



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

Food Establishment Plan Review Packet Checklist (revised 02/2024)

Submit pages 1-13. You may keep pages 14-24.

Required Documentation

- Plan Review Application and \$40.00 Plan Review Fee (submit pages 1-2)
Plan Review Questionnaire (submit pages 3-13)
Menu (include seasonal items, off-site, banquet, and sample catering menus)
Food establishment floor plan is drawn to scale showing the location of all operational kitchen equipment including any outside equipment (dumpsters, well, septic system, grease traps), interior location of all equipment, plumbing, electrical, and mechanical ventilation in the food preparation and storage areas. Floor plans MUST be legible and large enough to read.
Manufacturer specification sheets (cut sheets) for all equipment, including water heaters and mechanical dishwashers
Copy of Certified Food Protection Manager Certificate(s)
Copy of Employee Health Policy, Nine Allergen Awareness Policy, Bodily Fluid Clean Up Policy, and any special processes to include Time used as a public health control.

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

- Virginia Beach Zoning and Planning Department (757) 385-4621 main number
Zoning and Planning Office - Permits and Inspections (757) 385-4211, Plumbing Department (757) 385-8066, Electrical Department (757) 385-8070, Mechanical Department (757) 838-8065, Fire Marshal Department (757) 385-8769 for the signed Certificate of Occupancy, if applicable, Building Code Enforcement (757) 385-8060
Virginia Alcoholic Beverage Licensing Office (757) 424-6700, if applicable

*Contact the Commissioner of Revenue (757) 385-4251 after you have received your Plan Review Approval letter to apply for the business license.

7. Will the facility be serving food to a highly susceptible population (HSP)?

HSPs are facilities that serve preschool-aged children or older adults such as child or adult daycare centers, or those with compromised immune systems such as custodial care, health care, assisted living, hospitals, nursing homes, or senior centers, etc.

- Yes, how will the temperature of foods be maintained while being transferred between the kitchen and the service area? _____
- No

Food Source and Storage:

1. Please list all food suppliers (including all vendors):

2. What are the projected frequencies of deliveries for: (Be sure to allocate adequate space to store these food items.)

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

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

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

- Yes No

Indicate the 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? (Example: burger patties, poultry, seafood, etc.) Yes No

7. Will raw meats, poultry, and seafood be stored in the same refrigeration and freezers as cooked/ready-to-eat foods? Yes No

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

Preparation Review:

1. Will any raw or undercooked food of animal origin be offered on the menu, such as sushi, tartare, raw shellfish, eggs, and/or ground meats?

Yes; **consumer advisory is REQUIRED. Review the menu with EHS before printing the final copy.*

If yes, how will the food temperature be maintained while being transferred between the kitchen and to service area? _____

No

2. Does this facility propose to do a special process on-site? (Check all that apply)

***Special processes REQUIRE a variance. Variance applications must be approved BEFORE the procedure is put into practice.**

Sprouting seeds or beans

Fermentation of sausages or custom processing of meat

Vacuum packaging food or canning, Reduced Oxygen Packaging

Smoking or curing of meat, poultry, or fish (i.e., jerky)

Packaging juices

Molluscan shellfish or using a Support Tank (i.e., oysters, clams, mussels)

Other: _____

None of the above special processes

3. Will raw animal products be cooked using a non-continuous process? (Ex: Flash frying chicken wings to 125°F, cooling them down, and re-cooking them later to 165°F)

Yes, **attach written procedures.** No

4. 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 note specific food products and methods used to cool properly:

**Proper cooling methods require food items to be cooled from 135°F to 41°F within 6 hours. [135°F to 70°F in 2 hours or less, then from 70°F down to 41°F in 4 hours, i.e., soup, chili, roast meats]*

**When mixing ingredients at room temperature, products must be cooled to 41°F for no less than 4 hours (i.e., pasta salad, tuna salad, etc.)*

HD USE ONLY: Plans Menu Fee EHS/Census Tract: _____ Permit #: _____
 Encounter # _____ Cash Check # _____ Card Approval # _____

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

2. Please list all foods prepared more than 12 hours before service.

3. Is there a bulk ice machine separate from the soda dispenser?
 Yes, attach specification sheets including the cleaning schedule No

4. Describe ice scoop storage for your facility: _____

5. Will this facility be using TIME as a public health control instead of temperature control, i.e., buffets, service lines, pizza by the slice)? *TIME control may be used for time/temperature control for safety food (TCS) that is displayed or held for service without temperature control IF written procedures are prepared and approved in advance. 12VAC5-421-850.*
 Yes, **attach a written plan.** No

6. 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 165°F for 15 seconds in under two hours?

7. Will you serve hot foods that require to be maintained at 135 F or above?
 Yes, indicate the type of hot holding unit, and how many. _____
 No

8. Will any food items require reheating for hot holding?
 Yes, how will these food items be reheated so that all parts of the food reach a temperature of at least 165 F for 15 seconds? _____
 No

9. Will all produce be washed on-site before use? Yes No

10. Is there a planned location used for washing produce? Yes No
 Describe: _____

If using a multiple-use sink, describe the procedure for cleaning and sanitizing the sinks between uses.

11. 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: _____

12. Number and type of refrigeration units:
 Walk-In Cooler _____ Upright Cooler _____ Under Counter _____
 Sandwich Prep Unit _____ Other _____

13. Number and type of freezer units:
 Walk-In Freezer _____ Upright Freezer _____ Chest _____ Other _____

14. Will ingredients for cold ready-to-eat foods (i.e., tuna, mayonnaise, and eggs used for tuna salads and sandwiches) be pre-chilled before being mixed and/or assembled?
 Yes
 No, how will these ready-to-eat foods be cooled to ensure proper temperatures?

15. Does each refrigerator have an ambient air thermometer? Yes No

16. 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)		
Removed from the vacuum-sealed package before the thaw processes listed above		

17. Do you have a probe food thermometer to verify internal food cook temperatures and hot and/or cold holding temperatures?
 Yes, digital preferred No

18. Will outdoor cooking equipment be used? Yes No
 If yes, you **MUST** obtain pre-approval. Please describe: _____

Ventilation:

1. Are all areas properly vented and hood systems approved by the Fire Marshal? Yes No
 If not, please contact the Fire Marshal to schedule an inspection.

Toilet Facilities:

1. Are all toilet room doors self-closing? Yes No
2. Are all toilet rooms equipped with adequate ventilation? Yes No

Plumbing:

1. Are there floor drains in the kitchen and/or bar?
 - Yes, floor drains must be easily cleanable. **Mark location on floor plans**
 - No
 Describe location on floor plans: _____
2. Is a grease trap installed?
 - Yes, describe the location (indoor/outdoor) and size (gallons): _____
 - Who will be responsible for grease trap maintenance? _____
 - No
3. 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

4. Plumbing Connections: Please check where appropriate:

	Air Gap	Air Break	Integral Gap	P Trap	Vacuum Breaker	Condensate Pump	Enter N/A if not present	
Ice Machines								
Handwash sink								
Food Prep Sink								
3 compartment sinks			Three-compartment sinks MUST have an air gap or air break connection.					
Steam tables								
Dipper wells								
Refrigeration lines								
Mop Sink / Hose connection								
Service sink								
Beverage dispenser								
Other: _____								

- Trap: 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 it. An integral trap 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. Does the 3-compartment sink have the capacity 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 (50-100 ppm) Quaternary Ammonium (200-400 ppm)

Hot Water (>171 F, 12VAC5-421-1670) Iodine Other: _____

3. Are proper test kits available for checking sanitizer concentrations and temperature levels?

Yes No

4. Are there self-draining boards for CLEAN and DIRTY utensils, etc.? Yes No

5. 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 _____

Check one:

LOW temperature (chemical) Chemical Type: _____

HIGH temperature (be sure to have thermal labels to verify hot water temperature)

7. Does the facility have a dishwasher and/or bar glasswasher at the bar? Yes No

If yes, list make/model _____

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 that the detergent and sanitizer are delivered automatically? Yes, check which one above No N/A

9. Do all dish machines have placards with operating instructions? Yes No N/A

Facilities:

1. Are light bulbs shatterproof or shielded? Yes No

HD USE ONLY: Plans Menu Fee EHS/Census Tract: _____ Permit #: _____
Encounter # _____ Cash Check # _____ Card Approval # _____

2. Are outer openings such as doors and windows that open to the outside tight-fitting, self-closing to keep out pests? Yes No

3. Will air curtains be used?
 - Yes, describe location _____
 - No

4. Are screen doors (#16 mesh screen required) provided on all entrances left open to the outside?
 - Yes No

5. Finish Schedule: Please indicate which materials will be used in the following areas (i.e., quarry tile, stainless steel, plastic molding, fire retardant panel, vinyl coving,):

*Material surfaces must be smooth, non-porous, and easily cleanable in all preparation and cook operational spaces including the warewash and bar area.

Area	Floor	Walls	Ceiling	Coving
*Kitchen				
*Bar				
Food storage				
Other storage				
Toilet rooms				
Dressing rooms				
Mop/Service sink				
*Warewashing area				
Walk-in cold holding units				

6. Will a dumpster be used? Yes No
 Number: _____ Size: _____ Frequency of pickup: _____
 *Garbage receptacles MUST be durable, easily cleanable, and rodent-resistant with lids and a drain plug.

7. Describe the surface and location of the dumpster storage area: _____

8. Is there a designated area for the cleaning of garbage cans and/or floor mats? Yes No

9. Describe the location of the grease storage interceptor, the servicing schedule, and the company contracted to collect/service grease.

10. Is a mop sink present?
 - Yes, where will mops be hung to dry? _____
 - No

11. Will all pipes & electrical conduit chases such as ventilation systems, exhaust and intake ducts, and plumbing connections be protected and sealed? Yes No
12. Has a state-licensed certified pest operator been contracted to conduct pest control operations on the facility?
 Yes, **Who?** _____
 No, list the licensed pest control operator you will use if a pest control issue occurs.
13. Is the area surrounding the building clear of unnecessary brush, litter, boxes, or any other harborage?
 Yes No
14. Will linens be laundered on-site? Yes No
 If not, where will they be laundered? _____
15. Is there an area designated for employees to change clothing and store personal items in the facility?
 Yes, **describe:** _____ No
16. Describe where will employees eat/drink and take their breaks: _____

17. Describe the storage location for all toxins/chemicals including personal medication.

*These items MUST be stored away from food areas and clean equipment.

18. SMALL EQUIPMENT REQUIREMENTS

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

- | | |
|-------------------------|---------------------|
| a. Slicers _____ | d. Mixers _____ |
| b. Cutting boards _____ | e. Floor mats _____ |
| c. Can openers _____ | 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, the 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 the 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 of plans to expand or modify the establishment **BEFORE** 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.

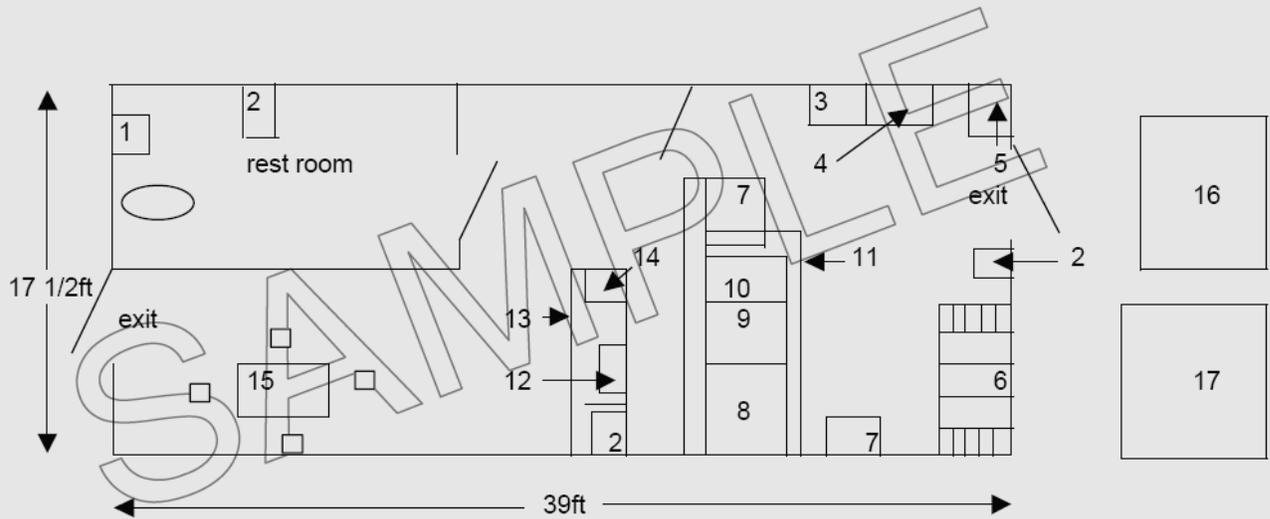
Print Name(s): _____

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	



 HD USE ONLY:

Plans
 Encounter # _____

Menu

Fee
 Cash

EHS/Census Tract: _____
 Check # _____

Permit #: _____
 Card Approval # _____

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 in 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 warewashing 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 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).

Dishwashing 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 are 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 (PIC) must 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, Option 3

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)

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.

- 360TRAINING.COM, INC.
(888) 360-8764 www.360training.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 Customer.Service@nrfsp.com
- NATIONAL RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION SERVESAFE
(800) 765-2122 www.servsafe.com ServiceCenter@restaurant.org
- PROMETRIC, INC.
(800) 624-2736 <http://prometric.com/foodsafety/default.htm>
- [THE ALWAYS FOOD SAFE COMPANY, LLC](http://www.alwaysfoodsafecompany.com)
(844) 312-2011 <https://alwaysfoodsafecompany.com/>
- [INNOVATIVE FOOD SAFETY SOLUTIONS](http://www.innovativefoodsafety.com)
(704) 787-1250 / (865) 201-8357
<https://innovativefoodsafety.com/>

In-Person Courses

- [Southern Hospitality Training Services of VA](mailto:rebecca@sohova.org) (804) 247-9490
- [Norfolk Health Department](http://www.norfolkhealth.org) (757) 68-2800
- [Portsmouth Health Department](http://www.portsmouthhealth.org) (757) 393-8585

This list is not comprehensive nor a list of recommended courses. For more information about the ANSI ID number can be found at: <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. Revised 02/2024.



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) receive a BIG SIX diagnosis, or if you have had a past illness with 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 at (757) 518-2700



- Itching or swelling in the mouth
- Vomiting, diarrhea, or abdominal cramps and pain
- Hives or eczema
- Tightening of the throat and trouble breathing
- Drop in blood pressure.

READ LABELS CAREFULLY

- There is no room for error when working with allergens. Trace amounts of allergens can cause allergic reactions. Examples of foods that Big 9 Allergens can be found in:
 - Milk: Butter, Cheese, Yogurt
 - Tree Nuts: Almonds, Pecans, Walnuts
 - Crustacean Shellfish: Crab, Lobster, Shrimp
 - Wheat: Bread, Cookies, Pancakes
 - Fish: Bass, Flounder, Cod
 - Soybeans: Soy Sauce, Shortening, Tofu
 - Peanuts: Peanut Butter, Peanut Oil
 - Eggs: Mayonnaise, Tartar Sauce, Fried Rice
 - Sesame: Sesame Oil, Bread Products, Granola

***Call 911 if you think someone is having an allergic reaction.**

SAFETY TIPS FOR HANDLING ALLERGENS:

- Avoid cross-contact with allergens.
- Wash and sanitize all food contact surfaces before starting to prepare a new item.
- Do not use the same utensil or glove to serve foods with Big 9 allergens and other foods.
- Support guest requests. Refer questions or requests about food ingredients to your supervisor.

- Observe handwashing procedures and change gloves following established policy.
- Follow recipes and menus exactly.
- Do not make substitutions without authorization.

SYMPTOMS OF ALLERGIC REACTIONS:

- A food allergy is an immune system response to a particular food. Symptoms may include:

