



**Portsmouth Health Department**  
**Division of Environmental Health**  
 1701 High St  
 Portsmouth, VA 23704  
 (757) 393-8585, Ext 8585 Fax (757) 3939-8027

Office Records
Date Received: _____
\$40 Plan Review: _____

## Caterer Plan Review Application

**\*\* Please fill out application entirely. \*\***

Application Fee \$40; Make checks payable to **Portsmouth Health Department**.

**Purpose:**  New Establishment  Name Change  Owner/Corporation Change

**Name of Catering Business:** \_\_\_\_\_

Facility Address: \_\_\_\_\_ Suite # \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

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

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

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

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

**Name of Commissary Kitchen:** \_\_\_\_\_

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

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

Projected Food Operation Start Date: \_\_\_\_\_

**Please provide the following documents:**

- Certified Food Manager Certificate(s)
- Proposed Menu (including seasonal, off-site and banquet menus).
- Commissary Agreement Letter
- Manufacturer specification sheets for equipment owned by caterer.
- Employee health policy, allergen awareness policy and bodily fluid clean up policy

**FOOD PREPARATION REVIEW (Circle YES, NO, NA or 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)  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Thick meats, whole poultry (roast beef, whole turkey, chicken, hams)   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Cold processed foods (salads, sandwiches, vegetables)  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Bakery goods (pies, custards, cream fillings, and toppings).   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Is raw fish served?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| a. If serving raw fish (sushi, lox, ceviche), will parasite destruction be done on-site or by the supplier?   |  |
| <input type="checkbox"/> On-site: provide your written procedure for parasite destruction.  |  |
| <input type="checkbox"/> 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 FDA Food Code 2022, 3-402.11. |  |
| 7. 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.  | <input type="checkbox"/> NA                              |

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

8. Is fish that has been packaged, using Reduced Oxygen Packaging (ROP), being used?  YES  NO  
If yes, describe the thawing process.  
\_\_\_\_\_
9. Please list all foods prepared more than 12 hours in advance of service.  NA  
\_\_\_\_\_
10. 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
11. Will a chemical wash be used for produce?  YES  NO  
a. If yes, please describe: \_\_\_\_\_  
b. Are test strips available?  YES  NO
12. Is there a designated prep sink used for washing produce and food preparation in the commissary kitchen?  YES  NO  
(If yes, an air gap must be provided on the drainpipe.)  
If yes describe:  
\_\_\_\_\_  
\_\_\_\_\_  
If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.  
\_\_\_\_\_  
\_\_\_\_\_
13. 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.  
\_\_\_\_\_  
\_\_\_\_\_
14. Will food storage containers be constructed of safe, durable, and non-absorbent materials?  YES  NO

**FOOD SUPPLIES**

1. Are all food supplies from an approved source?  YES  NO
2. Please list all your food suppliers:  
\_\_\_\_\_  
\_\_\_\_\_
3. When will food items be purchased: frozen foods \_\_\_\_\_, refrigerated foods \_\_\_\_\_, and dry goods \_\_\_\_\_?
4. 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  
If yes, how will cross-contamination be prevented?  
\_\_\_\_\_
3. Does each refrigerator have a thermometer?  YES  NO
4. Number of refrigeration units: \_\_\_\_\_ Number of freezer units: \_\_\_\_\_
5. Is there a bulk ice machine?  YES  NO  NA  
a. If not, where will ice be purchased? \_\_\_\_\_  
b. If made on the premises, are specifications for the ice machine provided?  YES  NO  
c. Describe provision for ice scoop storage: \_\_\_\_\_

**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.

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 ensure that proper internal cooking temperatures of TCS foods are met?  
\_\_\_\_\_
2. How do you calibrate your food thermometer and how often?  
\_\_\_\_\_
3. How do you clean and sanitize your thermometer? How often?  
\_\_\_\_\_
4. List types of cooking equipment:  
\_\_\_\_\_  
\_\_\_\_\_
5. 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.  
\_\_\_\_\_
6. 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 disclosure and **reminder** using brochures, deli case or menu advisories, label statements, table tents, placards, or other effective written means under FDA Food Code 2022, 3-603.

**HOT/COLD HOLDING**

1. How will hot TCS foods be maintained at 135°F (57°C) or above during holding for service? NA  
\_\_\_\_\_
2. Indicate type and number of hot holding units.  
\_\_\_\_\_  
\_\_\_\_\_
3. 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.  
\_\_\_\_\_  
\_\_\_\_\_

**HANDWASHING/TOILET FACILITIES**

1. Is there a hand sink in each food preparation and ware washing 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. Are hand cleansers available at all hand sinks? YES NO
5. Are hand drying facilities (paper towels, air blowers, etc.) available on 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 85°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**

- 1. Check which 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
        - d. Are irreversible registering temperature indicators available? YES NO
      - Chemical Sanitizing
        - a. Are test kits available for checking sanitizer concentrations? YES NO
    - ii. Do all dish machines have data plates with operating instructions, water temperature and/or chemical requirements? YES NO
    - iii. Do all dish machines have properly working temperature/pressure gauges, alarms, & visual display for low chemicals as required? YES NO
  - Three compartment sinks
    - i. What type of sanitizer is used?
      - Chlorine
      - Quaternary Ammonium
      - Other: \_\_\_\_\_
    - ii. Are test kits available for checking sanitizer concentrations? YES NO
    - iii. Are there drain boards on both ends of the three-compartment sink? YES NO
    - iv. Can the largest pot/pan be submerged and fit in all compartments of the three-compartment sink? YES NO  
If no, what is the procedure for in-place manual cleaning and sanitizing?  
  
\_\_\_\_\_

**GENERAL**

- 1. 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 submitted? YES NO
- 2. A written policy should be put in place for employees to follow when responding to a vomiting or diarrheal event in the food establishment, which is to be provided prior to opening the food service facility? Has the written policy been submitted? YES NO

\*\*\*\*\*  
**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.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Applicant's Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

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

- Plan review fee of \$40
- Permit Application with \$40 fee
- Proposed Menu
- Manufacturer Specifications for equipment
- Commissary Agreement Letter
- Certified Food Manager Certificate

Plans Reviewed and Approved

EHS: \_\_\_\_\_  
EHS: \_\_\_\_\_

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