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**Commonwealth of Virginia**

**Western Tidewater Health District**

**Office of Environmental Health**

Suffolk Health Dept. Isle of Wight Health Dept. Franklin Health Dept. Southampton Health Dept.

135 Hall Ave., A 919 S. Church St. 200 Fairview Drive 26022 Administration Center Dr.

P.O. Box 1587 P.O. Box 309 P.O. Box 595 P.O. Box 09

Suffolk, VA 23434 Smithfield, VA 23430 Franklin, VA 23851 Courtland, VA 23837

(757)514-4751 (757)279-3078 (757)562-6109 (757)653-3040

**FOOD ESTABLISHMENT PLAN REVIEW NEW OR RENOVATED FOOD ESTABLISHMENTS**

**THE FOLLOWING MUST BE SUBMITTED:**

* 1. Application for Food Establishment Permit
* 2. Food Establishment Plan Review including:
* 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

**ADDITIONAL REQUIREMENTS:**

* Local city/county Building Inspections Department – Required to notify and obtain necessary permits (electrical, plumbing, zoning, etc.) and occupancy permit, if required.
* Department of Revenue- Required to obtain business license.

Revised 3/15/16

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# Application for a Department of Health Food Establishment Permit

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

Purpose: \_\_\_ New Establishment \_\_\_ Name Change – Formerly Trading as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Renewal ***(Application must be completed and returned with fee)***

\_\_\_ Owner/Corporation Change (Any changes being made to facility? Yes/No)

Establishment Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Establishment Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suite # \_\_\_\_\_\_ City/County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_\_\_\_\_

Establishment Fax: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ Establishment E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAILING ADDRESS FOR INVOICE/RENEWAL?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Street City State Zip

\***Please list any changes to facility, food process, or menu since last renewal** (Attach list if necessary)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Corp \_\_\_ Inc \_\_\_ LLC \_\_\_ Enterprise \_\_\_ Sole Proprietor \_\_\_

Owner Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corporation Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Name, Title, and Telephone Number of Corporation Members: (Attach list if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Type of Operation: Restaurant \_\_\_\_ School \_\_\_\_ Daycare \_\_\_\_ Mobile \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yearly \_\_\_ Seasonal \_\_\_ Months of Operation (*Circle*): Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Days of Week: M T W T F S S Hours of Operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of Seats:** \_\_\_\_\_\_\_\_\_\_\_\_\_ ABC License: Yes or No Smoking or No-Smoking Facility

Maximum number meals to be Served: (ex. 10) Breakfast \_\_\_\_\_Lunch \_\_\_\_\_Dinner\_\_\_\_\_

Projected Date for Start of Project (if new facility):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Type of Water Supply: Well Water\* or City Water Type of Sewage Disposal: Septic System\* or City Sewage

**\*If establishment is on Private Well/Septic System further evaluation is needed by Health Department**

Name of Establishment Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone# or Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certified Food Manager: Yes or N

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**HD USE ONLY**: Check #: \_\_­­­\_\_\_\_\_\_\_\_\_ Receipt #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_\_\_\_\_\_\_ Permit Dates \_\_\_\_\_\_­­­­­­­\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ Amt:\_\_\_\_\_\_\_\_\_\_ HS Receipt #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_

**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 hand washing 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
   1. Entrances, exits, loading/unloading areas and docks;
   2. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
   3. 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;
   4. Lighting schedule with protectors;
      1. At least 110 lux (10 foot candles) at a distance of 75cm (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):
         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 least 540 (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.
      3. 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).
      4. Source of water supply and method of sewage disposal. Provide the location of these facilities ansd submit evidence that state and local regulations are complied with;
      5. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
      6. Garbage can washing and mat washing area/facility;
      7. Toxic chemicals storage area;
      8. 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) Time/Temperature Controlled for Safety Foods (TCS’s) to be handled, prepared and served.

**Category: YES NO**

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 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/Time/Temperature controlled for safety foods:**

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 PHF'/TCS’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/TCS’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/TCS’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/TCS’s be maintained at 135°F (60°C) or above during holding for service?

Indicate type and number of hot holding units. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. How will cold PHF/TCS’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/TCS 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/TCS’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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1. How will reheating food to 165°F for hot holding be done rapidly (within 2 hours)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Preparation:**

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

2. Will food employees be trained in food allergens and 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 to41°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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

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9. Describe the procedure used for minimizing the length of time PHF/TCS's will be kept in the temperature danger

zone (41°F - 135°F) during preparation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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** |
| Kitchen |  |  |  |  |
| Bar |  |  |  |  |
| Food Storage |  |  |  |  |
| Other Storage |  |  |  |  |
| Toilet Rooms |  |  |  |  |
| Dressing Rooms |  |  |  |  |
| Garage & Refuse Storage |  |  |  |  |
| Mop Service Basin Area |  |  |  |  |
| Warewashing Area |  |  |  |  |
| Walk-in Refrigerators and Freezers |  |  |  |  |

**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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Describe location of grease storage receptacle and servicing schedule

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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   1. Mop 2. Handwash 3. 3 Compartment 4. 2 compartment 5. 1 Compartment 6. 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**

1. Is water supply public ( ) or private ( )?

If private, has source been approved? YES NO PENDING

Please attach copy of written approval and/or permit.

2. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What is the capacity of the hot water generator? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Is the hot water generator sufficient for the needs of the establishment? YES NO

Provide calculations for necessary hot water\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Is there a water treatment device? YES NO

If yes, how will the device be inspected & serviced?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. 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?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\*\*\*\*\***

**AS A CONDITION FOR RECEIPT OF THE PERMIT I AGREE TO:**

1. Read and be familiar with the laws, orders, rules and regulations, etc. governing the handling of food in the Western Tidewater health District.
2. Abide by the conditions of such laws, orders, rules, regulations, etc.
3. Freely permit and authorized agent of the Virginia Department of Health to inspect the premises under my control and at such time to take samples there from as many be necessary.
4. Immediately discontinue operations and notify the regulatory authority if an imminent health hazard may exist because of an emergency such as a fire, flood, extended interruption of electrical or water service, sewage backup, misuse of poisonous or toxic materials, onset of an apparent foodborne illness outbreak, gross unsanitary occurrence or condition, or other circumstance that may endanger public health.

**I FURTHER UNDERSTAND THAT:**

1. Health Department food establishment permits must be renewed annually and that there is a permit fee.
2. Permits cannot be transferred from one operator to another or from one location to another. The Health Department must be notified of any sale or change of ownership.
3. Permits are subject to revocation for just cause.
4. The Health Department must be notified when the applicant ceases to be responsible for the establishment.
5. All food establishment employees in the Western Tidewater Health District are required by local ordinance to have a food handler’s card prior to working in a food establishment.
6. If any menu changes occur, your local Health Department must be notified.
7. The Health Department must be notified with plans to expand or modify the establishment prior to making changes.

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: \_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\*\*\*\*\***

**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 10/14

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

$40 Plan Review Fee is required

Make Checks Payable to:

Suffolk Health Department

135 Hall Ave

Suffolk, VA 23434

**\_**\_\_\_\_Plan Review fee of $40.00

\_\_\_\_\_Permit Application with $40 fee (if new owner)

\_\_\_\_\_Proposed Menu

\_\_\_\_\_Manufacturer Specifications for equipment

\_\_\_\_\_Plan drawn to scale

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

**Commonwealth of Virginia**

**Western Tidewater Health District**

**Office of Environmental Health**

Suffolk Health Dept. Isle of Wight Health Dept. Franklin Health Dept. Southampton Health Dept.

135 Hall Ave., A 919 S. Church St. 200 Fairview Drive 26022 Administration Center Dr.

P.O. Box 1587 P.O. Box 309 P.O. Box 595 P.O. Box 09

Suffolk, VA 23434 Smithfield, VA 23430 Franklin, VA 23851 Courtland, VA 23837

(757)514-4751 (757)279-3078 (757)562-6109 (757)653-3040

**ANNUAL COMMISSARY AGREEMENT**

**To be completed by APPLICANT – Please print or type**

Business Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner/Operator Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suite \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle VIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Plate# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby state that the above information is current, true and correct to the best of my knowledge and agree to utilize my approved commissary in accordance with the Commonwealth of Virginia Board of Health Food Regulations and the Western Tidewater Health District. **NOTE**: If this Commissary Agreement is modified or cancelled, and a new Commissary Agreement is not provided to this office, your permit to operate a food facility will be subject to suspension or revocation.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by COMMISSARY OWNER/OPERATOR – Please print or type**

Commissary Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suite \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner/Operator Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check all services provided:**

⁭ Mobile Unit Storage ⁭ Electrical Hookup ⁭ Toilet and Handwashing Facilities

⁭ Potable Water Supply ⁭ Grease Disposal ⁭ Garbage Disposal

⁭ Food Preparation ⁭ Food Storage ⁭ Warewashing Facilities (3 compartment sink)

⁭ Hours of Access to Commissary ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) ⁭ Wastewater Disposal in Sanitary Sewer

(ex: mop sink)

Additional Conditions placed on Agreement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby state that the above information is current, true and correct to the best of my knowledge and in accordance with the Commonwealth of Virginia Board of Health Food Regulations and the Western Tidewater Health District. I also understand that this agreement is for a one year period, however, I hold the right to cancel the agreement at any time upon notification to the applicant and to the Health Department.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOOD ESTABLISHMENT SAMPLE FLOOR PLAN**



**FOOD ESTABLISHMENT EQUIPMENT LIST FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item #** | **Quantity** | **List of Equipment** | **Description & Model No. (Include NSF No.)** |
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PLACE OF BUSINESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ROOM MATERIALS LIST FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Room No.** | **Room Name** | **Floor Material** | **Base Material** | **Wall Finish Material** | **Ceiling Finish Material** |
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Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­