



Portsmouth Health Department
Division of Environmental Health
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|-------------------------|
| Office Records |
| Date Received: _____ |
| \$40 Plan Review: _____ |

Foodservice Establishment Plan Review Application

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

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

Purpose: New Establishment Renovation Name Change Owner/Corporation Change

Name of Establishment: _____

Facility Address: _____ Suite # _____

Facility Phone: _____ Email address: _____

Billing Address: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Contact Person & Title (architect, manager, etc.) _____

Mailing Address: _____

Telephone: _____

Projected Date for Completion of Construction: _____ Projected Food Operation Start Date: _____

Number of Seats (indoor/outdoor): _____ Number of Staff: _____ Total square footage of the facility: _____

Location of grease trap/inceptor: Interior Exterior Not applicable

Please provide the following documents:

- Certified Food Manager Certificate(s)
- Proposed Menu (including seasonal, off-site and banquet menus).
- Manufacturer specification sheets for each piece of equipment as shown on the plan.
- Employee health policy, allergen awareness policy and bodily fluid clean up policy
- Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, waste grease containers, well, septic system - if applicable).
- Architectural plans drawn to scale of food establishment showing location of equipment, plumbing, electrical services (including lighting), mechanical ventilation and room finishes.

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? | |

On-site: provide your written procedure for parasite destruction.

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. NA
-
8. Is fish that has been packaged, using Reduced Oxygen Packaging (ROP), being used? YES NO
If yes, describe the thawing process.
-
9. Will "time as a public health control" be utilized in holding any TCS foods? YES NO
If yes, written procedures are required to be submitted to the health department and maintained on the premises by the facility.
10. Please list all foods prepared more than 12 hours in advance of service. NA
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11. 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
12. Will a chemical wash be used for produce? YES NO
- a. If yes, please describe: _____
 - b. Is there a test kit? YES NO
13. Is there a designated prep sink used for washing produce and food preparation? 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.

14. 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.

15. 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
16. 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. What are the projected frequencies of deliveries (i.e. daily, weekly, twice a week): 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.

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). NA

| 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 _____ | | | | | | |

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. NA

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?

TRAINING

1. How will food employees be trained in good food safety practices, including allergen awareness, as it relates to their assigned duties?
Check the appropriate box where applicable.

| | | | |
|-----------------------------------|--|--|-------------------------------------|
| Method of Training | <input type="checkbox"/> In House Training | <input type="checkbox"/> Online | <input type="checkbox"/> Course |
| Frequency | <input type="checkbox"/> Monthly | <input type="checkbox"/> Bi-annually | <input type="checkbox"/> Yearly |
| Training Record Maintained | <input type="checkbox"/> Onsite | <input type="checkbox"/> Corporate offices | <input type="checkbox"/> Electronic |

2. 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

3. 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

GENERAL

1. Are all ventilation hood systems approved by the Fire Marshall? YES NO

How is each listed ventilation hood system cleaned? Frequency of cleaning?

2. Will linens be laundered on site? YES NO

If yes, what will be laundered and where? _____

If not, how will linens be cleaned? _____

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 | | | | | | |
| 3-compartment sink | | | | | | |
| Steam tables | | | | | | |
| Dipper wells | | | | | | |
| Refrigeration condensate wells/ drain lines | | | | | | |
| Beverage Dispenser w/ carbonator | | | | | | |
| Service/mop sink | | | | | | |

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

2. Is there a service/mop sink located within the facility? YES NO

WATER SUPPLY

1. Is the facility's water supply public or private? _____
 If private, has source been approved? YES NO
2. What is the capacity of the hot water heater? _____ Gallons

SEWAGE DISPOSAL

1. Is the building connected to city sewer? YES NO
 - a. If private, has source been approved? YES NO

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 (Baseboards) | WALL | CEILING |
|------------------------------------|-------|---------------------|------|---------|
| Kitchen | | | | |
| Bar | | | | |
| Food Storage | | | | |
| Dry Storage | | | | |
| Toilet Rooms | | | | |
| Garbage / Refuse Storage Area | | | | |
| Mop sink Area | | | | |
| Ware washing Areas | | | | |
| Walk-in Refrigerators and Freezers | | | | |

| | | | | |
|---------------------------|--------------------|--------------------|-------------------|-------------|
| Example Kitchen | <u>Quarry Tile</u> | <u>Quarry Tile</u> | <u>FRP smooth</u> | <u>Tile</u> |
|---------------------------|--------------------|--------------------|-------------------|-------------|

INSECT AND RODENT CONTROL

1. Will all outside doors be self-closing, rodent proof and open outward? YES NO
2. Are there screen doors at any entrance? (16" mesh required) YES NO NA
3. Is the placement of insect control light traps identified on the plan? YES NO NA
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 NA
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 of dumpster(s) _____ **Size** _____ **Yards**
Frequency of pickup _____
Company _____

