



Portsmouth Health Department
Division of Environmental Health
 1701 High St
 Portsmouth, VA 23704
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Office Records
Date Received: _____
\$40 Plan Review: _____

Group Home 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: _____

Projected Food Operation Start Date: _____

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
- Architectural plans drawn to scale of kitchen showing location of equipment, plumbing, 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. Will raw or undercooked foods be served? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. Please list all foods prepared more than 12 hours in advance of service. | <input type="checkbox"/> NA |

- | | |
|---|--|
| 8. How will cooking equipment, cutting boards, counter tops and other food contact surfaces be sanitized? | |
| a. Chemical Type: _____ | |
| b. Concentration: _____ ppm | |
| c. Are test strips available? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

9. How are fruits and vegetables washed?

10. 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.

11. Will the facility be serving food to a highly susceptible population (i.e. the elderly or those with weakened immune systems)?

YES NO

12. 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/pick-up (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 inside?

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

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. NA

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:

HANDWASHING/TOILET FACILITIES

- 1. Is there a hand sink in each food preparation and ware washing area? YES NO
- 2. Are hand cleansers available at all hand sinks? YES NO
- 3. Are hand drying facilities (paper towels, air blowers, etc.) available on all hand sinks? YES NO
- 4. Are covered waste receptacles available in the restrooms? YES NO
- 5. Are hot and cold, running water under pressure available at each hand sink, with hot water reading at least 85°F? YES NO
- 6. Are all toilet rooms equipped with adequate ventilation (exhaust fan or window that can be opened)? YES NO
- 7. 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. Do dish machines have data plates with operating instructions, water temperature and/or chemical requirements? YES NO
 - Two or three compartment sinks
 - i. What type of sink?
 - 3-compartment sink
 - 2-compartment sink
 - ii. What type of sanitizer is used?
 - Chlorine
 - Quaternary Ammonium
 - Other: _____
 - iii. Are test kits available for checking sanitizer concentrations? YES NO
 - iv. Are there drain boards on both ends of the sinks? YES NO
 - v. 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?

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

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: _____

FINISH SCHEDULE

Use the following chart to indicate which materials (tile type, stainless steel, 4" plastic coving, etc.) will be used in the kitchen.

AREA	FLOOR	COVING (Baseboards)	WALL	CEILING
Kitchen				

