

Portsmouth Health Department
Environmental Health

1701 High Street, Suite 201
 Portsmouth, VA 23704
 Phone (757)393-8585 Fax (757) 393-8027



Date Received: _____

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION		
___ New	___ Remodel	Smoking Status: _____

Name of Establishment: _____
 Establishment Type: Full Service ____, Fast Food ____, Caterer ____, Hospital ____,
 School ____, Concession ____, other (please explain) _____
 Facility Address: _____
 Facility Phone: _____

Name of Owner: _____
 Mailing Address: _____
 Telephone: _____

Contact Person & Title (architect, manager, etc.) _____
 Mailing Address: _____
 Telephone: _____

Target Opening Date: _____

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

___ Development & Permits	___ Commissioner of Revenue
___ Fire Marshall	___ Virginia Department of Alcoholic Beverage Control (if applicable)
___ Zoning	

Projected Food Operation Start Date: _____ Projected Date for Completion of Construction: _____
 Number of Seats: _____ Number of Staff: _____ Total square footage of the facility: _____

ONCE ALL DOCUMENTS BELOW ARE SUBMITTED, PLEASE ALLOW UP TO 30 DAYS TO REVIEW, APPROVE, SCHEDULE/CONDUCT INSPECTIONS & PERMIT YOUR FACILITY

- ___ Certified Food Manager Certificate(s)
- ___ Intended Menu (including specials, seasonal, off-site and banquet menus).
- ___ Proposed Equipment types, manufacturers, model numbers, locations, dimensions, performance capacities and installation specifications.
- ___ Architectural or computer generated plans (**to scale**) of the food establishment showing location of equipment, plumbing, electrical services (including lighting), mechanical ventilation and room finishes.

**** Guidance per 2013 FDA Food Code Chapter 8, Compliance and Enforcement****

FOOD PREPARATION REVIEW (check the appropriate box where applicable)

Will the following Temperature Controlled for Safety (TCS) Foods 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, chicken, 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, and toppings) YES / NO
6. Other _____
7. If serving raw fish (sushi, lox, ceviche), will parasite destruction be done on-site or by the supplier?
 - On-site: provide your procedure for parasite destruction (A freezer used for parasite destruction must maintain -4°F for 7 days. Measure and record temperature of freezer unit on a daily basis).
 - Supplier: provide the name of your supplier and documentation to show parasite destruction. Each invoice received from the supplier shall state the specific fish by species that have been frozen to meet the parasite destruction requirements under 12 VAC 5-421-740 B
8. Describe any special food processing within your facility (smoking or curing meats, reduced oxygen packaging such as sous vide, canning, sprouting beans, etc.). Variances are required to be submitted and approved by the department. _____
9. Is fish that has been packaged using Reduced Oxygen Packaging (ROP) being used? YES / NO
If yes, describe the thawing process _____
10. Will "time as a public health control" be utilized in holding any TCS foods? YES / NO
If yes, describe the process and monitoring procedures. Written procedures are required to be submitted to the health department and maintained on the premises by the facility. _____

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 _____, and dry goods _____?
3. How will food items be stored off the floor? _____

COLD STORAGE:

1. Are approved refrigerators and freezers, of sufficient capacity, 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
3. If yes, how will cross-contamination be prevented? _____
4. Does each refrigerator have a thermometer? YES / NO
5. Does your refrigerator allow you to maintain a temperature of 41 degrees or below? YES / NO

COLD STORAGE CONTINUED:

Refer to Attachment 1 for refrigerator capacity calculation guide.

- 6. Number of refrigeration units: _____ Number of freezer units: _____
- 7. Is there a bulk ice machine? _____ YES / NO
If no, where will ice be purchased? _____

THAWING:

Please indicate by checking the appropriate boxes, how frozen Temperature Controlled for Safety (TCS) foods will be properly thawed. More than one method may apply. Also indicate where thawing will take place.

Thawing Method	Thick Frozen Food	Thin Frozen Food
Refrigeration		
Running Water Less Than 70°F(21°C)		
Microwave (as part of the cooking process)		
Cooked from frozen state		
Other (please describe)		

COOKING:

- 1. What type of food thermometer will be used to insure that proper internal cooking temperatures of TCS foods are met? _____
- 2. How do you clean and sanitize your thermometer? How often? _____

- 3. List types of cooking equipment: _____

- 4. Will raw animal food be cooked using a non-continuous process? (For example: a caterer marking chicken or steaks on the grill prior to an event and then completing the cooking process on site.) _____
YES / NO

If yes, describe the process and monitoring procedures. Written procedures are required to be submitted and maintained by the facility. _____

- 5. Will you be serving any raw or undercooked foods? _____ YES / NO
If yes, will you have a consumer advisory on your menu? _____ YES / NO
The permit holder shall inform consumers of the significantly increased risk of consuming such foods by way of a **disclosure** and **reminder** using brochures, deli case or menu advisories, label statements, table tents, placards, or other effective written means under 2013 FDA Food Code.

HOT/COLD HOLDING:

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

2. How will cold TCS foods 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 TCS foods will 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). Also, indicate where cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES	VEGETABLES (REFRIED BEANS , ETC)
Shallow Pans						
Ice Baths						
Reduce Volume or Size						
Other (Describe)						

REHEATING:

1. How will TCS foods 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, within 2 hours? Indicate type and number of units used for reheating foods. _____

PREPARATION:

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

2. How will food employees be trained in good food safety practices, including allergen awareness, as it relates to their assigned duties? YES / NO

a. Method of training: _____

b. Frequency: _____

c. Training Record Maintained: _____

3. Will disposable gloves, utensils and/or food grade paper be used to prevent bare hand contact of ready to eat foods? YES / NO

PREPARATION CONTINUED:

4. A written policy to exclude or restrict food workers who are sick or have infected cuts or lesions, is to be provided prior to opening the food service facility. Has the written policy been attached? YES / NO
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: _____ ppm
c. Is there a test kit? YES / NO
6. Will a chemical wash be used for produce? YES / NO
a. If yes, please describe: _____

- b. Is there a designated prep sink used for washing produce? YES / NO
If yes describe: _____

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

7. Describe procedures used to minimize the length of time TCS foods will be kept in the temperature danger zone (41°F – 135°F) during preparation. _____

8. Will the facility be serving food to a highly susceptible population (i.e. the elderly, pre-school age children, or those with weakened immune systems)? YES / NO
If yes, how will foods be safely transported between the kitchen and service areas?

HANDWASHING/TOILET FACILITIES

1. Is there a handsink in each food preparation and warewashing area? YES / NO
2. Do all hand sinks, including those in the restrooms, have a mixing valve or combination faucet, allowing hot and cold water? YES / NO
3. 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
4. Is hand cleanser available at all hand sinks? YES / NO
5. Are hand drying facilities (paper towels, air blowers. Etc.) available at all hand sinks? YES / NO
6. Are covered waste receptacles available in all ladies' restrooms? YES / NO
7. Are hot and cold, running water under pressure, available at each hand sink, with hot water reading at least 100°F? YES / NO
8. Are all toilet room doors self-closing? YES / NO
9. Are all toilet rooms equipped with adequate ventilation (exhaust fan or window that can be opened)? YES / NO
10. Is a handwashing sign posted at all hand sinks used by employees? YES / NO

DISHWASHING FACILITIES (check the appropriate box where applicable)

1. What method will be used for ware washing? _____
- Dishwasher
 - i. Select the Type of Dishwasher:
 - Hot Water Sanitizing*
 - a. Wash temperature _____
 - b. Final rinse temperature _____
 - c. Is ventilation provided? YES / NO

An irreversible registering temperature indicator must be provided and readily accessible*
 - Chemical Sanitizing
 - a. Sanitizer type: _____
 - b. Do all dish machines have data plates with operating instructions, water temperature and/or chemical requirements? YES / NO
 - c. Do all dish machines have properly working temperature/pressure gauges, alarms, & visual display for low chemicals as required? YES / NO
 - Three compartment sink
 - i. Are there drain boards on both ends of the three compartment sink? YES / NO
 - ii. Can the largest pot/pan be submerged and fit in all compartments of the three compartment sink? YES / NO
 - iii. If no, what is the procedure for in-place manual cleaning and sanitizing? _____
 - iv. What type of sanitizer is used?
 - Chlorine
 - Iodine
 - Quaternary Ammonium
2. Are test kits available for checking sanitizer concentrations? YES / NO
3. Does your facility have a 50 gallon or larger hot water heater? YES / NO
- Refer to Attachment 2 for water heater capacity calculation worksheet.

GENERAL

1. Are procedures in place for employees to follow when responding to a vomitous or diarrheal event in the food establishment? YES / NO
If Yes, describe: _____
2. Will food storage containers be constructed of safe, durable, and nonabsorbent materials? YES / NO
3. How is each listed ventilation hood system cleaned? Frequency of cleaning? _____
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. What types of containers are used to store bulk food products? _____
7. Are all areas properly vented and hood systems approved by the Fire Marshall? YES / NO
8. Is a separate food preparation sink provided? YES / NO
(If yes, an air gap must be provided on the drain pipe.)

FINISH SCHEDULE

Use the following chart to 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				

Example				
Kitchen	<u>Quarry Tile</u>	<u>Quarry Tile</u>	<u>FRP smooth</u>	<u>Acoustical tile</u>

PLUMBING CONNECTIONS

Please check where appropriate:

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	**P** TRAP	VACUUM BREAKER	CONDENSATE PUMP
Ice Machines						
Ice storage bin						
Hand wash sink						
2-compartment sink						
3-compartment sink						
Culinary sink						
Steam tables						
Dipper wells						
Refrigeration condensate wells/ drain lines						
Hose connection						
Beverage Dispenser w/carbonator						
Other: _____						

1. Are floor drains provided, covered and easily cleanable? YES / NO

WATER SUPPLY

1. Is the facility's water supply public or private? _____
 If private, has source been approved? YES / NO
 Please attach copy of written approval and/or permit. Provide a copy of annual testing for well water.
2. What is the capacity of the hot water heater? _____ **Gallons**
3. Is ice made on premises (YES / NO) or purchased commercially (YES / NO)?
 a. If made on premise, are specifications for the ice machine provided? YES / NO
 b. Describe provision for ice scoop storage: _____

SEWAGE DISPOSAL

1. Is the building connected to city sewer? YES / NO
 a. If private, has source been approved? YES / NO
2. If required, where are the grease traps located? _____
 Provide schedule for cleaning and maintenance.

INSECT AND RODENT CONTROL

- 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? (16" mesh required) YES / NO
- 3. Is the placement of insect control light traps identified on the plan? YES / NO
- 4. Will all pipes & electrical conduit chases be sealed? YES / NO
- 5. Will ventilation systems, exhaust and intakes be protected against pest entry? YES / NO
- 6. Is the area around the 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, provide the company's name and indicate frequency of service. _____

GARBAGE AND REFUSE

- 1. Do all garbage containers have lids? YES / NO
- 2. Will a dumpster be used? YES / NO
If yes provide the following:
Number _____ Size _____ Yards _____
Frequency of pickup _____
Company _____
- 3. Describe surface and location where dumpster/compactor/garbage cans are to be stored: _____

- 4. Is there an area designated for garbage can or floor mat cleaning? YES / NO
- 5. Describe location of grease storage receptacles (grease trap/inceptor): _____
Frequency of pickup _____
Company _____

CHEMICAL STORAGE

- 1. All toxics for use on the premise or for retail sale, must be stored away from food preparation and storage areas (this includes personal medications). Is this area provided? YES / NO
- 2. Will insecticide/rodenticides be stored separately from cleaning and sanitizing agents? YES / NO
- 3. Will all containers of toxics including sanitizing bottles be clearly labeled? YES / NO

DRESSING ROOMS

Are dressing rooms with lockers provided? YES / NO
If not, describe storage facilities for employees' personal belongings (i.e. purses, coats, personal medication, etc.) _____

Please answer every question that applies to your food service operation. Ensure your plans are complete.

Approval of these plans and specifications by the Portsmouth 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.

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 Portsmouth Health Department may nullify final approval.

Signature(s) _____

Print Name(s) _____

Date: _____

For Official Use: Items Submitted in Packet

- ___ Plan review fee of \$40
- ___ Permit Application fee of \$40
- ___ Proposed Menu
- ___ Manufacturer Specifications for equipment
- ___ Plans drawn to scale

Make checks payable to:
Portsmouth Health Department

Plans Reviewed and Approved EHS: _____ Date: _____

EHS: _____ Date: _____