

Foodservice Plan Review Application

	BRHD Local Environmental Health Offices	
	Phone	FAX
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Fluvanna County, Route 15, County Office Bldg., PO Box 136, 132 Main Street, Palmyra, VA 22963	434-591-1965	434-591-1966
Greene County, 50 Stanard Street, PO Box 38, Stanardsville, VA 22973	434-985-2262	434-985-4822
Louisa County, 101 Woolfolk Avenue, Suite 203 Louisa, VA 23093	540-967-3707	540-987-3733
Nelson County, 1645 Thomas Nelson Highway, Arrington, VA 22922	434-263-4297	434-263-4304

Date: _____ New _____ Change of Owner _____ Renovation _____

Name of Establishment: _____

Category: Restaurant _____, Institution _____, Daycare _____, Other _____

Facility Address: _____

Facility Phone (if available): _____

Name of Owner: _____

Owner Mailing Address: _____ E-mail _____

Owner Telephone: _____ Cell Phone: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Applicant Mailing Address: _____ E-mail: _____

Telephone: _____ Cell Phone: _____

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

_____ Building Inspection	_____ Public Works
_____ Fire	_____ Public Utilities
_____ Planning	_____ Police

Hours of Operation: Sun _____ Mon _____ Tues _____ Wed _____
 Thurs _____ Fri _____ Sat _____

Number of Seats: _____

Number of Staff: _____ (Maximum per shift)

Total Square Feet of Facility: _____

Number of Floors on which 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 ___ Take Out only ___ Buffet style ___ Caterer ___ Mobile ___ Push Cart ___

Other: _____

Source of Potable Water: Public System _____

Community ___ Non-community ___ Non-community transient _____

Sewage System: Public system _____ Private _____

If private include copy of well and septic records.

Smoking status: Smoke Free ___ Smoking in designated area ___ Exempt _____

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

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

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.

**Current Virginia Food Regulations can be accessed at the following website:
<http://vdhweb/oehs/food/regs-table.asp>**

The following documents must be enclosed:

- _____ Certified Food Protection Manager credential(s)
- _____ Proposed Menu (include seasonal items, off-site and sample catering menus)
- _____ Manufacturer Specification sheets for each piece of equipment shown on the plan
- _____ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system - if applicable)
- _____ Plan drawn to scale of food establishment interior showing location of equipment and plumbing in the food preparation and storage areas
- _____ List of all Equipment

I. CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS-

THE 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 SOME 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, and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings 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 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 room size, aisle space, space between and behind equipment and the 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:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
 - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;

- d. Lighting schedule with protectors;
 - (1) 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;
 - (2) At least 220 lux (20 foot candles):
 - (a) 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;
 - (b) Inside equipment such as reach-in and under-counter refrigerators;
 - (c) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms; and
 - (3) 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.
- e. 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).
- 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;
- g. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
- h. Garbage can washing and mat washing area/facility;
- i. Toxic chemicals storage area;
- j. Dressing rooms, locker areas, employee rest and dining areas, and/or coat rack as required;

II. FOOD SUPPLIERS

Please answer the following questions as applicable to your operation:

1. Are all food supplies from inspected and approved sources? ____ Yes ____ No
2. What are the projected frequencies of deliveries for frozen foods _____, refrigerated foods _____, and dry goods _____.
3. How will dry goods be stored off the floor? _____

Please list all food suppliers/sources below:

2. Food Flow Production:

Food Flow Step	Equipment Used	Daily volume	Frequency of Prep	Food
Store cold foods				
Prepare raw animal foods				
Prepare ready to eat foods				
Cook				
Cool				
Reheat				
*Cold Hold for service				
*Hot hold for service				
Transport				

1. Please indicate if “time is used as a control” rather than temperature as the primary method to control microbial growth during cold or hot holding prior to service. If so, please attach the written time control plan.
2. Will any raw or undercooked foods of animal origin be offered on the menu such as sushi, sashimi, steak tartare, shell stock, and or ground meats? Yes ___ No ___
(If yes, please include consumer advisory on the menu, both the disclosure and disclaimer)
3. Will the majority of your customers fall into a highly susceptible population?
Yes ___ No ___ i.e., children, the elderly, or those with compromised immune systems.
4. Are you are planning to use any specialized processing methods to extend the shelf life of potentially hazardous foods including vacuum packing, smoking or curing, use of additives, or any reduced oxygen packaging procedures? If so, please attach a Hazard Analysis Critical Control Point Plan (HACCP).
5. In your facility, will you be sprouting beans or seeds? Yes ___ No ___
6. Do you anticipate providing off-site catering? Yes ___ No ___ If so, please indicate above the types of equipment used to hold food at proper temperature during transport.

3. Cold Storage:

1. Does each refrigerator have a thermometer? Yes No
2. Number of refrigeration units: _____
 Type: Walk in cooler Upright unit Under counter Sandwich prep unit _____
 Number of freezer units: _____ Type: Upright Walk in cooler Chest
3. Is there a bulk ice machine available? Yes No

4. Thawing Frozen Potentially Hazardous Food:

Please 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 (approximately one inch or more)	THIN FROZEN FOODS (approximately one inch or less)
Refrigeration		
Running Water Less than 70°F(21°C)		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

*Potentially hazardous food (time/temperature control for safety food) 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.

5. Cooking:

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF/TCS foods? Yes No
2. What type of temperature measuring device: _____
 (A thin probe thermometer is required when cooking thin cuts or patties of raw animal foods).

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

beef roasts	130°F (121 min)
solid seafood pieces	145°F (15 sec)
other PHF/TCS	145°F (15 sec)
eggs – immediate service	145°F (15 sec)
eggs – holding**	155°F (15 sec)
pork	145°F (15 sec)
comminuted meats/fish	155°F (15 sec)
poultry	165°F (15 sec)
reheated PHF/TCS	165°F (15 sec)

**pasteurized eggs must be served to a highly susceptible population

8. Methods for Preventing Cross-Contamination of Raw VS. Ready to Eat Foods

Separate by	Location	Timing Prep	Different Staff	Utensils specific for item	Clean/Sanitize after each use
Upon Delivery					
Storage					
Thawing					
Preparation					
Cooking					

9. Reheating

- 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.

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

IV. EMPLOYEE PRACTICES

A. Training and monitoring:

- How will food employees be trained in food sanitation practices? Frequency? Topics of training: _____
- Number(s) of employees: _____
- Dates of completion: _____
- Will managers be certified in food safety management practices? Yes ___ No ___
- How often will managers be recertified? Every ___ years

B. 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
- Please describe briefly:

3. Describe your policy for exclusion and release from exclusion. Include diseases and symptoms requiring exclusion and time period prior to removal of exclusion.

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

C. 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.

V. FACILITY INFORMATION

Water Supply Please attach copy of written approval and/or permit.

1. Is water supply public () or private ()?
2. If private, has source been approved? YES () NO () PENDING ()
3. Is ice made on premises () or purchased commercially ()?
4. If made on premise, are specifications for the ice machine provided? YES () NO ()
5. Describe provision for ice scoop storage: _____
6. Provide location of ice maker or bagging operation _____
7. Type of hot water heater/generator _____
8. What is the capacity of the hot water generator (gallons/hour)? _____
9. Is the hot water generator sufficient for the needs of the establishment? YES () NO ()
10. Is there a water treatment device? YES () NO ()
11. If yes, how will the device be inspected & serviced?

12. How are backflow prevention devices inspected & serviced? _____

A. Sewage Disposal

1. Is building connected to a municipal sewer? YES () NO ()
2. If no, is private disposal system approved? YES () NO () PENDING ()
3. Please attach copy of written approval and/or permit.
4. Are grease traps or monitoring manholes provided? YES () NO ()
5. If so, where? _____

B. Handwashing/Toilet Facilities

1. Is there a handwashing sink in each food prep, wait station, bar, and ware washing area? YES () NO ()
2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES () NO ()
3. 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 ()
4. Is hand cleanser available at all handwashing sinks? YES () NO ()
5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? YES () NO ()
6. Is hot and cold running water under pressure available at each handwashing
7. sink? YES () NO ()
8. Are covered waste receptacles available in each restroom? YES () NO ()
9. Are all toilet room doors self-closing? YES () NO ()
10. Are all toilet rooms equipped with adequate ventilation? YES () NO ()
11. Are handwashing signs posted at all hand sinks used by employees? YES () NO ()

C. Cleaning and Sanitizing

1. Will sinks or a dishwasher be used for ware washing?
Dishwasher () Three compartment sink ()
 - a) **Dishwasher:**
 - i. Dishwasher, type of sanitization used: _____
 - ii. Hot water (temp. provided) _____
 - iii. Booster heater _____
 - iv. Chemical type _____
 - b) Is ventilation provided? YES () NO ()
 - c) Do all dish machines have templates with operating instructions? YES () NO ()
 - d) Do all dish machines have temperature/pressure gauges as required that are accurately working? YES () NO ()
 - e) Is there a pre-wash sink? YES () NO ()
- b) **Three Compartment Sink:**
 - i. Does the largest pot and pan fit into each compartment of the pot sink? YES () NO ()
 - ii. If no, what is the procedure for manual cleaning and sanitizing?
 - iii. Are there drain boards on both ends of the pot sink? YES () NO ()
 - iv. What type of sanitizer is used?
 - v. Chlorine () Iodine () Quaternary ammonium () Hot Water () Other ()

- vi. Concentration of sanitizer: _____
- vii. Are test papers and/or kits available for checking sanitizer concentration?
YES () NO ()
- viii. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?
- ix. Will all produce be washed on-site prior to use? YES () NO ()
- x. 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.

c) Is a mop sink present? YES () NO ()

d) If no, please describe facility for cleaning of mops and other equipment:

e) Is there a dump sink at each wait station and bar? YES () NO ()

f) 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 ()

g) Are all containers of toxics including sanitizing spray bottles clearly labeled?
YES () NO ()

D. Plumbing Connections: *Please check where 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:** 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.

1. Are floor drains provided & easily cleanable, indicate location:

E. Finish Schedule: Please indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

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

F. Insect and Rodent Control

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Please answer the following questions. | Yes | No | NA |
| 2. Will all outside doors be self-closing and rodent proof? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are screen doors provided on all entrances left open to the outside? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are all exterior windows that may be opened screened? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all door and window screens #16 mesh screening? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the placement of electrocution devices identified on the plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is area around building clear of unnecessary brush, litter, boxes and | | | |
| 9. other harborage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Will air curtains be used? If yes, where? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are insecticides/rodenticides to be stored separately from cleaning & sanitizing agents? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 12. Indicate location: _____ | | | |

G. Garbage and Refuse – Inside

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Do all containers have lids? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will refuse be stored inside? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If so, where? _____ | | | |
| 4. Is there an area designated for garbage can or floor mat cleaning? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H. Garbage and Refuse – Outside

- 1. Will a dumpster be used? () () ()
- 2. Number _____ Size _____ Frequency of pickup _____
- 3. Will a compactor be used? () () ()
- 4. Will garbage cans be stored outside? () () ()
- 5. Describe surface and location where dumpster/compactor/garbage cans are to be stored.

- 6. Describe location of grease storage receptacle and servicing schedule.

- 7. Is there an area to store recycled containers? () () ()
- 8. If yes, describe _____
- 9. Is there any area to store returnable damaged goods? () () ()

VI. GENERAL

- 1. Will linens be laundered on site? YES () NO ()
- 2. If yes, what will be laundered and where? _____
- 3. If no, how will linens be cleaned? _____
- 4. Is a laundry dryer available? YES () NO ()
- 5. Location of clean linen storage: _____
- 6. Location of dirty linen storage: _____
- 7. Are containers constructed of safe materials to store bulk food products? YES () NO ()
- 8. Indicate type: _____
- 9. How is each is listed ventilation hood system cleaned? Frequency of cleaning? _____
- 10. Are dressing rooms provided? YES () NO ()
- 11. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) _____
