



RICHMOND CITY HEALTH DISTRICT  
 400 East Cary Street, Suite 322  
 Richmond, Virginia 23219  
 Phone: (804) 205-3912  
 Fax: (804) 371-2208  
 Health Director: Danny TK Avula, MD, MPH

RICHMOND CITY  
 HEALTH DISTRICT

**“Working together for a healthier Richmond”**

**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), 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)

- |   |  |
|---|--|
| <input type="checkbox"/> Floor plan       | <input type="checkbox"/> Mechanical layout     |
| <input type="checkbox"/> Equipment lists  | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Plumbing diagram |  |

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

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Fire safety | <input type="checkbox"/> Building department |
| <input type="checkbox"/> Plumbing    | <input type="checkbox"/> Other (specify)     |
| <input type="checkbox"/> Electrical  | <input type="checkbox"/> 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:

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are floor materials smooth, grease resistant, impervious and easily cleanable in the kitchen and restrooms? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are floors graded to drain, if drains are provided?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the floor wall juncture coved?   |

List materials used on floors in the following areas:

- Kitchen \_\_\_\_\_
- Dining \_\_\_\_\_
- Bathrooms \_\_\_\_\_
- Storage \_\_\_\_\_

Walls and Ceilings:

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are walls and ceilings in the kitchen and restrooms constructed of smooth and easily cleanable materials?               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In areas subject to moisture, are the walls and ceilings constructed of nonabsorbent materials?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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:

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are employee toilet rooms conveniently located?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are toilet room doors self-closing?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are public toilet rooms provided for each sex?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are handicapped toilets provided?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are handsinks provided in each restroom?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are toilet rooms ventilated to outside air?

Handwashing facilities:

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are handwashing sinks provided in all food preparation areas?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are handwashing sinks provided in the dishwashing area?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are handwashing sinks provided in serving and busing areas?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is each handwashing sink equipped to provide water at a temperature of at least 100 degrees F (38 degrees C) through a mixing valve or combination faucet?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the required handwashing signage posted at each handwashing sink?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is each handwashing sink equipped with adequate handwashing soap and disposable towels or approved hand drying device?

Plumbing:

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is all water-supplied equipment installed to prevent back-siphonage or backflow of contaminants into the water supply system? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are indirect waste lines installed where needed?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is all plumbing in compliance with the plumbing code?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are any exposed sewer lines located over food preparation or storage areas?   |

Lighting:

- | Yes                      | No                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will the lighting sources provided over food preparation surfaces be at least 50-foot (540 lux) candles of intensity?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will the lighting sources provided in utensil washing, hand washing, and toilet room areas be at least 20-foot (220 lux) candles of intensity?           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will light bulbs in food preparation and storage areas be properly shielded or otherwise shatter-resistant?  |

Ventilation:

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are ventilation hood systems and other devices sufficient in number and capacity to prevent grease or condensation from collecting on walls and ceilings?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are exhaust ventilation hood systems, including component parts, designed to prevent grease or condensation contamination of food preparation, storage and warewashing areas? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a designated outdoor refuse storage area provided?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the outdoor storage area easily cleanable, having a smooth concrete pad or asphalt pad that is sloped to drain?              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are wastewaters from cleaning operations disposed of as sewage (dumpster pad with drain)?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all openings properly protected by tight-fitting windows and doors?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have all holes or gaps along floors, walls, and ceilings been filled or closed?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are floors, walls and ceilings properly finished around ducts, pipes, and cables?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are there ample areas for refrigerated and dry storage of food supplies and all paper goods, dishes, etc?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is all storage shelving installed a minimum of 6 inches above the floor and constructed of smooth, nonporous, and easily cleanable materials?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a separate storage area provided for poisonous and toxic materials (i.e. cleaning agents)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are adequate lockers or storage areas provided outside of the food service, storage and preparation areas for personal belongings (coats, sweaters, purses etc.)? |

Equipment

- | Yes                      | No                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is all equipment NSF (National Sanitation Foundation) approved or equivalent?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has a list of all in-place equipment including manufacturer's name and model number been submitted?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a 3-compartment sink with the required double drainboards provided?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a mechanical dishwasher to be installed?<br>If so, check the type.<br><input type="checkbox"/> Hot water sanitizing machine <input type="checkbox"/> Chemical sanitizing machine |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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 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?
- 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:***

Processing Fee: \_\_\_\_\_ Date: \_\_\_\_\_

Check: \_\_\_\_\_ Cash: \_\_\_\_\_ Credit Card: \_\_\_\_\_

Received By: \_\_\_\_\_ Receipt # \_\_\_\_\_

Plan Review Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Floor Plans Received By: \_\_\_\_\_ Date: \_\_\_\_\_

***EHS Staff:***

Plan Review Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Review Approved By: \_\_\_\_\_ Date: \_\_\_\_\_