the letter "P". Full "S" traps are prohibited.*

Water Supply

1. Is water supply: Public Private
2. If private, has source been approved? Yes No Pending
Please attach a copy of the written approval and/or permit
3. Is ice: made on premises purchased commercially
If made on premises, are specifications for the ice machine provided? Yes No
Describe provisions for ice scoop storage: _____
Provide location of ice maker or bagging operation: _____

4. What is the capacity of the hot water generator? _____
5. Is the hot water generator sufficient for the needs of the establishment? Yes No
Provide calculations for necessary hot water (See Part 5 and Part 9 under Section III in the manual)
6. Is there a water treatment device? Yes No
If yes, how will the device be inspected and serviced? _____

7. How will the backflow prevention devices be inspected and serviced? _____

Sewage Disposal

1. Is the building connected to a municipal sewer? Yes No
2. If no, is the private disposal system approved? Yes No
Please attach a copy of written approval and/or permit
3. Are grease traps or monitoring manholes provided? Yes No
If so, where? _____
Provide schedule for cleaning and maintenance: _____

Dressing Rooms

1. Are dressing rooms provided? Yes No
2. Describe storage facilities for employee's personal belongings: _____

General

1. Are insecticides/rodenticides stored separately from cleaning/sanitizing agents? Yes No
Indicate location: _____
- Will a licensed Pest Control Operator dispense these chemicals indoors? Yes No
2. Are all toxins for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? Yes No
3. Are all containers of toxins, including sanitizing spray bottles, clearly labeled? Yes No
4. Will linens be laundered on site? Yes No

- If yes, what will be laundered and where? _____
 If no, how will linens be cleaned? _____
 5. Is a laundry dryer available? Yes No
 6. Location of clean linen storage: _____
 7. Location of soiled linen storage: _____
 8. Are containers constructed of safe materials to store bulk food products? Yes No
 9. How is each listed ventilation hood system cleaned? _____

Frequency of cleaning: _____

Sinks

1. Is a mop sink present? Yes No
 If no, please describe facility for cleaning of mops and other equipment: _____
 2. If the menu dictates, is a food preparation sink present? Yes No

Dishwashing Facilities

1. What will be used for warewashing? 3-compartment sink dishwasher
 2. Dishwasher – type of sanitation used:
 Hot water (temp. provided): _____
 Booster heater: _____
 Chemical type: _____
 Is ventilation provided? Yes No
 3. Do all dish machines have data plates with operating instructions? Yes No
 4. Do all dish machines have temperature/pressure gauges as required that are accurately working?
 Yes No
 5. Does the largest pot and pan fit into each compartment of the pot sink? Yes No
 If no, what is the procedure for manual cleaning and sanitizing? _____

6. Are there drain boards on both ends of the pot sink? Yes No
 7. What type of sanitizer is used?
 Chlorine Quarternary Ammonium Other: _____
 Iodine Hot water
 8. Are test paper and/or kits available for checking sanitizer concentration? Yes No

Handwashing/Toilet Facilities

1. Is there a handwashing sink in each food preparation and warewashing area? Yes No
 2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? Yes No
 3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? Yes No
 4. Is hand cleanser available at all handwashing sinks? Yes No
 5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?
 Yes No
 6. Are covered waste receptacles available in each restroom? Yes No
 7. Are hot and cold running water under pressure available at each handwashing sink? Yes No
 8. Are all toilet room doors self-closing? Yes No
 9. Are all toilet rooms equipped with adequate ventilation? Yes No

10. Are handwashing signs posted at all hand sinks used by employees? Yes No

Small Equipment Requirements

1. Please specify the number, location and types of each of the following:

Slicers: _____

Cutting boards: _____

Can openers: _____

Mixers: _____

Floor mats: _____

Other: _____

Statement:

I hereby certify that the information contained in this plan review application is correct and I fully understand that any deviation from the information provided without prior permission from this Health Department may nullify final approval.

Signature(s) of owner(s) or responsible representative(s):

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Approval of these plans and specifications by this Health Department does not indicate compliance with any other code, law, or regulation that may be required – federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

FOR OFFICIAL USE:

Plans reviewed and approved – EHS: _____

Date(s): _____

Comments: _____

