

# Application for Foodservice Plan Review

## Virginia Department of Health

### Rappahannock Area Health District

*Fredericksburg City, Caroline, King George, Spotsylvania, and Stafford Counties*

Date: \_\_\_\_\_ New \_\_\_ Remodel \_\_\_ Conversion \_\_\_

#### Establishment Information:

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

Physical Address (include zipcode): \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_

#### Establishment Owner Information:

Legal Owner Type: Association \_\_\_ Corporation \_\_\_ Individual \_\_\_ Partnership \_\_\_ Other Legal Entity \_\_\_

Association, Corporation Partnership Name: \_\_\_\_\_

*If a Corporation or LLC, please attach list of owners, addresses and phone numbers.*

Legal Owner Name: \_\_\_\_\_

Owner Billing Address: \_\_\_\_\_

Local Registered Agent (if required): \_\_\_\_\_ Title: \_\_\_\_\_

Local Agent's address: \_\_\_\_\_

#### Applicant Contact Information:

Applicant's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

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

_____ Building	_____ Public Works
_____ Fire	_____ Public Utilities
_____ Planning and Zoning	_____ Police

Hours of Operation: Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Number of Seats: \_\_\_\_\_ Smoking Status: \_\_\_\_\_ Non Smoking \_\_\_\_\_ Restricted Area for Smoking

Number of Staff: \_\_\_\_\_ (Maximum per shift)

Total Square Feet of Facility: \_\_\_\_\_

Number of Floors on which operations are conducted \_\_\_\_\_

Maximum Meals to be Served: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

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

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

Type of Service: (check all that apply) Sit Down \_\_\_ Take Out \_\_\_ Caterer \_\_\_ Mobile \_\_\_ Other: \_\_\_\_\_

**Please enclose the following documents:**

- \_\_\_\_\_ Certified Food Protection Manager credential(s)
- \_\_\_\_\_ 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, well, septic system – if applicable)
- \_\_\_\_\_ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- \_\_\_\_\_ Equipment schedule

**Contents And Format Of Plans And Specifications**

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 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 for each room 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 protectors;
    - (1) 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 food storage areas and in other areas and rooms during periods of cleaning;
    - (2) At least 220 lux (20 foot candles):
      - (a) 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;
      - (b) Inside equipment such as reach-in and under-counter refrigerators;
      - (c) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms; and
    - (3) 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 (as applicable).
  - f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with;
  - 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;

**Please circle/answer the following questions**

**Food Preparation Review:**

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

<b>Category:</b>	<b>YES</b>	<b>NO</b>
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	___	___
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	___	___
3. Cold processed foods (salads, sandwiches, vegetables)	___	___
4. Hot processed foods (soups, stews, rice, noodles, gravy, casseroles)	___	___
5. Bakery goods (pies, custards, cream fillings & toppings)	___	___

**Food Supplies:**

- |   |     |    |
|---|-----|----|
| 1. Are all food supplies from inspected and approved sources? | YES | NO |
|---|-----|----|
- Please list all your food suppliers: \_\_\_\_\_
- 
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 frozen and refrigerated foods at 41°F (5°C) 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
3. If yes, how will cross-contamination be prevented?
- \_\_\_\_\_
- 
4. Does each refrigerator/freezer have a thermometer? YES NO
5. Number of refrigeration units: \_\_\_\_\_
6. Number of freezer units: \_\_\_\_\_
7. Is there a bulk ice machine available? YES NO

**Thawing Frozen 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)		

Thawing Method	*THICK FROZEN FOODS	*THIN FROZEN FOODS
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 PHF's? YES NO

2. What type of temperature 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)

3. List types of cooking equipment. \_\_\_\_\_

4. Will you be serving any raw or undercooked foods? YES NO  
If yes, will you have a consumer advisory on your menu? YES NO

**Hot/Cold Holding:**

1. How will hot PHF's be maintained at 135°F (60°C) 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 (5°C) 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 (5°C) 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°F 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. Will food employees be trained in good food sanitation practices? YES NO  
a. Method of training: \_\_\_\_\_  
b. Number(s) of employees: \_\_\_\_\_  
c. 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 policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES NO  
a. If yes, please describe briefly or attach the policy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
b. If no, a policy is required prior to opening the foodservice facility.
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?  
a. Chemical Type: \_\_\_\_\_  
b. Concentration: \_\_\_\_\_  
c. Test Kit: YES NO
6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise, 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
8. Is there a planned location used for washing produce? YES NO  
Describe \_\_\_\_\_  
\_\_\_\_\_  
If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.  
\_\_\_\_\_  
\_\_\_\_\_
9. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 135°F) during preparation.  
\_\_\_\_\_  
\_\_\_\_\_
10. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.
11. Will the facility be serving food to a highly susceptible population? YES NO  
If yes, how will the food temperature be maintained while being transferred between the kitchen and service area? \_\_\_\_\_  
\_\_\_\_\_

**A. 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
<b>Kitchen</b>				
<b>Bar</b>				
<b>Food Storage</b>				
<b>Other Storage</b>				
<b>Toilet Rooms</b>				
<b>Dressing Rooms</b>				
<b>Garbage &amp; Refuse Storage</b>				
<b>Mop Service Basin Area</b>				
<b>Warewashing Area</b>				
<b>Walk-in Refrigerators and Freezers</b>				

**B. Insect And Rodent Control**

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

**C. Garbage And Refuse**

**Inside**

- |   |     |    |    |
|---|-----|----|----|
| 1. Do all containers have lids?                                       | YES | NO | NA |
| 2. Will refuse be stored inside?                                      | YES | NO | NA |
| If so, where? _____   |     |    |    |
| 3. Is there an area designated for garbage can or floor mat cleaning? | YES | NO | NA |

**Outside**

- |   |     |    |    |
|---|-----|----|----|
| 4. Will a dumpster be used?   | YES | NO | NA |
| Number _____ Size _____ Frequency of pickup _____   |     |    |    |
| 5. Will a compactor be used?  | YES | NO | NA |
| Number _____ Size _____ Frequency of pick up _____  |     |    |    |
| 6. Will garbage cans be stored outside?   | YES | NO | NA |
| Describe surface and location where dumpster/compactor/garbage cans are to be stored<br>_____ |     |    |    |
| 7. Describe location of grease storage receptacle and servicing schedule<br>_____             |     |    |    |
| 8. Is there an area to store recycled containers?   | YES | NO |    |
| If yes, describe _____  |     |    |    |
| 9. Is there any area to store returnable damaged goods?                                       | YES | NO |    |

**D. Plumbing Connections**

Please check where appropriate

	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 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 waste water 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 trap that provides a liquid seal in the shape of the letter "P". Full "S" traps are prohibited.

Are floor drains provided & easily cleanable?                      YES    NO

Indicate location: \_\_\_\_\_

**E. Water Supply**

- Is water supply public ( ) or private ( )?  
If private, has source been approved?                      YES    NO    PENDING  
Please attach copy of written approval and/or permit.
- Is ice made on premises ( ) or purchased commercially ( )?  
a. If made on premise, are specifications for the ice machine provided?    YES    NO  
b. Describe provision for ice scoop storage: \_\_\_\_\_  
c. Provide location of ice maker or bagging operation \_\_\_\_\_
- What is the capacity of the hot water generator? \_\_\_\_\_
- Is the hot water generator sufficient for the needs of the establishment?  
Provide calculations for necessary hot water
- Is there a water treatment device?    YES    NO  
If yes, how will the device be inspected & serviced? \_\_\_\_\_  
\_\_\_\_\_
- How are the backflow prevention devices inspected & serviced? \_\_\_\_\_  
\_\_\_\_\_

**F. Sewage Disposal**

- 1. Is building connected to a municipal sewer? YES NO
- 2. If no, is private disposal system approved? YES NO PENDING  
*Please attach copy of written approval and/or permit.*
- 3. Are grease traps provided? YES NO
  - a. If so, where? \_\_\_\_\_
  - b. Provide schedule for cleaning & maintenance \_\_\_\_\_

**G. Employee Belongings**

Describe storage facilities for employees' personal belongings (i.e., purses, coats, personal medication, etc.) \_\_\_\_\_

**H. General**

- 1. Will insecticides/rodenticides be stored separately from cleaning & sanitizing agents? YES NO  
Indicate location: \_\_\_\_\_
- 2. Who will be applying your insecticides/rodenticides? \_\_\_\_\_
- 3. Will all toxics for use on the premise (this includes personal medications) be stored away from food preparation and storage areas? YES NO
- 4. Will all containers of toxics including sanitizing spray bottles clearly labeled? YES NO
- 5. Will linens be laundered on site (this includes wiping cloths)? YES NO  
If yes, what will be laundered and where? \_\_\_\_\_  
If no, how will linens be cleaned? \_\_\_\_\_
- 6. Is a laundry dryer available? YES NO
- 7. Location of clean linen storage: \_\_\_\_\_
- 8. Location of dirty linen storage: \_\_\_\_\_
- 9. Will food storage containers be constructed of safe, durable, and nonabsorbent materials? YES NO  
Indicate type: \_\_\_\_\_
- 10. How is each listed ventilation hood system cleaned? frequency of cleaning?  
\_\_\_\_\_

**I. 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

**J. Dishwashing Facilities**

- 1. Will sinks or a dishwasher be used for warewashing?
  - a. Dishwasher ( )
  - b. Three compartment sink ( )
- 2. Dishwasher, type of sanitization used:
  - a. Hot water (temp. provided) \_\_\_\_\_
  - b. Booster heater \_\_\_\_\_
  - c. Chemical type \_\_\_\_\_
  - d. Is ventilation provided? YES NO
- 3. Do all dish machines have templates with operating instructions? YES NO
- 4. Do all dish machines have temperature/pressure gauges as required that are 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?

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6. Are there drain boards on both ends of the pot sink? YES NO

7. What type of sanitizer is used?
- a. Chlorine ( )
  - b. Iodine ( )
  - c. Quaternary ammonium ( )
  - d. Hot Water ( )
  - e. Other ( )

8. Are test papers and/or kits available for checking sanitizer concentration? YES NO

**K. Handwashing/Toilet Facilities**

- 1. Is there a handwashing sink in each food prep and warewashing area? YES NO
- 2. Do all handwashing sinks, including those in the restrooms, have a mixing valve/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. Is 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

**L. SMALL EQUIPMENT REQUIREMENTS**

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

- a. Slicers \_\_\_\_\_
- b. Cutting boards \_\_\_\_\_
- c. Can openers \_\_\_\_\_
- d. Mixers \_\_\_\_\_
- e. Floor mats \_\_\_\_\_
- f. Other \_\_\_\_\_

\*\*\*\*\*

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

Signature(s): \_\_\_\_\_  
**owner(s) or responsible representative(s)**

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

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**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 & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.**

Revised 2/13

\$40.00 Plan Review Fee is required

Make Checks Payable to:  
Fredericksburg Health Department  
608 Jackson Street  
Fredericksburg, Virginia 22401

**For Official Use:** Items Submitted in Packet

- \_\_\_ Plan Review fee of \$40
- \_\_\_ Permit Application with \$40 fee (if new owner)
- \_\_\_ Proposed Menu
- \_\_\_ Manufacturer Specifications for equipment
- \_\_\_ Plan drawn to scale

Plans Reviewed and Approved EHS: \_\_\_\_\_ Date: \_\_\_\_\_