



Virginia Beach Department of Public Health
Office of Environmental Health
4452 Corporation Lane
Virginia Beach, VA 23462
(757) 518-2700
FAX (757) 518-2642

MOBILE Plan Review Packet Checklist

Required Documentation (rev 2/2022)

- ☐ Plan Review Application and \$40.00 Plan Review Fee
 - ☐ Plan Review Questionnaire
 - ☐ Menu (include seasonal items, off-site, banquet and sample catering menus)
 - ☐ Food establishment plan drawn to scale showing location of business including any outside equipment (dumpsters, well, septic system, grease traps-if applicable), interior location of all equipment; plumbing, electrical and mechanical ventilation in the food preparation and storage areas
-
- ☐ Manufacturer specification sheets (cut sheets) for all equipment, including hot water heater and mechanical dishwashers
 - ☐ Copy of Certified Food Protection Manager Certificate(s)
 - ☐ Copy of Employee Health Policy, Allergen Awareness Policy, Bodily Fluid Clean Up Policy and any special process to include Time used as a public health control.

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

Fire Marshall _____	Development and Permits _____
Zoning _____	Virginia ABC (if applicable) _____
Commissioner of Revenue _____	

Plan review process can take up to 30 days



VIRGINIA BEACH DEPARTMENT OF PUBLIC HEALTH
OFFICE OF ENVIRONMENTAL HEALTH
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REQUEST FOR FOOD SERVICE PLAN REVIEW

PLEASE ALLOW 30 DAYS FOR PLAN REVIEW APPROVAL.

Complete and attach the \$40.00 FEE, Plan Review Packet, Copy of Menu and Site Plans.
WITHOUT THESE DOCUMENTS, WE CANNOT PROCESS YOUR REQUEST.

☐ New

☐ Remodel

TYPE OF OPERATION:

☐ Restaurant

☐ Mobile

☐ School

☐ Other _____

Is this food establishment located within a hotel or motel: Yes ☐ No

If yes, name of hotel/motel: _____

Establishment Name: _____

Address: _____

Establishment Phone: _____ TAX ID or S.S.N: _____

Email Address: _____

Mailing Address (If Different From Above) _____

ADDRESS BELOW MUST BE DIFFERENT THAN ESTABLISHMENT ADDRESS

Name of Owner/Corporate/LLC/Contact: _____

Address: _____ Phone #: _____

Name of Contractor: _____ Phone #: _____

Type of Water/Sewage Supply: ☐ Well Water (PWSID # _____) ☐ City Water
☐ Septic System ☐ City Sewage

ATTACH TO THIS APPLICATION THE AGREEMENT FORM SIGNED BY THE COMMISSARY OWNER, LOCATION OF MOBILE STOPS AND MENU.

If Mobile Unit or Concession Stand:

Name of Commissary: _____

Address: _____ Phone #: _____

I/we attest to the accuracy of the information provided, affirm to comply with the Regulations of the Health Department and understand that after the requested Permit is issued, the Commissioner of Health or their authorized representative(s) shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests or collect samples as required/needed. I/we further agree to accept notices issued and served by the regulatory authority. Please note that this office reserves the right to deny the application if not properly completed or facility does not comply with current food regulations. Food Regulations are available at <http://www.vdh.virginia.gov/virginia-beach/environmental-health/>.

Name of Applicant

Signature of Applicant

Date

HD USE ONLY:

☐ Plans

☐ Menu

☐ Fee

EHS: _____

Permit #: _____

Encounter # _____

☐ Cash

Check # _____

Card Approval # _____

***** REV.: 12/18

CONTENTS OF MOBILE PLANS AND SPECIFICATIONS MUST INCLUDE:

1. Provide plans that are a minimum of 11x14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot.
2. Include: Proposed menu and projected daily meal volume for food service operations.
3. Show the location of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units (if used).
4. Clearly designate adequate hand washing sinks.
5. Include and provide specifications for:
 - a. Entrances and exits.
 - b. Food equipment to include make and model numbers and a listing of equipment that is certified or classified for sanitation by an ANSI or NSF (as applicable).
 - c. Complete finish schedule include floors, walls, ceilings, and cove juncture bases.
 - d. Plumbing to include hot water generating equipment with capacity and recovery rate, all sinks, backflow prevention devices, air gaps, fresh water and/or wastewater line connections, fresh water tank capacity, and wastewater tank size (must be 15% Larger).
 - e. Lighting schedule with protectors;
 - i. Inside equipment such as reach-in and under-counter refrigerators
 - ii. 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.
 - f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with.

Plan Review Questionnaire for Mobile Unit

To be completed by food establishment operator prior to Plan Review.

Plans will not be reviewed until questionnaire is fully completed and all required documents are submitted to the Virginia Beach Department of Public Health (VBDPH).

A meeting can be set up with a VBDPH Environmental Health Specialist (EHS) for assistance completing questionnaire. Please call (757)518-2700 opt 3 with any questions.

You can access the food regulations at <http://www.vdh.virginia.gov/virginia-beach/environmental-health/>

General Information:

1. Projected opening date: _____
 - a. Number of Seats: _____
 - b. Maximum number meals to be Served: (ex. 10) Breakfast _____ Lunch _____ Dinner _____
 - c. Projected Date for Start of Project (if new facility): _____
 - d. Projected Date for Completion of Project: _____

2. Who is/are the Certified Food Manager(s)?

Name _____	Certification No. _____	Expiration ____/____/____
Name _____	Certification No. _____	Expiration ____/____/____
Name _____	Certification No. _____	Expiration ____/____/____

3. What is the facility's proposed smoking status: (check one)?

☐ Smoke Free ☐ Smoking designated indoor area ☐ Smoking outside only

- If smoking is allowed in a designated area, please apply to local building official for approval of a separate ventilation system for this area

4. Type of service (check all that apply):

☐ Table Service ☐ Take-Out Only ☐ Buffet Style ☐ Caterer ☐ Mobile Unit
☐ Push Cart ☐ Fast Food Other: _____

If applicable, is a sneeze guard installed for food on display? (buffet area)

- ☐ Yes
☐ No
☐ N/A

5. Source of Potable Water:

☐ Public System ☐ Private Well

- If using a private well, a copy of the water test conducted must be submitted?

6. Sewage System:

☐ Public System ☐ Private Septic System

- If system is private please include a copy of septic and well records.

Food Source and Storage:

1. Please list all food suppliers (include all vendors, caterers, bakery, etc):

2. What are the projected frequencies of deliveries for:

- a. Frozen Foods: _____
- b. Refrigerated Foods: _____
- c. Dry Goods: _____

3. How will goods be stored off of the floor? _____

4. Are storage containers constructed of safe food grade materials to store bulk food products?

☐ Yes

☐ No

Indicate type of containers used: _____

5. Describe how items will be inspected upon delivery. What is your system if damaged or otherwise unwholesome items are discovered? _____

6. Are you utilizing raw foods of animal origin as an ingredient?

☐ Yes

☐ No

7. Will raw meats, poultry, and seafood be stored in the same refrigeration and freezers with cooked/ready-to-eat foods?

☐ Yes

☐ No

If so, how will you prevent cross-contamination: _____

Preparation Review:

1. Will this facility be using any food additives?

☐ Yes, if yes please list items _____

☐ No

If yes, are all food additives approved or Generally Recognized As Safe (GRAS)

☐ Yes

☐ No

Time/Temperature Control:

1. If foods are prepared 4 hours (or more) in advance of service, please indicate methods for cooling after cooking **or** mixing ingredients. Must cool items from 135°F to 41°F with 6 hours (135°F to 70°F in 2 hours or less, then from 70°F down to 41°F *i.e. soup, chili, roast meats, etc.*). When mixing at room temperature, products must be cooled to 41°F in no less than 4 hours (*i.e. pasta salad, tuna salad, etc.*)

*Please note specific food product and method used to cool properly:

Name of Food Product	Shallow Pans	Ice Bath	Reduce Volume/Size	Blast Chiller	Other (describe)

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

3. Will all produce be washed on-site prior to use? ☐ Yes ☐ No

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

Describe: _____

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

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

6. Number and type of refrigeration units:

Upright Cooler _____ Under Counter _____ Sandwich Prep Unit _____

7. Number and type of freezer units:

Upright Freezer _____ Chest _____

8. Will ingredients for cold ready to eat foods such as tuna and egg salads and sandwiches be pre-chilled before being mixed and/or assembled? ☐ Yes ☐ No

If not, how will ready-to-eat foods be assembled? _____

9. Does each refrigerator have a thermometer? ☐ Yes ☐ No

10. Thawing Time/Temperature Control for Safety Foods:

*Please indicate how you plan to thaw TCS foods by checking the appropriate boxes below:

Approved Thawing Method	Thick Frozen Foods (> 1")	Thin Frozen Foods (< 1")
Refrigeration (41°F or less)		
Under cold running water (70°F or less)		
Microwave (immediately cook after)		
Cooked from frozen state		

11. Do you have food thermometers to check cooking and holding temperatures? ☐ Yes ☐ No

Please describe what type: _____

12. Will there be any outdoor cooking equipment used? ☐ Yes ☐ No

If so, please describe: _____

Ventilation:

1. Are all areas properly vented and hood systems approved by the Fire Marshall?

☐ Yes

☐ No

2. How is the ventilation hood system cleaned? How often and by **whom**? _____

Employee Training:

1. How will employees be trained in food allergens and food sanitation practices? How often? Where are records kept?

2. Is there documented allergy awareness training? ☐ Yes ☐ No

3. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?

☐ Yes, **attach written policy**

☐ No

Please briefly describe employee health policy: _____

In this section, we require that you go through the questionnaire and highlight on your set of plans exactly where the item number can be found. This helps to speed up the plan review process and more easily identify important items. Simply highlight an area/information/health note that corresponds to a particular item on the questionnaire. The highlighted area and item number need to be as visible as possible.

Water Supply:

1. Hot water heater capacity – how many gallons? _____ gallons
 2. Fresh Water tank gallons _____
 3. Grey water (15% larger than fresh water) gallons _____
 4. Is this capacity enough to meet needs during peak usage? ☐ Yes ☐ No
 5. Is there a water treatment device? ☐ Yes ☐ No
If yes, how will the device/filters be inspected & serviced? (2330) _____
 6. How are there backflow prevention devices inspected and services? (2210/2330) _____
-

Handwashing:

1. Number of hand sinks, with a mixing valve capable of 100°F minimum hot and cold running water, in each location:

_____ Kitchen prep area	_____ Service/dispensing areas	_____ Bar
_____ Toilet rooms	_____ Warewash area	_____ TOTAL
2. Are you planning on using automatic (motion activated) faucets?
☐ Yes
☐ No
If so, are they capable of providing a flow of water for at least 15 seconds without reactivating?
☐ Yes
☐ No
3. Are hand drying facilities (paper towels, air blowers, etc.), hand cleanser and receptacle available at all handwashing sinks?
☐ Yes
☐ No
4. Are handwashing signs posted at all hand sinks used by employees?
☐ Yes
☐ No

Plumbing:

1. Are there floor drains or floor sink in kitchen and/or bar?

☐ Yes; **mark on plans**

☐ No

Describe locations, easily cleanable? _____

2. Is a grease trap installed?

☐ Yes; **mark on plans**

☐ No

Describe (inside, outside, gallons): _____

3. Who will be responsible for grease trap maintenance? _____

4. Is there a chemical dispensing system connected to the water outlet at the mop sink?

☐ Yes

☐ No

If yes, is there a separate connection for a hose?

☐ Yes

☐ No

5. Plumbing Connections: Please check where appropriate:

	Air Gap	Air Break	Integral Gap	P Trap	Vacuum Breaker	Condensate Pump
Hand wash sink						
3 compartment sink						
Hose connection						
Refrigeration lines						

- Trap: A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is 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.

Warewashing:

1. Is the 3-compartment sink large enough to accommodate your largest piece of equipment?

☐ Yes

☐ No.

If no, explain how equipment will be washed/rinsed/sanitized

2. How will cooking equipment, counter tops and other food contact surfaces which cannot be submerged in sinks, or placed in dishwashers be sanitized? _____

3. What type of sanitizer is used for the 3-compartment sink?
☐ Chlorine ☐ Quaternary Ammonium ☐ Hot Water ☐ Iodine ☐ Other: _____
 Concentration? _____
4. Are proper test kits available for checking sanitizer concentrations and temperature levels?
☐ Yes
☐ No
5. Are there BOTH self-draining CLEAN and DIRTY drain boards? ☐ Yes ☐ No
 a. *Are drainboards large enough to accommodate ALL soiled and cleaned items.* ☐ Yes ☐ No
6. Does the facility have a dishwasher in the kitchen? ☐ Yes ☐ No
 If yes, list make/model _____ and check one:
☐ LOW temperature (chemical) Chemical Type: _____
☐ HIGH temperature (hot water sanitize)
7. Does the facility have a dishwasher and/or bar glasswasher at the bar?
☐ Yes
☐ No
☐ N/A
 If yes, list make/model _____ and check one:
☐ LOW temperature (chemical) Chemical Type: _____
☐ HIGH temperature (hot water sanitize)
8. Does the dishwasher/glasswasher have a visual or audible alarm to verify detergent and sanitizer are delivered automatically?
☐ Yes
☐ No
9. Do all dish machines have placards with operating instructions?
☐ Yes
☐ No
10. Is there an area(s) designated for air drying? Explain: _____

Facilities:

1. Are light bulbs shatterproof or shielded? ☐ Yes ☐ No
2. Are outer openings such as doors and windows: tight fitting, self-closing, and open to the outside to keep out pests?
☐ Yes
☐ No
3. Will air curtains be used? ☐ Yes ☐ No
 If yes, describe location: _____

4. Are screen doors provided on all entrances left open to the outside (#16 mesh screen)?

☐ Yes

☐ No

5. Finish Schedule: Please indicate which materials (quarry tile, stainless steel, plastic molding, etc.) will be used in the following areas:

Area	Floor	Walls	Ceiling	Coving
Kitchen				

6. Will all pipes & electrical conduit chases be sealed; ventilation systems, exhaust and intakes protected and plumbing of the floor? ☐ Yes ☐ No

7. Is there an area for employees to change and store personal items in the facility?

☐ Yes; **describe:** _____

☐ No

8. Describe where will employees eat/drink and take their breaks: _____

9. Describe the storage location for all toxics/chemicals (this includes personal medication) (must be stored away from food areas and clean equipment): _____

10. SMALL EQUIPMENT REQUIREMENTS

Please specify the number, location, and types of each of the following:

a. Slicers _____

b. Cutting boards _____

c. Can openers _____

d. Mixers _____

e. Floor mats _____

f. Other _____

AS A CONDITION FOR RECEIPT OF THE PERMIT I AGREE TO:

1. Read and be familiar with the laws, orders, rules and regulations, etc. governing the handling of food in the Virginia Beach Health District.
2. Abide by the conditions of such laws, orders, rules, regulations, etc.
3. Freely permit and authorized agent of the Virginia Department of Health to inspect the premises under my control and at such time to take samples there from as many be necessary.
4. Immediately discontinue operations and notify the regulatory authority if an imminent health hazard may exist because of an emergency such as a fire, flood, extended interruption of electrical or water service, sewage backup, misuse of poisonous or toxic materials, onset of an apparent foodborne illness outbreak, gross unsanitary occurrence or condition, or other circumstance that may endanger public health.

I FURTHER UNDERSTAND THAT:

1. Health Department food establishment permits must be renewed annually with a permit fee that must be submitted 30 days prior to existing permit expiration.
2. Permits cannot be transferred from one operator to another or from one location to another. The Health Department must be notified of any sale or change of ownership.
3. Permits are subject to revocation for just cause.
4. The Health Department must be notified when the applicant ceases to be responsible for the establishment.
5. All food establishment employees in the Virginia Beach Health District are required by local ordinance to have a Certified Food Manager present at least 8 hours a day during operation.
6. If any menu changes occur, your local Health Department must be notified.
7. The Health Department must be notified with plans to expand or modify the establishment prior to making changes.

Approval of these plans and specifications by the Virginia Beach Department of Public Health 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 Virginia Beach Department of Public Health may nullify final approval.

Print Name(s): _____

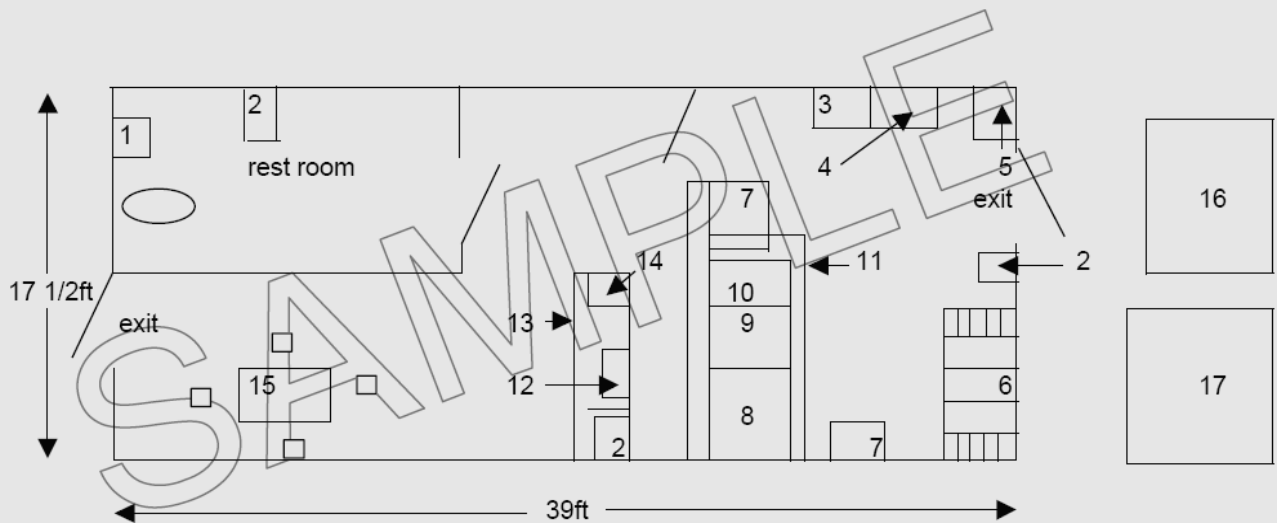
Signature(s): _____

Date: ____/____/____

FOOD ESTABLISHMENT FLOOR PLAN SAMPLE

Equipment List

1. Ventilation fan	7. Work top refrigerator	13. Counter
2. Handwash sink	8. Four-burner stove	14. Cash register
3. Ice machine	9. Flat-top griddle	15. Table & chairs
4. Refrigerator / freezer	10. Fryer	16. Grease trap (outside)
5. Mop sink	11. Hood with suppression system	17. Dumpster (outside)
6. 3-compartment sink with drainboards	12. Hot dog machine	



Opening Inspection Checklist

- ☐ Food thermometer 0°F-220°F
- ☐ Ambient air thermometers in all refrigeration units
- ☐ All refrigeration units are operating at the correct temperature of 41°F or below for proper cold holding
- ☐ Three-compartment sink dish detergent and sanitizer
- ☐ Applicable sanitizer test strips
 - ☐ Chlorine test strips for chlorine-based sanitizer (i.e. unscented bleach)
 - ☐ Quaternary test strips for multi-quat sanitizer (i.e. ammonium chloride)
 - ☐ Thermolabels or a maximum registering holding thermometer for high heat sanitizing dish machine
- ☐ All hand sinks provided with:
 - ☐ Hot water (at least 100°F)
 - ☐ Soap
 - ☐ Drying provisions
 - ☐ Employees Must Wash Hands sign
- ☐ Certified Food Manager certificate available at facility during inspection
- ☐ Employee illness reporting forms completed
- ☐ Employee allergen awareness information
- ☐ Lighting intensity required. *12VAC5-421-3080 lighting intensity*
- ☐ Lighting at least 20ft candles in reach-in coolers and warewash area?
- ☐ Lighting at least 50ft candles where employee safety is a factor? (slicers, knives, grinder)
- ☐ All doors and windows open to the outside are self-closing and vermin-proof (i.e. drive-thru window); screens are 16 mesh/inch
- ☐ Walls and ceilings in food prep and utensil washing areas are to be smooth, easily cleanable, and non-absorbent materials
- ☐ "No Smoking" sign must be visible
- ☐ All food from approved source
- ☐ Menu with correct consumer advisory, if applicable

NOTE: All inspections by Permits and Inspections must be completed and Certificate of Occupancy must be issued before restaurant can serve the public.

VIRGINIA BEACH DEPARTMENT OF PUBLIC HEALTH FOOD ESTABLISHMENT CONSTRUCTION AND EQUIPMENT SPECIFICATIONS

The following are food establishment construction and equipment specifications as required by the Commonwealth of Virginia Board of Health Food Regulations, 12 VAC 5-421, (REGULATIONS). If you have any questions regarding these requirements please contact the Virginia Beach Department of Public Health, Office of Environmental Health at (757) 518-2646. The REGULATIONS are available at www.vdh.virginia.gov (Select VDH Programs, then Environmental Health Services, then Food and General Environmental Services) OR <http://www.vdh.virginia.gov/virginia-beach/environmental-health/>

WATER, SEWAGE, AND GARBAGE

Sufficient water from an approved water supply must be provided to meet the needs of the food service establishment (2120, 2050).

All sewage must be disposed of by public sewerage system or by a sewerage disposal system constructed and operated in accordance with applicable law and regulations (2570).

Suitable facilities are to be provided for cleaning of all garbage containers. Hot water and detergent, or steam must be provided and used for washing containers. Liquid waste from compacting or cleaning operations must be disposed in the approved sewerage disposal system. Disposal into storm drain systems is not approved (2570, 2670).

Garbage and refuse containers, dumpsters, and compactor systems located outside are to be located on a smooth surface of non-absorbent material such as concrete or machine-laid asphalt. These surfaces must be graded to drain (2600).

The walking and driving surfaces of all exterior areas of the food facility are to be surfaced with concrete, asphalt or with gravel or similar material effectively treated to facilitate maintenance and minimize dust. These surfaces must be graded to prevent pooling of water and kept free of litter (2970).

WALLS, FLOORS, AND CEILINGS

Ceilings of food preparation and storage areas, equipment washing and utensil washing areas, bar areas, toilet rooms and vestibules are to have smooth, non-absorbent and easily cleanable surfaces. If ceiling tiles or panels are called for, then smooth, vinyl-faced tiles must be utilized. Color choices other than white for bar and toilet rooms may be considered but must have prior approval (2790, 2830).

Studs, joints, and rafters cannot be exposed in areas subject to moisture (2880).

Walls in food preparation areas are to be smooth and easily cleanable. Acceptable materials include marlite, ceramic tile or fiberglass reinforced panels. Dry wall may be utilized if painted with a moisture-proof, washable paint such as enamel or epoxy (2790, 2810).

Wall-mounted equipment such as sinks shall be sealed at wall (1550).

Masonry block walls in food preparation areas are to be made smooth prior to painting. An application of keen cement to cover strike lines and imperfections is recommended. The finished wall must be cleanable (2810).

Floors in food preparation areas are to be smooth and easily cleanable. Acceptable materials include vinyl composition tiles or quarry tiles. Other materials may be considered, but would need prior health department approval (2810). Floor-wall junctures are to be coved and sealed (2830).

Mats and duckboards must be of non-absorbent, grease resistant materials and of such size, design, and construction as to facilitate their being easily cleaned (2850).

Utility service lines and pipes shall not be unnecessarily exposed on walls, ceilings or on floors, in walk-in refrigeration units, food preparation and storage areas, equipment, utensil washing areas, toilet rooms or vestibules (2820).

Protection against insect and rodent entry to the facility shall be provided through the use of tight-fitting, screened, self-closing doors which open outward, controlled air currents or other approved means. Drive-up and pass-through windows must be tight-fitting and self-closing (2930).

FOOD SERVICE EQUIPMENT

Floor-mounted equipment that is not readily moveable shall be sealed to the floor or elevated on legs to provide a six inch (6") clearance (1560).

Unless sufficient space is provided for easy cleaning between, behind, and above each unit of fixed equipment, these spaces shall be sealed (1550).

Counter-mounted equipment that is not easily moveable shall be sealed to the counter or elevated on legs to provide a four inch (4") clearance. Sealant must be non-toxic and food grade (1560).

Beverage tubing and cold plate beverage cooling devices may not be installed in contact with stored ice. This section does not apply to cold plates that are constructed integrally with an ice storage bin (1260).

STORAGE AND SERVING FACILITIES

Shelving for food storage and utensil storage must provide a minimum of six inches (6") of clearance from the floor (1560).

If employees routinely change clothes within the establishment, rooms or areas are to be designated and used for that purpose. Lockers or other facilities shall be provided for orderly storage of employee clothing and other possessions (3100).

Sneeze guards shall be designed and installed to adequately protect food from customer contamination (650).

Separate rooms must be provided for laundry facilities (1540).

All refrigeration equipment must be capable of maintaining food at 41°F or less.

VENTILATION

Hoods and fire suppression systems shall be in accordance with local and state codes.

All rooms, including storage areas, shall have sufficient ventilation to keep them free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke and fumes (1480, 3090).

THREE-COMPARTMENT SINK

A three-compartment sink is needed and shall be adequately sized to handle the largest utensils and equipment that will be used. Drain boards are to be provided on each end of the sink. The sink must be equipped so that hot and cold running water is available to each compartment through an approved spigot. Tables of sufficient size and utensil racks may be substituted for drain boards (1460, 1470).

If the three-compartment sink is used as a culinary sink (for food preparation such as washing produce and thawing frozen foods) there cannot be a direct waste line connection. An air gap must be provided (2260).

HAND SINKS AND MOP SINKS

Hand sinks are to be accessible and conveniently located to all food preparation areas, food dispensing areas and all utensil-washing areas (2280, 2310, 3240).

Each hand sink must be provided with hot and cold water tempered by means of a mixing valve or combination faucet. A self-closing, slow-closing, or metering faucet shall provide a flow of water for a minimum of 15 seconds (2190).

Soap dispensers and hand towel dispensers or proper, heated air-drying devices are to be conveniently located next to all hand sinks in the kitchen and toilet rooms. If disposable towels are used, easily cleanable waste receptacles are to be located near the hand washing facilities (2650, 3020, 3030, 3050).

A sign or poster that notifies food employees to wash their hands shall be provided at the hand sink (3045).

Hand washing aids (soap dispensers, hand towel dispensers, waste receptacles) may not be located at ware washing sinks and prep sinks (3040).

A mop sink or curbed floor drain is required for sanitary disposal of mop water. The mop sink is to be provided with hot and cold running water (2250, 3110).

TOILET ROOMS

Toilet rooms shall be in accordance with state and local building codes and are to be mechanically vented to the outside atmosphere and shall have self-closing doors. Covered waste receptacles are required in women's toilet rooms (2660, 2920, 3090).

Toilet rooms must be conveniently located and easily accessible to employees. Toilet rooms intended for use by customers shall not necessitate travel through food service areas (food prep and handling areas or storage areas (70, 3130).

As established by building codes, food facilities that do not provide separate male and female public restrooms will be limited to fifteen (15) seats or less.

PLUMBING

All indirect waste piping for food sinks, refrigerator coils, walk-in freezers, ice bins, ice cream machines, steam kettles, steam tables, potato peelers, egg boilers, coffee urns and similar equipment shall discharge through an air gap or air break into a properly vented trap or vented receptor (2520).

Dish washing machines shall discharge all drainage separately into a trap or trapped fixture. Ware washing sinks and ware washing machine waste drains may be directly connected to the sewage system if allowed by building code.

Vacuum breakers or backflow preventers are needed for all threaded faucets and any equipment such as soft drink systems and coffee makers that have a direct connection to the potable water supply line (2260, 2270).

An air gap between the water supply inlet and the flood level rim of the plumbing fixture, equipment, or non-food equipment shall be at least twice the diameter of the water supply inlet and may not be less than one inch (1") (2200).

An adequate supply of hot water (110° F.) is required. The hot water heater shall be sufficient to meet the peak hot water demands of the food establishment (2120).

Grease traps are to be located so that the unit is easily accessible for cleaning.

MECHANICAL DISHMACHINES

Only commercial dish washing machines with the appropriate gauges are approved. The dish washing machine must be operated according to the manufacturer's procedures (data plate) which have been approved by the FDA (1610).

Facilities for the proper storage of in-use utensils are required. Dipper wells needed for hand dipped ice cream, at rice steamers and other service areas where it is impractical to keep utensils in the food product. In-use utensils may be stored in a container of water if the water is maintained at a temperature of at least 140° F. (550).

Chemical dish machines installed after the adoption of these regulations (March 1, 2002) must be equipped with a device that indicates audibly or visually when more chemical sanitizer is needed (1370).

LIGHTING

Fifty (50) foot-candles of light shall be provided at surfaces where food employees work with food or utensils/equipment such as knives, slicers, or grinders where safety is a factor as well as utensil and utensil washing areas (3080).

Twenty (20) foot-candles of light shall be provided in areas where food is provided for customers' self-service, such as buffets and salad bars. Twenty (20) foot-candles of light is required in reach-in and under-counter refrigerators (3080).

Ten (10) foot-candles of light shall be provided in walk-in and dry food storage areas (3080).

All lights over, by, or within food storage, preparation, service, and display facilities, and facilities where utensils and equipment are cleaned and stored are to be shielded. This includes track lighting, recessed can fixtures and decorative neon lighting (2890).

PERSON IN CHARGE/CERTIFIED FOOD SERVICE MANAGER

A Person in Charge that is able to demonstrate knowledge of foodborne disease prevention and the requirements of the Regulations is required to be present at the food establishment during all hours of operation (50, 60)

Virginia Beach City Code requires all food establishments to have a Certified Foodservice Manager on duty for a minimum of eight (8) hours for each day the establishment is open. The Certified Foodservice Managers may serve as the Person In Charge and must be registered with the Virginia Beach Department of Public Health at 518-2646.

PRESENTED FROM THE VIRGINIA BEACH DEPARTMENT OF PUBLIC HEALTH

4452 Corporation Lane, Virginia Beach, VA 23462

Phone Number: 518-2700 opt #3

**The following are the
approved Certified
Food Protection
Manager (CFPM)
courses that are
required for all food
service
establishments
within the food
protection program
within the City of
Virginia Beach.**

The following certifications are accredited by the American National Standards Institute (ANSI) & the Conference of Food Protection. There are a number of courses that are approved through the ANSI-CFP accreditation programs that are listed below. These courses will meet the Virginia Department of Health Food Protection Program/regulation (12 VAC5-421-55)

- 360TRAINING.COM, INC. (888-360-8764)
www.learn2serve.com.com and contact@360onlinetraining.com
- ABOVE TRAINING/STATEFOODSAFETY.COM (801-494-1416)
www.StateFoodSafety.com and support@statefoodsafety.com
- NATIONAL REGISTRY OF FOOD SAFETY PROFESSIONALS
800-446-0257 / 407-352-3830
www.nrfsp.com and Customer.Service@nrfsp.com
- NATIONAL RESTAURANT ASSOCIATION (800-765-2122)
www.servsafe.com and ServiceCenter@restaurant.org
- PROMETRIC, INC. (800-624-2736)
<http://prometric.com/foodsafety/default.htm>
- The Always Food Safe Company, LLC
www.alwaysfoodsafes.com and help@alwaysfoodsafes.com
- Southern Hospitality Training Services of VA (804-247-9490)
rebecca@sohova.org
- Norfolk Health Department (757-683-2800)
- Portsmouth Health Department (757-393-8585)

This list is not comprehensive nor a list of recommended courses. For more information about ANSI ID number:

<https://www.ansi.org/accreditation/credentialing/personnel-certification/food-protection-manger/ALLdirectoryListing?menuID=8&prgID=8&statusID=4>

Contact the course provider for current information. This is compiled for informational purposes only.



rev 2/2022

EMPLOYEE ILLNESS REPORTING REQUIREMENTS

EMPLOYEE MUST REPORT THE FOLLOWING TO A MANAGER OR SUPERVISOR

SYMPTOMS:

- Sore throat with fever
- Discharge from eyes, nose or mouth (sneezing or coughing excessively)
- Unprotected cuts or infections
- Diarrhea (loose stools or change in normal bowel movements)
- Fever
- Vomiting
- Jaundice (yellowish eyes or skin) or dark colored urine (cola or tea colored)

IMPORTANT: SEND SICK EMPLOYEES HOME NOW

THE BIG SIX:

- Salmonella Typhi (Typhoid fever)
- Salmonella (non-typhoidal)
- Shigella spp. (Dysentery)
- E. coli (Shiga-toxin producing)
- Hepatitis A Virus
- Norovirus

- **REPORT IF YOU, SOMEONE IN YOUR HOUSEHOLD OR A FELLOW EMPLOYEE HAS BEEN EXPOSED OR RECEIVES A BIG SIX DIAGNOSIS OR IF YOU'VE HAD A PAST ILLNESS WITH ANY OF THE BIG SIX.**

I agree to report my health status and activities that relate to food-borne illnesses.

EMPLOYEE NAME (PLEASE PRINT) _____

EMPLOYEE SIGNATURE _____ **DATE** _____

PERSON IN CHARGE SIGNATURE _____ **DATE** _____

EMPLOYEE HEALTH

Employees must report the following to a Manager or Supervisor

Symptoms:

- Sore throat with fever
- Discharges from eyes, nose or mouth
- Unprotected pustule lesions
- Diarrhea
- Fever
- Vomiting
- Jaundice

Also report if you (or someone in your household) receives a BIG SIX diagnosis, or if you've had a past illness with the any of the BIG SIX.

THE BIG SIX:

- Salmonella Typhi (Typhoid fever)
- Salmonella (non-typhoidal)
- Shigella spp. (Dysentery)
- E. Coli (Shiga-toxin producing)
- Hepatitis A Virus
- Norovirus

Remember: If you are sick, stay home!

For any questions concerning restrictions or exclusions, Please call the Virginia Beach Department of Public Health (757) 518-2700



**VIRGINIA BEACH DEPARTMENT OF PUBLIC HEALTH
OFFICE OF ENVIRONMENTAL HEALTH
4452 Corporation Lane, Virginia Beach, VA 23462
TEL. (757) 518-2700, option #3 FAX (757) 518-2642**

ANNUAL COMMISSARY AGREEMENT

To be completed by APPLICANT – Please print or type

Business Name _____

Owner/Operator Name _____

Business Mailing Address _____ Suite _____

City _____ State _____ Zip _____ Home Phone _____ Bus. Phone _____

Vehicle VIN _____ License Plate# _____

I, _____, hereby state that the above information is current, true and correct to the best of my knowledge and agree to utilize my approved commissary in accordance with the Commonwealth of Virginia Board of Health Governing Restaurants, Part 31 and the Virginia Beach Department of Public Health. **NOTE:** If this Commissary Agreement is modified or cancelled, and a new Commissary Agreement is not provided to this office, your permit to operate a food facility will be subject to suspension or revocation.

Signature _____ Date _____

To be completed by COMMISSARY OWNER/OPERATOR – Please print or type

Commissary Name _____

Address _____ Suite _____

City _____ State _____ Zip _____ Bus. Phone _____

Owner/Operator Name _____

Check all services provided:

- | | | |
|---|--|--|
| <input type="checkbox"/> Mobile Unit Storage | <input type="checkbox"/> Electrical Hookup | <input type="checkbox"/> Toilet and Handwashing Facilities |
| <input type="checkbox"/> Potable Water Supply | <input type="checkbox"/> Grease Disposal | <input type="checkbox"/> Garbage Disposal |
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Food Storage | <input type="checkbox"/> Warewashing Facilities (3 compartment sink) |
| <input type="checkbox"/> Days/Hours of Access to Commissary (_____) | <input type="checkbox"/> Wastewater Disposal in Sanitary Sewer
(ex: mop sink) | |

Additional Conditions placed on Agreement:

I, _____, hereby state that the above information is current, true and correct to the best of my knowledge and in accordance with the Commonwealth of Virginia Board of Health Governing Restaurants, Part 31 and the Virginia Beach Department of Public Health. I also understand that this agreement is for a one year period, however, I hold the right to cancel the agreement at any time upon notification to the applicant and to the Health Department.

Signature _____ Date _____

