



CENTRAL VIRGINIA HEALTH DISTRICT
307 ALLEGHANY AVENUE
LYNCHBURG, VA 24501

Email: LynchburgEH@vdh.virginia.gov

PHONE (434) 477-5921

COMMONWEALTH of VIRGINIA

DEPARTMENT OF HEALTH
Environmental Health

Date Application Received _____
Received By _____
Invoice # _____

SERVING THE COUNTIES OF

AMHERST (434) 946-9408 AmherstEH@vdh.virginia.gov
APPOMATTOX (434) 352-2313 AppomattoxEH@vdh.virginia.gov
BEDFORD (540) 586-7952 BedfordEH@vdh.virginia.gov
CAMPBELL (434) 592-9550 CampbellEH@vdh.virginia.gov

Date: _____ **FOOD ESTABLISHMENT PLAN REVIEW APPLICATION (\$40.00 Fee)**
_____ NEW/CONSTRUCTION _____ RENOVATION _____ CONVERSION/ADDITION

*In accordance with 12VAC5-421-3600 Facility and Operating Plans- A permit holder shall submit to the regulatory authority properly prepared plans and specifications for review and approval before: The construction of a food establishment; the conversion of an existing structure for use as a food establishment; or the remodeling of a food establishment or a change of type of food establishment or food operation if the regulatory authority determines that plans and specifications are necessary. ***Applications must be submitted at least 30 days before the projected start date of the project.****

Name of Establishment: _____

Address: _____

Phone if available: _____

Applicant's Name: _____

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

Mailing Address: _____

Telephone: _____

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

Zoning _____ Building _____ Fire _____ Other (describe) _____

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

Seasonal: (Circle) Yes No If yes, months of operation: _____

Total Square Feet of Facility: _____ Number of Floors on which operations are conducted _____

Maximum Meals to be Served (approximate number): Breakfast _____ Lunch _____ Dinner _____

Proposed Number of Seats _____

Projected Date for Start of Project: _____ Projected Date for Completion of Project: _____

Type of Service(check all that apply): Sit Down Meals _____ Take Out _____ Caterer _____ Mobile Vendor _____ Other _____

Please enclose the following documents: ****Any of these not included will result in an incomplete application that will be denied and returned to the applicant. Additional fees/applications may be required****

_____ Full Proposed Menu (include seasonal items, off-site and sample catering menus)

_____ Proposed Equipment list: include type, manufacturer, model number, dimensions, performance capacities, and installation specifications 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 outside equipment (dumpsters, well, septic system - if applicable) Example: google maps street view, GIS parcel view, etc.

_____ Plan drawn to scale of food establishment interior showing location of equipment and plumbed fixtures in the food preparation and storage areas

_____ Mechanical Schematics



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FOOD PREPARATION REVIEW

Standard procedures developed, or being developed, for this establishment. Plans and specifications must include evidence of standard procedures ensuring compliance with the requirements of the code of Virginia food regulations.

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

TIME/TEMPERATURE CONTROL FOR SAFETY (TCS) FOODS:

1. Will the establishment be serving any Time/Temperature Control for Safety (TCS) food? YES / NO

If yes, circle yes/no for the following Time/Temperature Control for Safety (TCS) foods to be handled, prepared and served.

- a. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets) YES / NO
- b. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams) YES / NO
- c. Cold processed foods (salads, sandwiches, vegetables) YES / NO
- d. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles) YES / NO
- e. Bakery goods (pies, custards, cream fillings & toppings) YES / NO
- f. Other _____

FOOD SUPPLIES:

1. Are all food supplies from inspected and approved sources? YES / NO

2. What are the projected frequencies of deliveries (# days per week) for frozen foods _____, refrigerated foods _____, and Dry goods _____.

DRESSING ROOMS:

1. Are dressing rooms provided? YES / NO

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

3. Cleaning & maintenance _____

GENERAL:

1. Will all chemicals for use on the premise or for retail sale (this includes personal medications) be stored away from food preparation and storage areas? YES / NO

2. Will all containers of chemicals, including sanitizing spray bottles, be clearly labeled? YES / NO

3. Will linens be laundered on site? YES / NO If yes, what will be laundered and where?
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. Will containers be constructed of safe materials to store bulk food products? YES / NO
Describe (i.e. approved as a food contact surface): _____

8. Has Facility contacted local governing agencies in reference to grease traps, fats, oils, and grease programs? YES / NO

COLD STORAGE:

Does each refrigerator/freezer have a thermometer? YES / NO



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THAWING FROZEN TCS FOOD:

Will you be thawing frozen TCS food? YES / NO

If yes, please indicate by checking the appropriate boxes how frozen time/temperature control for safety(TCS) foods in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	*THICK FROZEN FOODS	*THIN FROZEN FOODS
Refrigeration		
Running Water Less than 70°F (21°C)		
Microwave (as part of cooking process)		
Cooked from Frozen State		
Other (describe)		

* Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

HOT/COLD HOLDING:

Will you be hot holding or cold holding TCS foods? YES / NO

If yes, how will HOT TCS foods be maintained at 135°F (57°C) or above during holding for service?

Indicate type and number of hot holding units.

If yes, how will cold TCS foods be maintained at 41°F (5°C) or below during holding for service?

Indicate type and number of cold holding units.

COOKING:

1. Will food product thermometers be used to measure final cooking/reheating temperatures of TCS foods? YES / NO

2. What type of temperature measuring device (brand, type): _____

3. Will foods be served raw or undercooked? YES / NO Explain: _____

4. Minimum cooking time and temperatures of products utilizing convection and conduction heating equipment: *Check

foods that may be cooked from a raw state**

	Beef Roasts	Range: 130°F for (112 min) to 158°F (0 sec)
	Pork, intact meat (including commercially raised game animal) fish, raw eggs for immediate service	145°F (15 sec)
	Comminuted meats/fish, ratites, mechanically tenderized meats, injected meats, pooled/pasturized eggs (must be used for highly susceptible populations)	155°F (17 sec)
	Poultry, baluts, wild game, stuffed fish/meat/pasta/poultry/ratites & stuffing containing fish, meat, poultry, and ratites.	165°F
	Reheated TCS Food	165°F (15 sec)



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COOLING:

1. Will you be cooling TCS foods? YES / NO

If yes, please indicate by checking the appropriate boxes how TCS foods will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in first 2 hours). Also, indicate where the cooling will take place.

COOLING METHODS	THICK MEATS (ROASTS)	THIN MEATS	SOUPS/GRAVY	COOKED VEGETABLES	OTHER
Shallow Pans					
Ice Baths					
Reduce volume/size					
Rapid chill					
Other (describe)					

2. Will cooling logs be used? YES / NO

3. Will time be used as a public health control? YES / NO (**Time without temperature control is used as the public health control for TCS/RTE food held for sale or service**)

If Yes, explain below OR attach policy

4. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise, and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES / NO / NA

If not, how will ready-to-eat foods be cooled to 41°F? _____

REHEATING:

1. Will you be reheating TCS foods for hot-holding? YES / NO

If yes, 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 at least 165°F for 15 seconds within 2 hours. Indicate type and number of units used for reheating foods.

2. Will you be reheating commercially processed foods? YES / NO

If yes, how? (135°F Minimum)



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PREPARATION:

1. Please list foods prepared more than 12 hours in advance of service. *(Example, chicken salad made in house or house made sauces)*

2. Will food employees be trained in good food sanitation practices? YES / NO Method of training:

3. Will disposable gloves, utensils, and/or food grade paper be used to prevent handling of ready-to-eat foods? YES / NO

4. Is there a written policy developed or in process of development to exclude or restrict food workers who are sick or have infected cuts and lesions? YES / NO Please describe briefly or attach a copy of your policy:

5. Is there a written policy on vomiting and diarrheal clean up procedures? YES / NO **If yes, make sure to turn in the written policy

6. Will employees have paid sick leave? YES / NO

7. How will cooking equipment, cutting boards, counter tops, and other food contact surfaces which cannot be submerged in sinks or put through the dishwasher be cleaned? _____

8. Will all produce be washed on-site prior to use? YES / NO

If yes, is there a planned location used for washing produce? YES / NO

Describe/explain _____

9. Will there be any specialized food processing methods used such as vacuum packaged food items prepared on site, pickling, packaging juice, sous-vide, parasite destruction (fish), molluskan shellfish tanks, fermentation, etc. YES / NO

If yes, a separate application for a specialized process requiring a HACCP plan and/or variance will need to be submitted prior to permit approval and/or engaging in said activity.

10. Will any non-continuous cooking processes be done at this facility YES / NO

If yes, attach the procedures. This must be approved prior to permit approval.

11. Will the facility be serving food to a highly susceptible population? YES / NO

Written procedures will be required for food permit approval. The application for a VDH food permit is separate, and in addition to this application for a food establishment plan review.



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PHYSICAL FACILITY

****Floors, walls, & ceilings must be smooth, sealed, and easily cleanable****

A. FINISH SCHEDULE

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				



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PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

B. INSECT AND RODENT CONTROL

1. Will all outside doors be self-closing and rodent proof? YES / NO / NA
2. Are screen doors provided on all entrances left open to the outside? YES / NO / NA
3. Do all openable windows have a minimum #16 mesh screening? YES / NO / NA
4. Is the placement of insect electrocution devices identified on the plan? YES / NO / NA
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? YES / NO / NA
6. Is area around building clear of unnecessary brush, litter, boxes and other harborage? YES / NO / NA
7. Will the facility have insect control devices (i.e. traps, papers, bug zappers)? YES / NO

Indicate location _____

8. Will air curtains be used? YES / NO / NA

If yes, where? _____

C. GARBAGE AND REFUSE

8. Will a dumpster be used? YES / NO If Yes, does the dumpster have a lid? YES / NO

Proposed Number _____ Size _____

Frequency of pickup (if known) _____

Contractor (if known) _____

9. Will a compactor be used? YES / NO

Number _____ Size _____

Frequency of pick up (if known) _____

Contractor (if known) _____

10. Will garbage cans be stored outside? YES / NO

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

12. Describe location of grease storage receptacle, if applicable



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D. PLUMBING CONNECTIONS (Check the box that indicates the backflow prevention method used for water supplied equipment)

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	* P TRAP	VACUUM BREAKER <i>Include ASSE Number o Device</i>	CONDENSATE f PUMP
1. Dishwasher						
2. Ice machines						
3. Ice storage bin						
4. Mop/Utility Sink						
5. Food Prep Sink						
6. 3 Compartment Sink						
7. Hose connections						
8. Beverage Dispenser w/carbonator						
9. 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.

E. WATER SUPPLY

33. Is water supply public () or private () ? If public, municipality: _____

34. If private, has source been approved? YES / NO / PENDING *Please attach copy of written approval and/or permit.

35. Is ice made on premises () or purchased commercially () ?

If made on premise, are specifications for the ice machine provided? YES / NO

Provision for ice scoop storage: _____



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Proposed Hot Water Heater Information: Brand_____ Model_____ Traditional () OR Tankless ()?

Electric () If electric, proposed KW_____ OR Gas () If gas, proposed BTU_____

Storage Capacity (gallons)_____

Is there more than 1 hot water heater at the physical facility? YES / NO If yes, describe or include a plumbing diagram_____

Make sure to also include the hot water tank specification sheet with this application

Please state the proposed number of the following:

_____ 3 Compartment Sink	_____ Dishwasher
_____ Food preparation sink	_____ Kettle stand
_____ Overhead spray rinse- dishes	_____ Clothes washer
_____ Bar Sink (3 Compartments)	_____ Employee Shower
_____ Coffee Urn	_____ Mop sink
	_____ Handsinks
	_____ Other: Describe_____

37. Is the hot water generator sufficient for the needs of the establishment? YES / NO **Attach calculations if available

38. Is there a water treatment device? YES / NO

If yes: How will the device be inspected & serviced?

F. SEWAGE DISPOSAL

40. Is building connected to a municipal (public) sewer? YES / NO

41. If no, is the private disposal system approved? YES / NO / PENDING *Please attach copy of written approval or permit.

42. Are grease traps provided? YES / NO If so, where? _____

Exterior or Interior? (CIRCLE ONE)

G. STORAGE SPACE:

1. Will a walk-in refrigerator be used? YES / NO

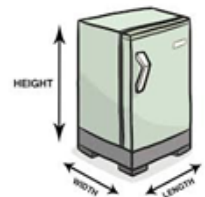
If Yes, what are the interior dimensions? Floor Length_____ (ft) Floor Width_____ (ft)

2. Will a walk-in freezer be used? YES / NO

If Yes, what are the interior dimensions? Floor Length_____ (ft) Floor Width_____ (ft)

3. Will reach-in refrigerators and/or freezers be used? YES/ NO

If Yes, list interior dimensions of each reach in (excluding working or "prep" units used for cold storage).



Description	Depth	Width	Height



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4. Describe how dry goods will be stored. Example- In a designated room (Include usable height width and length- in feet) and shelves

(Include number, length, and width in inches

H. Ventilation

Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

How is each listed ventilation hood system cleaned?

I. SINKS

1. Is a mop/utility sink present? YES / NO

If no, explain

2. Will a hose be attached at the mop sink faucet? YES / NO

3. Will there be a pre-mix chemical station at the mop/utility sink? YES / NO

4. Will the hose have a sprayer attached? YES / NO



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J. DISHWASHING FACILITIES

1. Is there a 3 compartment sink for ware washing? YES / NO If no, explain: _____
If Yes, will food preparation be done at this sink? YES / NO
List dimensions of sink compartments: _____
2. What type of sanitizer is used for 3 compartment sinks and/or sanitizer buckets? Chlorine () Iodine () Quaternary Amonium () Hot Water () Lactic Acid ()
3. Will a pre-mix chemical station be installed? YES / NO
4. Dishwasher (If applicable)
 - a. Dishwasher type _____ Model Number _____
 - b. Will a booster heater be used? YES / NO
 - c. Type of sanitation used: Hot water (temp. provided) _____ Chemical type _____
 - d. Is ventilation provided ? YES / NO
5. Do all dish machines have data plates with operating instructions? YES / NO
6. Do all dish machines have temperature/pressure gauges as required that are accurately working? YES / NO
7. Does the largest pot and pan fit into each compartment of the wash sink? YES / NO
If no, what is the procedure for manual cleaning and sanitizing?

8. Are there drain boards on both ends of the 3 compartment sink? YES / NO
9. Are single-use plates/utensils/etc. used? YES / NO
10. Are multi-use plates/utensils used? YES / NO

K. HANDWASHING/TOILET FACILITIES

1. Is there a handwashing sink in each food preparation and warewashing 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 faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES / NO / NA
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. Are covered waste receptacles available in each restroom? YES / NO
7. Is hot and cold running water under pressure available at each handwashing sink? YES / NO
- Total number of handsinks in operational areas _____ Total number of bathroom sinks _____
8. Are all toilet room doors self-closing? YES / NO
9. Are all toilet rooms equipped with adequate ventilation? YES / NO
10. If required, is a handwashing sign posted in each employee restroom? YES / NO

L. MOBILE UNITS (The following section is for mobile units or push carts only)

1. Type of mobile unit? Push cart () Mobile kitchen/trailer () Other _____
2. If push cart, does it have overhead protection such as an umbrella? Yes / No
3. If mobile kitchen/trailer, are all openings covered or screened? Yes / No
4. Mobile unit powered by? Electric hook-up () Generator ()
5. Heat source? Electric () Gas ()
6. Is there a bathroom or toilet located within/on the mobile unit? YES / NO
7. Potable water source and location? _____
8. Is there a designated food grade hose for filling the potable water tank? YES / NO
9. Waste water disposal location? _____
10. Capacity of potable water tank? _____ Capacity of waste water tank? _____
11. Will you be using a commissary for your operation? YES / NO If yes, complete the "Commissary Commitment Form"

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ATTN: MOBILE UNITS I understand that a mobile unit must be mobile and that I may be required to take my mobile unit to the local health department for the pre-opening inspection and/or subsequent annual inspections_____ (PLEASE INITIAL)

M. ADDITIONAL INFORMATION OR COMMENTS:

STATEMENT:

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval. The department shall conduct one or more preoperational inspections to verify that the food establishment is constructed and equipped in accordance with the approved plans and approved modifications of those plans, has established standard operating procedures as specified under subdivision 5 of 12VAC5-421-3610 and is in compliance with the law and this chapter. I understand that other information may be required by the department for the proper review of the proposed construction, conversion or modification, and procedures for operating a food establishment, as stated under 12VAC5-421-3610.

Signature(s) _____ Date: _____

owner(s) or responsible representative(s)

Approval of these plans and specifications by this Regulatory Authority 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.

If plans are not completed within 12 months of approval, the application may need to be resubmitted. Additional fees will apply.