HAMPTON & PENINSULA HEALTH DISTRICTS
VIRGINIA DEPARTMENT OF HEALTH

FOOD ESTABLISHMENT PLAN REVIEW PACKET

Hampton Health Department
Environmental Health
3130 Victoria Blvd,
Hampton, VA 23661
Phone: 757-727-2570

Newport News Health Department
Environmental Health
836-A J Clyde Morris Blvd,
Newport News, VA 23601
Phone: 757-594-7340

Williamsburg Health Department
Environmental Health
5300 Palmer Ln,
Williamsburg, VA 23188
Phone: 757-603-4277

To Avoid Unnecessary Delays
Follow These Procedural Steps for Opening a Food Establishment

1. Submit this packet and required documents with a fee (**$40.00**) to the Health Department before construction, conversion, or remodeling. Incomplete submission of the following may result in delayed approval:
    a. FLOOR PLAN (to include all equipment, plumbing fixtures, restrooms, seating, walk-ins, etc.);
    b. EQUIPMENT LIST (including make, model, and sizes (refrigerators, stoves, freezers, etc.) ;
    c. PLUMBING DIAGRAM**; (**location of all handsinks, utility sinks and 3 compartment sinks);
    d. FINISH SCHEDULE (floors, walls and ceilings);
    e. MENU.

2. Plans should be drawn by a professional engineer or architect as opposed to hand drawn sketches, but clear plans drawn to scale are acceptable. Plans will be reviewed by an Environmental Health Specialist Sr. and an approval letter will be sent to the applicant or owner, whichever is preferred, within 30 days of all complete submission of documents. Any alteration of original plans must be discussed with the appropriate Environmental Health Specialist.

3. Submit a Health Department Permit application with the fee (**$40.00**) to the local environmental health department, **30 days** prior to opening.

4. Health Department permit will not be issued until proof of Certificate of Occupancy and Use is issued by the local building official. For complete information on the prerequisites for issuance of construction permits and certificates, please consult with the local building official's office: In Hampton (757) 727-8311; Newport News (757) 933-2311; York County, (757) 890-3523; City of Poquoson, (757) 868-3035; James City County, (757) 253-6626; City of Williamsburg (757) 220-6136.

5. When no building modifications are to be made (i.e. a building permit is not required), an appropriate Certificate of Occupancy and Use for the existing building must be verified with the local building official's office.

6. Once a Certificate of Occupancy and Use is verified or issuance is pending you should contact the appropriate Health Department office - the Hampton Health Department, Newport News Health Department or the Williamsburg Health Department, for a final inspection and issuance of a Health Permit. For Hampton a Certified Food Manager must be registered with their office or proof of enrollment in a class before any permit is issued.

7. **Contact the Environmental Health Specialist Senior two (2) weeks prior to opening to schedule a pre-opening inspection. If the establishment is in compliance with the Board of Health Food Regulations a Health Permit will be issued.**

8. With the Health Permit and Certificate of Occupancy you can then obtain a Business License from the Commissioner of Revenue.

Restaurant Inspections and Virginia Food Regulations can be accessed at the following website:
https://www.vdh.virginia.gov/environmental-health/food-safety-in-virginia/

(KEEP THIS SHEET FOR YOUR RECORDS)

PLEASE COMPLETE AND RETURN:

PLANS REVIEW CHECKLIST FOR FOOD SERVICE ESTABLISHMENTS

The purpose for the review and approval of plans before the work begins is: (1) to ensure compliance with sanitary requirements; (2) to prevent misunderstanding by the operator as to what is required; (3) to prevent errors which might later result in additional cost to the operator.

As a minimum, the owner should provide a floor plan of the entire establishment to scale which shows the layout of the rooms, including storage rooms, electrical, plumbing, and mechanical installations and all fixed equipment. In addition, the proposed location of kitchen equipment such as refrigerators, stoves, hoods, sinks, dishwashing machines, slicers, etc. should be shown.

The following plan review check list is suggested as a guide to be used to assure that all areas of the physical facilities and equipment to be installed in the establishment are given proper consideration for compliance with the Virginia Food Regulations, 12VAC5-421 et sq.

Name of Establishment _____ Phone _____
Address _____ Fax _____
Contact person & email address _____

Legal Owner_____ Address _____
Phone _____ Fax _____ Email_____

Architect _____ Address _____
Phone _____ Fax _____ Email_____

Plans and Information Submitted By: _____ Date: _____

Where should we send the approval letter? _____

Type of Menu_____ Seating Capacity_____ Type: ◯ New ◯ Remodel ◯ Addition

Is information complete? (Check items submitted)

☐ Floor Plan ☐ Mechanical Layout ☐ Electrical
☐ Plumbing ☐ Finish Schedule ☐ Equipment List
☐ Diagram Menu

Has the above information been reviewed or submitted to any of the following?

☐ Fire Safety ☐ Building Dept.
☐ Plumbing ☐ Other (Specify) _____
☐ Electrical

What type of water supply is to be provided? Public _____ Private _____
If private, has it been approved by the Health Department?
_____ Yes No _____ Date _____

What type of sewage system is to be provided? Public _____Private _____
If private, has it been approved by the Health Department?
_____Yes No _____ Date _____

Facility Total Square Feet _____ Floors/Stories of Operation _____ Proposed Seating _____

Projected Start Date _____ Projected Completion Date _____

The following questions are to enable both the food service establishment owner and the Health Department to ascertain the acceptability of the physical plant.

Food Preparation Review

Hours of Operation: M_____ T_____ W_____ TH_____ F_____ S_____ SU_____

Seasonal? ◯ Yes ◯ No If yes, months of operation _____

Type of Service: Sit down_____ Carry Out_____ Catering_____ Mobile Vendor_____ Other _____

Maximum (approximate) meals to be served (#): Breakfast_____ Lunch_____ Dinner_____

Time/Temperature Control for Safety (TCS) Foods served? ☐ Yes ☐ No

- Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets, <1") ☐ Yes ☐ No
- Thick meats, whole poultry (roast beef, whole turkey, chickens, ham, >1") ☐ Yes ☐ No
- Cold processed foods (salads, sandwiches, vegetables) ☐ Yes ☐ No
- Hot processed foods (soups, stews, rice/noodles, casseroles) ☐ Yes ☐ No
- Baked goods (pies, custards, cream fillings)
- Other_____

Foods from Approved Sources? ☐ Yes ☐ No List:_____ -

Projected delivery frequency (# per week): Frozen_____ Refrigerated_____ Dry_____

Cold Storage

- Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? ☐ Yes ☐ No
- Does each refrigerator/freezer have an ambient thermometer? ☐ Yes ☐ No
- Number of refrigeration units: _____ Number of freezer units: _____
- Is there a bulk ice machine available? ☐ Yes ☐ No

Thawing

Please indicate where thawing will take place by filling out the appropriate boxes of how and where frozen TCS foods in each category will be thawed. More than one method may apply.

Thawing Method	Thick/Frozen	Thin/Frozen
Refrigeration		
Running Water (<70ºF/21ºC)		
Microwave (part of cooking)		
Cooked from Frozen		
Other (describe)		

Cooking

List type of food temperature measuring device: _____

List types of cooking equipment. _____

Is outdoor food service planned and if so, is all food preparation in accordance with the requirements? (No outside food preparation is permitted unless in accordance with Outdoor Cooking Guidelines.) ☐ Yes ☐ No ☐ NA

Hot Holding

Indicate type and number of hot holding units: _____

Cooling

Indicate how and where cooling will take place.

Method	Thick Meats	Thin Meats	Thin Liquids	Thick Liquids	Rice/Noodles/Beans
Shallow Pans					
Ice Baths					
Ice Paddles					
Rapid Chiller					
Other (describe)					

Circle answer and fill in blanks below.

I Finish Schedule

Indicate materials (quarry tile, stainless steel, plastic coved molding) used in each area.

	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food (Dry) Storage				
Other (Dry) Storage				
Toilet Rooms				
Dressing Rooms				
Garbage/Refuse Storage				
Mop Servicing Area				
Warewashing Area				
Walk-In				

II Insect and Rodent Control

1. Will all outside doors be self-closing & rodent proof? Yes ☐ No ☐
2. Are screen doors provided on all outer openings? Yes ☐ No ☐
3. Do all windows have at least 16 mesh screening? Yes ☐ No ☐
4. Is placement of insect control devices identified on the plans? Yes ☐ No ☐
5. Will pipes & conduit chases be sealed; HVAC exhaust & intake be protected? Yes ☐ No ☐
6. Is area around building clear of unnecessary brush, litter, boxes, & other harborage? Yes ☐ No ☐
7. Will air curtains be used? Yes ☐ No ☐
   a. If yes, where? _____

III Garbage and Refuse

Inside

1. Do all containers have lids? Yes ☐ No ☐
2. Will refuse be stored inside? Yes ☐ No ☐
   a. If yes, where? _____
3. Is there an area designated for garbage can or floor mat cleaning? Yes ☐ No ☐
   a. If yes, where? _____

Outside

4. Will a dumpster be used? Yes ☐ No ☐
   a. Qty: _____ Size: _____ Pickup Frequency: _____
5. Will a recyclables container be used? Yes ☐ No ☐
   a. Qty: _____ Size: _____ Pickup Frequency: _____
6. Will a compactor be used? Yes ☐ No ☐
   a. Qty: _____ Size: _____ Pickup Frequency: _____
7. Is there a grease storage receptacle? Yes ☐ No ☐
8. Are any of these items shared with other businesses? Yes ☐ No ☐
   a. Which businesses? _____
9. Is the outdoor storage area easily cleanable? Is dumpster/garbage container located on a smooth, impervious surface? Yes ☐ No ☐
10. Is a container washing facility provided?
11. If a waste facility is provided with a drain, are wastes properly disposed? (Dumpster and facility wastewater are disposed according to state and local plumbing codes.) 12VAC5-421-2580 Yes ☐ No ☐

IV Plumbing

1. Is all plumbing installed in accordance with the Plumbing Code? Yes ☐ No ☐
2. Are there any exposed sewer lines over food prep or storage areas? Yes ☐ No ☐
3. Is there sufficient hot water to meet the demand? Yes ☐ No ☐
   a. Make & Model: _____
   b. Type: Tank_____ No tank/In-line _____
   c. Capacity: _____ kW/BTU: _____ Recovery Rate (GPH): _____
4. Is there a water treatment device? Yes ☐ No ☐
   a. If yes, describe inspection & servicing: _____
5. Are hand sinks provided in <u>all</u> food preparation areas? Yes ☐ No ☐
6. Are hand sinks provided in the dishwashing area? Yes ☐ No ☐
7. Are hand sinks provided in serving and busing areas? Yes ☐ No ☐
8. Are any hand sinks metered and provide flow for at least 15 seconds? Yes ☐ No ☐
9. Does each basin have hot and cold tempered running water through mixing faucets, signage, adequate soap, and approved hand-drying devices? Yes ☐ No ☐
10. Is there a food prep sink? Yes ☐ No ☐
    a. If no, how will fruits & vegetables be washed? _____
11. How will warewashing be conducted? Manually _____ Mechanically _____ Both _____
    a. For manual, # of basins (2/3): _____
       i. Sanitizer: Chlorine _____ QAC _____ Iodine _____ Other_____
    b. If mechanical: Low or High Temp _____ Make & Model _____
    c. Are there drainboards? Yes ☐ No ☐
12. Is there a grease trap? Yes ☐ No ☐
    a. If yes, interior or exterior? _____

	Air Gap	**Air Break**	***Integral Trap**	***P Trap**	**Vacuum Breaker**	**Condensate/Pump**
Food Prep Sink						
3 Basin Sink						
Dishwasher						
Garbage Grinder						
Ice Machines						
Ice Storage Bin						
[+]Mop Sink						
Hose Connections						
Beverage Dispensers w/ Carbonator						
Dipper Wells						
Condensate Lines						
Other:						
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 wastewater 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.*

[+] Mop Sink: *No Y connector with integral shutoffs can be installed to a faucet that has an integral atmospheric vacuum breaker. Provide an approved dedicated water supply line at the mop/service sink to supply water when chemical dispensers are utilized or if connecting to a faucet which has an atmospheric vacuum breaker, a side kick must be installed.*

V Ventilation NA ☐

1. Does the hood system conform to the VA USBC? Yes ☐ No ☐
2. Is mechanical ventilation provided in restrooms? Yes ☐ No ☐
3. Is mechanical ventilation provided in other areas where needed to keep rooms free of steam, vapors, odors, smoke, and fumes? Yes ☐ No ☐
   a. If yes, where? _____

VI Lighting

1. At least 10 foot candles at 30 in (75cm) above the floor, in walk-in refrigeration units, dry food storage areas, and in other areas and rooms during periods of cleaning? Yes ☐ No ☐
2. At least 20 foot candles:
   a. At consumer self-service surfaces (buffets, salad bars, etc.); Yes ☐ NA ☐
   b. Inside equipment (reach-in and under-counter refrigerators); & Yes ☐ No ☐
   c. At 30 in (75 cm) above the floor in areas used for handwashing, warewashing, equipment and utensil storage, & in toilet rooms. Yes ☐ No ☐
3. At least 50 foot candles at 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. Yes ☐ No ☐
4. Are lights shielded or shatterproof in all areas where food is exposed? Yes ☐ No ☐

VII Storage Areas

1. Is shelving constructed so that all underlying areas can be reached with brooms and mops? (6 inches above floor) Yes ☐ No ☐
2. Is there any area to store returnable damaged goods? Yes ☐ No ☐
3. How will linens be laundered? on-site _____ off-site _____
4. Is there a separation for storage of clean and dirty linens? Yes ☐ NA ☐
5. Are separate areas provided for storage of poisonous and cleaning materials and are they stored separate from food & food equipment? Yes ☐ No ☐
6. Are any toxics on-site sold for retail sale? Yes ☐ NA ☐
7. Are adequate lockers or storage areas provided for employees' personal belongings (coats, sweaters, pocketbooks, etc.)? Yes ☐ NA ☐
   a. If yes, describe: _____

VIII Equipment

1. Is all equipment constructed of approved material or equivalent?
   How will floor or wall mounted equipment be installed? (On 6 in legs, sealed, spaced, or a combination) _____
   Specify sealing materials: _____
2. How will countertop equipment be mounted? (On 4 inch legs or sealed to the counter unless readily movable.) _____

IX Toilet Facilities NA ☐

1. Are toilet rooms conveniently located? Yes ☐ No ☐
2. Are toilet room doors self-closing? Yes ☐ No ☐
3. Are public toilets provided and in accordance with the Virginia Uniform Statewide Building Code (VA USBC)? Yes ☐ No ☐
4. Are hand basins provided in or adjacent to each restroom? Yes ☐ No ☐
5. Is there a covered waste receptacle in each restroom? Yes ☐ No ☐

X Smoking

1. Are signs clearly & conspicuously posted where smoking is prohibited? Yes ☐ No ☐
2. Is establishment a smoke -free environment? Yes ☐ No ☐

(If yes, do not answer questions # 3-7.)

3. Have provisions been made to comply with the Virginia Indoor Clean Air Act? Yes ☐ NA ☐
4. Is there a designated no-smoking area with appropriate signage? Yes ☐ NA ☐
5. Is the smoking area structurally separated with ingress and egress through a tight-fitting door? Yes ☐ NA ☐
6. Is the smoking area separately vented to prevent the recirculation of air to the area where smoking is prohibited? Yes ☐ NA ☐
7. Is there at least one public entrance into the restaurant where smoking is prohibited? Yes ☐ NA ☐

XI Administrative

1. There is a Certified Food Protection Manager employed? Yes ☐ No ☐ NA ☐
2. Is there an employee health policy in place? Please provide. Yes ☐ No ☐
3. Are there written clean-up procedures for vomit & feces? Please provide. Yes ☐ No ☐
4. Will Time as a Public Health Control be used? Please provide policy. Yes ☐ No ☐ NA ☐
5. HACCP plan for specialized processing methods included? Yes ☐ NA ☐

Date Plans Received _____ By_____

Date Plans Reviewed _____ By_____