



Commonwealth of Virginia

Rappahannock Rapidan Health District

Culpeper County	(540) 829-7466	Fax: 540-829-7492	640 Laurel St, Culpeper, VA 22701
Fauquier County	(540) 347-6363	Fax: 540-347-6405	330 Hospital Dr, Warrenton, VA 20186
Madison County	(540) 948-5481	Fax: 540-948-3841	1480 A N Main St., Madison, VA 22727
Orange County	(540) 672-1291	Fax: 540-672-1093	450 N. Madison Rd., Orange, VA 22960
Rappahannock County	(540) 675-3516	Fax: 540-675-1021	338 A Gay St., Washington, VA 22747

Foodservice Establishment Plan Review Application

\$40.00 Fee

This Food Establishment Plan Review packet is intended to help you through the plan review process and to assure that your establishment meets *Commonwealth of Virginia Board of Health Food Regulations*, 12 VAC 5-421. This document is a companion to the subsequent foodservice permit issue. A thorough review of plans helps to avoid future problems. By listing and locating equipment on floor plans and diagramming specifications for electrical, mechanical, and plumbing systems, potential problems can be spotted while still on paper and modifications made BEFORE costly purchases, installation and construction.

- <https://www.vafire.com/>
- <https://law.lis.virginia.gov/admincode/title12/agency5/chapter421/>

Plan Review Process:

1. **Submit all REQUIRED DOCUMENTATION. Plan Review Application with review fee, Permit Application with fee, Menu, Site plans, Food Establishment plans with Equipment listed, Manufacturer's equipment specifications.**
2. **Upon receipt of all required documentation, an Environmental Health Inspector (EHS) will be assigned your plan review and will contact you. Initial plan review approval/denial will be provided within 30 days (incomplete applications will delay the plan review process).**
3. Cut sheets, manufacture's specifications, and/or photos of the facility and all equipment must be supplied.
4. Approvals for onsite water supply and wastewater disposal systems must be supplied (if applicable).
5. Applicant is responsible for obtaining any required approvals from other agencies, such as zoning/planning, business license, fire marshal, building, city or county authorities.
6. If smoking is allowed in designated indoor area, please apply to local building official for approval of separate ventilation system for this area. See [Virginia Clean Air Act](#) for additional information on Restaurant Smoking.
7. All revisions must be submitted in writing.
8. Approved plans shall be kept onsite during construction.
9. **Applicant makes an appointment with their local health department for pre-opening inspection minimum of 14 days prior to opening date.**

Application Date: _____

Proposed Name of Establishment: _____

Type of Application: New Change of Owner Remodel

Business Description: Restaurant School Caterer Commissary Adult Care, Short/Long Term care
 Child/Day Care Hospital Other: _____

Physical Location:	Mailing Address:

Name of Owner:

Business Name (Association, Corporation, Partnership name on Business License):

Owner's Address:	City/State/Zip:
-------------------------	------------------------

Telephone No.:	Fax Number:
-----------------------	--------------------

Email Address:

Name of Operator:

Operator's Address:	City/State/Zip:
----------------------------	------------------------

Telephone No.:	Fax Number:
-----------------------	--------------------

Email Address:

Name of Authorized Contact Responsible for Plan Review Submittal:

Address:	City/State/Zip:
-----------------	------------------------

Telephone No.:	Fax Number:
-----------------------	--------------------

Email Address:

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

_____ Building Inspection _____ Planning _____ Fire
_____ Public Utilities _____ Public Works _____ Police
_____ ABC (if serving alcohol)

Operation Information:

Hours of Operation:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Closed							

Number of seats: _____ Number of outdoor seating: _____

Number of Staff: _____ (Maximum per shift)

Total Square Feet of Facility: _____ Occupancy: _____

Number of floors/stories that operations are conducted: _____

Projected Daily Maximum Meals to be served: _____ Breakfast _____ Lunch _____ Dinner _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Type of Service: (check all that apply)

Table service Takeout only Buffet style Caterer Mobile Push Cart

Other: _____

Source of Potable Water:

Public System _____

Private Well (Submit certified annual water test results with total nitrate/nitrite and total coliform)

Community Non-community Non-community transient

Sewage System: Public system _____

Private (include copy of well and septic records)

Conventional Alternative

Smoking status: Smoke free Smoking in designated area Exempt

NOTE: If smoking allowed in designated area, apply to local building official for approval of separate ventilation system for this area. Plans submitted to Health Department must show separate ventilation systems.

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 preopening 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.

Include the following documents:

- Certified Food Protection Manager credential(s)
- Proposed Menu to include:
 - Seasonal items
 - Off-site
 - Sample catering menus
- Manufacturer Specification sheets (cut sheets) for each piece of equipment shown on the plan including:
 - Hot Water Heater Specification (or clear photo of date plate)
 - Mechanical dishwashers
 - Dimensions of 3 compartment sink (LxWxD individual basins)
- Site plan showing:
 - Location of the business within the building
 - Location of building on site including:
 - Alleys
 - Streets
 - Parking Area
 - Location of any **outside** equipment such as:
 - Dumpsters
 - Refrigeration Units
 - Well
 - Septic system - if applicable
- Plan drawn to scale of food establishment interior showing:
 - Location of equipment
 - Location of the plumbing in the food preparation and storage areas
- List of all **inside** equipment

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS-

The Health Department will use the checklist and information you provide to facilitate review of your plans. If you do not provide the information requested below, we may need to contact you for clarification. Please take the time to provide as much information as possible to help prevent delays in processing your plans.

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 1/8 or 1/4 inch = 1 foot.**
2. Include:
 - Proposed menu
 - Seating capacity
 - Projected daily meal volume for operations
3. Show the location and when requested, elevated drawings of all food equipment. Clearly label each piece of equipment 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 handwashing sinks for each toilet fixture and in the immediate area of food preparation, service and dishwashing areas.
7. Provide the following on the floor plan: Room size Aisle space Space between equipment

- Space behind equipment
- Placement of the equipment on the floor plan

8. On the plan represent auxiliary areas such as bars, 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 the following:

- Entrances & exits
- Loading & unloading areas
- Docks
- Complete finish schedules for each room including:
 - Floors
 - Walls
 - Ceilings
 - Coved juncture bases
- Plumbing schedule including the following:
 - Location of floor drains
 - Location of floor sinks
 - Water supply lines
 - Overhead wastewater lines
 - Wastewater line connections
 - Hot water generating equipment with capacity and recovery rate,
 - Backflow prevention
 - Grease Trap Location (If applicable)
- Lighting schedule with protectors
 - At least 110 lux (10 foot candles) at a distance of 75 cm (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;
 - At least 220 lux (20 foot candles):
 - 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;
 - Inside equipment such as reach-in and under-counter refrigerators
 - At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, ware washing, and equipment and utensil storage, and in toilet rooms; and
 - At least 540 lux (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.
- 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 accredited certification program (when applicable).
- The water supply source and method of sewage disposal. Provide the location of these facilities and submit evidence of compliance with state and local regulations.
 - Mop sink or curbed cleaning facility
 - Facilities for hanging wet mops
 - Garbage can washing area/facility
 - Floor mat washing area/facility
 - Toxic chemicals storage area
 - Employee dressing rooms
 - Employee locker area
 - Employee rest & dining areas
 - Coat rack as required

Food Facility Process

Food Suppliers

Answer the following questions as applicable to your operation:

Are all food supplies from inspected and approved sources? Yes No

What are the projected frequencies of deliveries? (Ex. Frozen foods-1x per week every Monday)

Frozen foods _____

Refrigerated foods _____

Dry goods _____

How will dry goods be stored off the floor? _____

List all food suppliers/sources (attach additional sheet if needed):

Menu Review

List each of your food products to be served according to how each will be prepared.

LISTING OF MENU ITEMS BY FOOD FLOW

Preparation Methods:

- 1) Prepare - Serve
- 2) Cook - Serve
- 3) Cook - Hot Hold - Serve
- 4) Cook - Cool - Reheat - Serve
- 5) Cook - Cool - Cold Hold - Serve
- 6) Cook - Cool - Reheat - Hot Hold - Serve
- 7) Cook - Hot Hold - Cool - Reheat - Hot Hold - Serve
- 8) Thawing

Preparation Method #	Menu Items

Indicate if “time is used as a control” (12VAC5-421-850 Time As A Public Health Control) rather than temperature as the primary method to control microbial growth during cold or hot holding prior to service.

Yes* **If yes*, attach the written time control plan.** No

What food items will be held by time? Attach additional information as needed.

Will the menu offer raw or undercooked foods of animal origin such as sushi/sashimi, smoked salmon, steak tartare, shell stock, and or ground meats? Yes* No

If yes*, include consumer advisory on the menu, both the disclosure and disclaimer, 12VAC5-421-930 Consumer Advisory

If applicable, provide Parasite Destruction Letter from all food suppliers for all fish that will be served raw/undercooked

Will your customers (or a majority of customers) fall into a highly susceptible population, i.e., children, the elderly, or those with compromised immune systems? Yes No

Are you are planning to use any specialized processing methods (12VAC5-421-860 Variance Requirement):

- Reduced oxygen packaging procedures
- Use of additives (i.e. activated charcoal)
- Smoking or curing (i.e. jerky)
- Vacuum packing (**If so**, attach a Hazard Analysis Critical Control Point Plan (HACCP)).
- sprouting beans or seeds
- Adding components to extend shelf life or render food non temperature controlled for food safety (i.e. pickling, acidifying, making kimchi, kombucha)
- Fermentation of sausages or custom processing of meat
- Other: _____
- None of the above

Do you anticipate providing off-site catering? Yes No

(**If so**, indicate above the types of equipment used to hold food at proper temperature during transport.)

Daycare/School Facilities Only-Do you plan to not prepare food on-site and uses a licensed caterer:

Yes-Caterer Name: _____ **(Attach a copy of caterers permit)**

No

Will all shellfish tags and invoices be maintained for 90 days? Yes No NA

Will game animals be prepared or sold? Yes No

Cold Storage

Does each refrigerator have a thermometer? Yes No

Number of refrigeration units: _____; select type and indicate quantity of each type below:

- Walk in cooler _____
- Upright unit _____
- Under counter _____
- Sandwich prep _____

Number of freezer units: _____; select type and indicate quantity of each type below:

- Upright _____
- Walk in cooler _____
- Chest _____

Is there a bulk ice machine available? Yes No

Hot Storage

Type of hot holding unit(s): _____

Number of Hot Holding unit(s): _____

Does each hot holding unit have a thermometer? Yes No

Thawing Frozen Potentially Hazardous Food (12VAC5-421-790 Thawing):

Indicate by checking the appropriate boxes how and where frozen potentially hazardous foods (time/temperature controlled for safety) foods* in each category will be thawed. More than one method may apply.

Thawing Method	Thick Frozen Foods <i>(approximately one inch or</i>	Thin Frozen Foods <i>(approximately one inch or less)</i>
Refrigeration		
Running Water Less than 70°F (21° C)		
Microwave (as part of cooking process)		
Cooked from frozen state		

* Time/temperature control for safety food (TCS) means a food that requires time/temperature control for safety (PHF/TCS) to limit the growth of human disease causing pathogenic microorganisms or toxin formation.

Cooking:

Will food product thermometers be used to measure final cooking and reheating temperatures of PHF/TCS foods? Yes No

List the types of temperature measuring devices available: _____
(A thin probe thermometer is required when cooking thin cuts or patties of raw animal foods).

Will there be any outdoor cooking, grilling or smoking equipment used? If so, describe below:

Cooling (12VAC5-421-800 Cooling):

If foods are prepared four (4) hours in advance of service indicate methods for cooling after cooking or mixing ingredients. Standards include:

- after cooking - must cool from 135° F down to 70° F in no more than two (2) hours,
- then, from 70°F down to 41°F in less than four (4) hours additional time
- when mixing all ingredients from room temperature, cool food in no more than a total of four (4) hours

Note method used for cooling specific foods

Name of food product	Shallow pans	Ice baths	Reduce volume or size	Rapid chill	Other (describe)

Reheating (12VAC5-421-760 Reheating for Hot Holding)

How will PHF/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? Indicate type and number of units used for reheating foods.

Type of unit	Number of Units

How will reheating of food to 165°F for hot holding be done rapidly (within 2 hours)?

Prevention of Cross Contamination

Are you utilizing raw foods of animal origin as ingredients for food products? Yes No

Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked and ready-to-eat foods? Yes No

How much refrigeration space in cubic feet is dedicated to storage of raw meat? _____

Indicate method of calculations: _____

EMPLOYEE PRACTICES

Training and monitoring:

How will food employees be trained in food sanitation practices?

Will managers be certified in food safety management practices? Yes No

How often will managers be recertified? Every _____ years

Employee Health Policy:

Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?
 Yes No

Describe briefly: _____

What barrier will you use to minimize the spread of foodborne illness organisms when handling ready to eat foods?
 Disposable gloves Utensils Deli tissues

Employee Food Handling Practices:

Describe the procedure used for minimizing the length of time PHF/TCS foods will be kept in the temperature danger zone (41°F - 135°F) during preparation. _____

FACILITY INFORMATION

Water Supply Attach copy of written approval and/or permit.

Type of water supply: public private
If private, has source been approved? Yes No Pending

Ice is made: On premises Purchased commercially
If made on premise, are specifications for the ice machine provided? Yes No

Describe provision for ice scoop storage: _____

Provide location of icemaker or bagging operation: _____

Type of hot water heater/generator (make/model): _____

What is the capacity of the hot water generator (gph)?: _____

Does the facility have a water treatment device? Yes No

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

How will backflow prevention devices be inspected & serviced? _____

Sewage Disposal

Is building connected to a municipal sewer? Yes No

If no, is the private disposal system approved?

Yes (*Attach copy of written approval and/or permit*), No Pending

Are grease traps or monitoring manholes provided? Yes No

If so, where? _____

Handwashing/Toilet Facilities

Are handwashing sink(s) available in each food prep, wait station, bar, and ware washing area? Yes No

Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?

Yes No

Do self-closing metering (automatic) faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? Yes No

Is hand cleanser available at all handwashing sinks? Yes No

Are hand drying facilities (*paper towels, air blowers, etc.*) available at all handwashing sinks? Yes No

Is hot and cold running water under pressure available at each handwashing sink? Yes No

Are covered waste receptacles available in each restroom? Yes No

Are all toilet room doors self-closing? Yes No

Are all toilet rooms equipped with adequate ventilation? Yes No

Are handwashing signs posted at all hand sinks used by employees? Yes No

Cleaning and Sanitizing

Will sinks or a dishwasher be used for ware washing? Dishwasher Three-compartment sink

Dishwasher:

Type of sanitization used: _____

Hot water (temp. provided) _____

Booster heater _____

- Chemical type _____
- Is ventilation provided? Yes No
- Do all dish machines have templates with operating instructions? Yes No
- Do all dish machines have temperature/pressure gauges, as required? Yes No
- Is there a pre-wash sink? Yes No

Three Compartment Sink:

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? _____

Does the pot sink contain drain boards on both ends? Yes No

What type of sanitizer is used? Chlorine Iodine Quaternary ammonium

Hot Water Other _____

Concentration of sanitizer: _____

Are test papers and/or kits available for checking sanitizer concentration? Yes No

Describe how cooking equipment that cannot be submerged or put through a dishwasher be sanitized, such as, cutting boards, counter tops and other food contact surfaces? _____

Prior to use, will all produce be washed on-site? Yes No

Is there a planned location used for washing produce? Yes No

If yes, describe _____

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

Is a mop sink present (12VAC5-421-2250. Service Sink)? Yes No

If no, describe facility for cleaning of mops and other equipment: _____

Will an automatic generating chemical dispenser be installed at the mop sink? Yes No

Is there a dump sink at each wait station and bar? Yes No N/A

Are all toxics for use on the premise or for retail sale (*this includes personal medications*), stored away from food preparation and storage areas? Yes No

Are all containers of toxics including sanitizing spray bottles clearly labeled? Yes No

Plumbing Connections: (Check all appropriate)

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	**P" TRAP	VACUUM BREAKER	CONDENSATE PUMP
Toilet						
Urinals						
Dishwasher						
Garbage Grinder						
Ice machines						
Ice storage bin						
**Sinks						
a. Mop						
b. Janitor						
c. Handwash						
d. 3 Compartment						
e. 2 Compartment						
f. 1 Compartment						
g. Water Station						
Steam tables						
Dipper wells						
Refrigeration condensate/ drain lines						
Hose connection						
Potato peeler						
Beverage Dispenser w/carbonator						
Other						

* **TRAP** is a fitting or device that provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or wastewater through the trap. An integral trap is one 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 and easily cleanable? Yes No

If yes, list location(s): _____

Finish Schedule: In the following areas, indicate which materials will be used such as, quarry tile, stainless steel, 4" plastic coved molding, etc.

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin				
Ware Washing Area				
Walk-in Refrigerators and				

A. Insect and Rodent Control - Answer the following questions.

- Will all outside doors be self-closing and rodent proof? Yes No N/A
- Are screen doors provided on all entrances left open to the outside? Yes No N/A
- Are all exterior windows that may be opened screened? Yes No N/A
- Are all door and window screens #16 mesh screening? Yes No N/A
- Is the placement of electrocution devices identified on the plan? Yes No N/A
- Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? Yes No N/A
- Is area around building clear of unnecessary brush, litter, boxes and harborage? Yes No N/A other
- Will air curtains be used? Yes No N/A
If yes, where? _____
- Are insecticides/rodenticides to be stored separately from cleaning & agents? Indicate location: Yes No N/A sanitizing

B. Garbage and Refuse – Inside

- Do all containers have lids? Yes No N/A
- Will refuse be stored inside? Yes No N/A
If so, where? _____
- Is there an area designated for garbage can or floor mat cleaning? Yes No N/A

C. Garbage and Refuse – Outside

- Will a dumpster be used? Yes No N/A
 Number _____ Size _____ Frequency of pickup _____
- Will a compactor be used? Yes No N/A
- Will garbage cans be stored outside? Yes No N/A

4. Describe surface and location where dumpster/compactor/garbage cans are to be stored.

5. Describe location of grease storage receptacle and servicing schedule.

6. Is there an area to store recycled containers? Yes No N/A
If yes, describe _____

7. Is there any area to store returnable damaged goods? Yes No N/A

GENERAL

1. Will linens be laundered on site? Yes No N/A
If yes, what will be laundered and where? _____
If no, how will linens be cleaned? _____

2. Is a laundry dryer available? Yes No N/A

3. Location of clean linen storage: _____

4. Location of dirty linen storage: _____

5. Are containers constructed of safe materials to store bulk food products? Yes No N/A
Indicate type: _____

6. How is each listed ventilation hood system cleaned and what is the frequency of cleaning? _____

7. Are dressing rooms provided? Yes No N/A

8. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

STATEMENT: I hereby certify that the information provided is correct, and I fully understand that any deviation without prior permission from this Health Department may nullify final approval.

Printed Name(s): _____

Signature(s): _____ Date: _____
Owner or responsible representative