

# Commonwealth of Virginia

Date Received: \_\_\_\_\_

## Chesapeake Health Department Environmental Health

748 North Battlefield Boulevard  
Chesapeake, VA 23320  
(757)382-8672 Fax (757) 382-8713



### FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Application Type:  New  Remodel Smoking Status: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Establishment Type:  Full Service  Fast Food  Caterer  Hospital  School  Concession  
 Other (please explain) \_\_\_\_\_

Address: \_\_\_\_\_

Phone if available: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Architect's Name: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

I have submitted plans/applications to the Chesapeake Department of Development & Permits:

Yes (date: \_\_\_\_\_ )  No

Projected Date for Completion of Project: \_\_\_\_\_

Number of Seats: \_\_\_\_\_

Have the following documents been submitted?

- Proposed Menu (including seasonal, off-site and banquet menus)
- Manufacturer Specification sheets for each piece of equipment shown on the plan
- Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, waste grease containers, well, septic system - if applicable)
- Architectural plans drawn to scale of food establishment showing location of equipment, plumbing, electrical services (including lighting), mechanical ventilation and room finishes

## **FOOD PREPARATION REVIEW**

**CATEGORY** *(Which categories of potentially hazardous foods (PHFs) will be handled, prepared and served?)*

- 1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets; legs; wings).....  YES     NO
- 2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams).....  YES     NO
- 3. Cold processed foods (salads, sandwiches, vegetables) .....  YES     NO
- 4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles) .....  YES     NO
- 5. Bakery goods (pies, custards, cream fillings & toppings) .....  YES     NO
- 6. Other: \_\_\_\_\_  
\_\_\_\_\_

**FOOD SUPPLIES:**

- 1. What are the projected frequencies of deliveries for frozen foods \_\_\_\_\_, refrigerated foods \_\_\_\_\_, and dry goods \_\_\_\_\_?
- 2. How will dry goods be stored off the floor? \_\_\_\_\_  
\_\_\_\_\_

**COLD STORAGE:**

- 1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen and refrigerated foods at 41°F (5°C) and below? .....  YES     NO
- 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. Is there a bulk ice machine available? .....  YES     NO

**THAWING:**

How will frozen foods be properly thawed?  
\_\_\_\_\_

**COOKING:**

What type of food thermometer will be used to insure proper internal cooking (reheating) temperatures of PHFs are met? \_\_\_\_\_

**HOT/COLD HOLDING:**

1. How will hot PHFs be maintained at 135°F (57°C) or above during holding for service? Indicate type and number of hot holding units.

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2. How will cold PHFs be maintained at 41°F (5°C) or below during holding for service? Indicate type and number of cold holding units.

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**COOLING:**

How will foods be properly cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours)?

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**REHEATING:**

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°F for 15 seconds? Indicate type and number of units used for reheating foods.

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**PREPARATION:**

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

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

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3. How will ready-to-eat foods be handled to prevent bare hand contact?

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4. 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: \_\_\_\_\_

5. Will a chemical wash be used for produce?.....  YES  NO

If yes, please describe: \_\_\_\_\_

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6. Will the facility be serving food to a highly susceptible population (i.e. the elderly, children, or those with weakened immune systems)? .....  YES  NO

If yes, how will foods be safely transferred between the kitchen and service areas?

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**FINISH SCHEDULE**

Indicate which materials (tile type, stainless steel, 4" plastic coving, etc.) will be used in these areas.

AREA	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing/Locker Rooms				
Garbage and Refuse Storage Area				
Mopsink Area				
Warewashing Areas				
Walk-in Refrigerators and Freezers				

1. Will all outside doors be self-closing, rodent proof and open outward? .....  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 (bug zappers) identified on the plan? .....  YES  NO
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected against pest entry? .....  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? \_\_\_\_\_

8. Are all drive-thru or service windows self-closing? .....  YES  NO
9. Has a state licensed pest control service been contracted? .....  YES  NO
- If yes, name and service frequency: \_\_\_\_\_

**GARBAGE AND REFUSE**

10. Will refuse be stored inside? .....  YES  NO
- If so, where? \_\_\_\_\_
12. Is there an area designated for garbage can or floor mat cleaning? .....  YES  NO
13. Will a dumpster be used? .....  YES  NO
- Number \_\_\_\_\_ Size \_\_\_\_\_ Frequency of pickup \_\_\_\_\_
- Contractor \_\_\_\_\_
13. Will garbage cans be stored outside? .....  YES  NO
14. Describe surface and location where dumpster/compactor/garbage cans are to be Stored:
- \_\_\_\_\_
15. Describe location of grease storage receptacles:
- \_\_\_\_\_
16. Is there an area to store recyclable containers? .....  YES  NO
- If yes, what materials are to be recycled? \_\_\_\_\_
- \_\_\_\_\_

**PLUMBING CONNECTIONS**

18. Is all water supply equipment installed to prevent back siphonage? .....  YES  NO
19. Are floor drains provided easily cleanable?.....  YES  NO

**WATER SUPPLY**

20. Is water supply public or private? \_\_\_\_\_
21. If private, has source been approved?.....  YES  NO
- \*\*Please attach copy of written approval and/or permit.*
22. Is ice made on premises or purchased commercially? \_\_\_\_\_
23. What is the capacity of the hot water heater?
- \_\_\_\_\_
24. Is there a water treatment device?.....  YES  NO
- If yes, how will the device be inspected & serviced?
- \_\_\_\_\_
- \_\_\_\_\_

**SEWAGE DISPOSAL**

25. Is building connected to city sewer?.....  YES  NO
26. If no, is private disposal system approved? .....  YES  NO
- \*\*Please attach copy of written approval and/or permit.*

27. Are grease traps provided?.....  YES  NO  
If so, where? \_\_\_\_\_  
Provide schedule for cleaning & maintenance. \_\_\_\_\_

**DRESSING ROOMS**

28. Are dressing rooms with lockers provided?.....  YES  NO  
If not describe storage facilities for employees' personal belongings (i.e. purses, coats)  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL**

29. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas?.....  YES  NO  
30. Will linens be laundered on site?.....  YES  NO  
If yes, what will be laundered and where? \_\_\_\_\_  
\_\_\_\_\_  
If no, how will linens be cleaned? \_\_\_\_\_  
31. Is a laundry dryer available?.....  YES  NO  
32. What type of containers are used to store bulk food products?  
\_\_\_\_\_  
33. Are all areas properly vented and hood systems approved by the Fire Marshall? .....  YES  NO

**SINKS**

34. Is a separate food preparation sink provided?.....  YES  NO  
\*\* If yes, an air gap must be provided in the drain pipe.

**DISHWASHING FACILITIES**

35. What method will be used for warewashing?  
 Three compartment sink  
 Dishwasher  
Type of Dishwasher:  
Hot Water Sanitizing (temp. provided) \_\_\_\_\_  
Chemical Sanitizing \_\_\_\_\_  
Is ventilation provided?.....  YES  NO  
36. Do all dish machines have templates with operating instructions, water temperature and/or chemical requirements .....  YES  NO  
37. Do all dish machines have properly working temperature/pressure gauges and alarms or visual display for low chemicals as required? .....  YES  NO

38. Does the largest pot/pan fit in all compartments of the three compartment sink? .....  YES  NO  
If no, what is the procedure for manual cleaning and sanitizing?

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39. Are there drain boards on both ends of the three compartment sink? .....  YES  NO

40. What type of sanitizer is used? \_\_\_\_\_

**HANDWASHING/TOILET FACILITIES**

41. Is there a handsink in each food preparation and warewashing area? .....  YES  NO

42. Do all handsinks, including those in the restrooms, have a mixing valve or combination faucet?  
allowing hot and cold water? .....  YES  NO

43. If installed, do self-closing metering faucets provide a flow of water for at least 15 seconds without the need  
to reactivate the faucet? .....  YES  NO

44. Is hand cleanser available at all hand sinks?.....  YES  NO

45. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand sinks?...  YES  NO

46. Are covered waste receptacles available in all ladies' restrooms? .....  YES  NO

47. Are hot and cold running water under pressure available at each handsink, with hot water reading at least  
100°F?.....  YES  NO

48. Are all toilet room doors self-closing?.....  YES  NO

49. Are all toilet rooms equipped with adequate ventilation? .....  YES  NO

50. Is a handwashing sign posted at all hand sinks?.....  YES  NO

**STATEMENT:**

**I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Chesapeake Health Department may nullify final approval.**

Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

Print Name(s) \_\_\_\_\_

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**Approval of these plans and specifications by the Chesapeake 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 & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.**