



*Commonwealth of Virginia*  
*Chesapeake Health Department*  
*Division of Environmental Health*  
748 North Battlefield Boulevard  
Chesapeake, VA 23320  
(757) 382-8672 Fax (757) 382-8713

Office Records
Date Received _____
\$40 Plan Review _____
\$40 Annual Permit _____

**FOODSERVICE ESTABLISHMENT PLAN REVIEW APPLICATION**  
**THIS IS NOT A PERMIT TO OPERATE**

Please print or type the information requested below and return the completed application, a copy of your business license, and permit fee of \$40 to the address listed above. The establishment and owner's name must be the same as recorded on the City of Chesapeake business license. Please note that permits are not transferable in a change of ownership.

Application with plan review fee of \$40 must be submitted to the Chesapeake Health Department for review and approval before any work may be done in the food facility. If any existing equipment is to be replaced or new equipment is installed, the manufacturer's specifications must also be submitted. Please contact our office at (757)-382-8672 for more information.

**Name of Establishment:** \_\_\_\_\_  
Facility Address: \_\_\_\_\_ Suite # \_\_\_\_\_  
Facility Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_

<b>Email Address:</b> _____ <b>(Important for Correspondence During Plan Review Process)</b>
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**Name of Owner:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Contact Person & Title** (architect, manager, etc.) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

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

___ Development & Permits	___ Commissioner of Revenue
___ Fire Marshall	___ Virginia Department of Alcoholic Beverage Control (if applicable)
___ Zoning	

Projected Food Operation Start Date: \_\_\_\_\_ Projected Date for Completion of Construction: \_\_\_\_\_  
Number of Seats: \_\_\_\_\_ Number of Staff: \_\_\_\_\_ Total square footage of the facility: \_\_\_\_\_

Please provide the following documents:

- \_\_\_ Certified Food Manager Certificate(s)
- \_\_\_ Proposed Menu (including seasonal, off-site and banquet menus).
- \_\_\_ Manufacturer specification sheets for each piece of equipment shown on the plan.
- \_\_\_ Employee health policy, allergen awareness policy and bodily fluid clean up policy
- \_\_\_ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, waste grease containers, well, septic system - if applicable).
- \_\_\_ Architectural plans drawn to scale of food establishment showing location of equipment, plumbing, electrical services (including lighting), mechanical ventilation and room finishes.

**FOOD PREPARATION REVIEW (Circle YES, NO, NA or check the appropriate box where applicable)**

Will the following Temperature Controlled for Safety (TCS) Foods be handled, prepared and served?

1. Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets, legs, wings) YES/NO
2. Thick meats, whole poultry (roast beef, whole turkey, chicken, hams) YES/NO
3. Cold processed foods (salads, sandwiches, vegetables) YES/NO
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles) YES/NO
5. Bakery goods (pies, custards, cream fillings, and toppings) YES/NO
6. Other \_\_\_\_\_
7. Is raw fish served? YES/NO
  - a. If serving raw fish (sushi, lox, ceviche), will parasite destruction be done on-site or by the supplier?
    - On-site: provide your procedure for parasite destruction (A freezer used for parasite destruction must maintain -4°F for 7 days. Measure and record temperature of freezer unit on a daily basis).
    - Supplier: provide the name of your supplier and documentation to show parasite destruction. Each invoice received from the supplier shall state the specific fish by species that have been frozen to meet the parasite destruction requirements under 12 VAC 5-421-740 B
8. Describe any special food processing within your facility (smoking or curing meats, reduced oxygen packaging such as sous vide, canning, sprouting beans, etc.). Variances are required to be submitted and approved by the department. \_\_\_\_\_  
\_\_\_\_\_
9. Is fish that has been packaged, using Reduced Oxygen Packaging (ROP), being used? YES/NO  
If yes, describe the thawing process \_\_\_\_\_  
\_\_\_\_\_
10. Will "time as a public health control" be utilized in holding any TCS foods? YES/NO  
If yes, describe the process and monitoring procedures. Written procedures are required to be submitted to the health department and maintained on the premises by the facility. \_\_\_\_\_  
\_\_\_\_\_
11. Please list all foods prepared more than 12 hours in advance of service. NA  
\_\_\_\_\_  
\_\_\_\_\_
12. 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?
  - a. Chemical Type: \_\_\_\_\_
  - b. Concentration: \_\_\_\_\_ ppm
  - c. Is there a test kit? YES/NO
13. Will a chemical wash be used for produce? YES/NO
  - a. If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
  - b. Is there a test kit? YES/NO
14. Is there a designated prep sink used for washing produce and food preparation? YES/NO  
(If yes, an air gap must be provided on the drainpipe.)  
If yes describe: \_\_\_\_\_  
\_\_\_\_\_  
If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.  
\_\_\_\_\_  
\_\_\_\_\_

**FOOD PREPARATION CONTINUED:**

15. Describe procedures used to minimize the length of time TCS foods will be kept in the temperature danger zone (41°F – 135°F) during preparation. \_\_\_\_\_  
\_\_\_\_\_
16. Will the facility be serving food to a highly susceptible population (i.e. the elderly, pre-school age children, or those with weakened immune systems)? YES/NO  
If yes, how will foods be safely transported between the kitchen and service areas?  
\_\_\_\_\_  
\_\_\_\_\_
17. What types of containers are used to store bulk food products? \_\_\_\_\_  
\_\_\_\_\_

**FOOD SUPPLIES:**

1. Are all food supplies from inspected and approved sources? YES/NO  
Please list all your food suppliers: \_\_\_\_\_  
\_\_\_\_\_
2. What are the projected frequencies of deliveries (i.e. daily, weekly, twice a week): frozen foods \_\_\_\_\_, refrigerated foods \_\_\_\_\_, and dry goods \_\_\_\_\_?
3. How will food items be stored off the floor? \_\_\_\_\_

**COLD STORAGE:**

1. Are approved refrigerators and freezers, of sufficient capacity, available to store frozen foods frozen and refrigerated foods at 41°F (5°C) and below? YES/NO
2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES/NO
3. If yes, how will cross-contamination be prevented?  
\_\_\_\_\_
4. Does each refrigerator have a thermometer? YES/NO
5. Number of refrigeration units: \_\_\_\_\_ Number of freezer units: \_\_\_\_\_
6. Is there a bulk ice machine? YES/NO/NA
- a. If no, where will ice be purchased? \_\_\_\_\_
- b. If made on premise, are specifications for the ice machine provided? YES/NO
- c. Describe provision for ice scoop storage: \_\_\_\_\_

**THAWING:**

Please indicate by checking the appropriate boxes, how frozen Temperature Controlled for Safety (TCS) foods will be properly thawed. More than one method may apply.

Thawing Method	Thick Frozen Food	Thin Frozen Food
Refrigeration		
Running Water Less Than 70°F(21°C)		
Microwave (as part of the cooking process)		
Cooked from frozen state		
Other (please describe)		

**COOKING:**

1. What type of food thermometer will be used to ensure that proper internal cooking temperatures of TCS foods are met? \_\_\_\_\_
2. How do you calibrate your food thermometer and how often? \_\_\_\_\_
3. How do you clean and sanitize your thermometer? How often? \_\_\_\_\_
4. List types of cooking equipment: \_\_\_\_\_

5. Will raw animal food be cooked using a non-continuous process? (For example: a caterer marking chicken or steaks on the grill prior to an event and then completing the cooking process on site.) YES/NO

If yes, describe the process and monitoring procedures. Written procedures are required to be submitted and maintained by the facility. \_\_\_\_\_

6. Will you be serving any raw or undercooked foods? YES/NO  
If yes, will you have a consumer advisory on your menu? YES/NO

The permit holder shall inform consumers of the significantly increased risk of consuming such foods by way of a **disclosure** and **reminder** using brochures, deli case or menu advisories, label statements, table tents, placards, or other effective written means under 12 VAC 5-421-930.

**HOT/COLD HOLDING:**

1. How will hot TCS foods be maintained at 135°F (57°C) or above during holding for service? NA  
Indicate type and number of hot holding units.

\_\_\_\_\_

2. 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.

\_\_\_\_\_

**COOLING:**

Please indicate by checking the appropriate boxes, how TCS foods will be properly cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours).

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES	VEGETABLES (REFRIED BEANS , ETC)
Shallow Pans						
Ice Baths						
Reduce Volume or Size						
Other						

**REHEATING:**

1. 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. \_\_\_\_\_

**HANDWASHING/TOILET FACILITIES**

1. Is there a handsink in each food preparation and warewashing area? YES/NO
2. Do all hand sinks, including those in the restrooms, have a mixing valve or combination faucet, allowing hot and cold water? YES/NO
3. If installed, do self-closing metering 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 hand sinks? YES/NO
5. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand sinks? YES/NO
6. Are covered waste receptacles available in all ladies' restrooms? YES/NO
7. Are hot and cold, running water under pressure, available at each hand sink, with hot water reading at least 100°F? YES/NO
8. Are all toilet room doors self-closing? YES/NO
9. Are all toilet rooms equipped with adequate ventilation (exhaust fan or window that can be opened)? YES/NO
10. Is a handwashing sign posted at all hand sinks used by employees? YES/NO

**DISHWASHING FACILITIES (check the appropriate box where applicable)**

1. Check which method will be used for ware washing.

Dishwasher

i. Select the Type of Dishwasher:

Hot Water Sanitizing\*

a. Wash temperature \_\_\_\_

b. Final rinse temperature \_\_\_\_\_

c. Is ventilation provided? YES/NO

An irreversible registering temperature indicator must be provided and readily accessible\*

Chemical Sanitizing

a. Are test kits available for checking sanitizer concentrations? YES/NO

b. Do all dish machines have data plates with operating instructions, water temperature and/or chemical requirements? YES/NO

c. Do all dish machines have properly working temperature/pressure gauges, alarms, & visual display for low chemicals as required?

YES/NO

Three compartment sink

i. What type of sanitizer is used?

Chlorine

Iodine

Quaternary Ammonium

ii. Are test kits available for checking sanitizer concentrations? YES/NO

iii. Are there drain boards on both ends of the three compartment sink? YES/NO

iv. Can the largest pot/pan be submerged and fit in all compartments of the three compartment sink? YES/NO

v. If no, what is the procedure for in-place manual cleaning and sanitizing? \_\_\_\_\_

vi. Are test kits available for checking sanitizer concentrations? YES/NO

**TRAINING:**

1. How will food employees be trained in good food safety practices, including allergen awareness, as it relates to their assigned duties? Check the appropriate box where applicable.

<b>Method of Training</b>	<input type="checkbox"/> In House Training	<input type="checkbox"/> Online	<input type="checkbox"/> Course
<b>Frequency</b>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-annually	<input type="checkbox"/> Yearly
<b>Training Record Maintained</b>	<input type="checkbox"/> Onsite	<input type="checkbox"/> Corporate offices	<input type="checkbox"/> Electronic

2. A written policy to exclude or restrict food workers who are sick or have infected cuts or lesions, is to be provided prior to opening the food service facility. Has the written policy been submitted? YES/NO

3. A written policy should be put in place for employees to follow when responding to a vomiting or diarrheal event in the food establishment? Has the written policy been submitted? YES/NO

**GENERAL**

1. Will food storage containers be constructed of safe, durable, and nonabsorbent materials? YES/NO
2. How is each listed ventilation hood system cleaned? Frequency of cleaning? \_\_\_\_\_
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. Are all areas properly vented and hood systems approved by the Fire Marshall? YES/NO

**PLUMBING CONNECTIONS**

Please check where appropriate:

	<b>AIR GAP</b>	<b>AIR BREAK</b>	<b>*INTEGRAL TRAP</b>	<b>*"P" TRAP</b>	<b>VACUUM BREAKER</b>	<b>CONDENSATE PUMP</b>
<b>Ice Machines</b>						
<b>Ice storage bin</b>						
<b>Hand wash sink</b>						
<b>2-compartment sink</b>						
<b>3-compartment sink</b>						
<b>Culinary sink</b>						
<b>Steam tables</b>						
<b>Dipper wells</b>						
<b>Refrigeration condensate wells/ drain lines</b>						
<b>Hose connection</b>						
<b>Beverage Dispenser w/carbonator</b>						
<b>Other: _____</b>						

1. Are floor drains provided, covered and easily cleanable? YES/NO

**WATER SUPPLY**

1. Is the facility's water supply public or private? \_\_\_\_\_  
 If private, has source been approved? YES/NO  
 Please attach copy of written approval and/or permit. Provide a copy of annual testing for well water.
2. What is the capacity of the hot water heater? \_\_\_\_\_ **Gallons**

**SEWAGE DISPOSAL**

1. Is the building connected to city sewer? YES/NO  
 a. If private, has source been approved? YES/NO

**SEWAGE DISPOSAL CONTINUED**

2. If required, describe location of grease storage receptacles (grease trap/inceptor): \_\_\_\_\_  
 \_\_\_\_\_

**FINISH SCHEDULE**

Use the following chart to indicate which materials (tile type, stainless steel, 4" plastic coving, etc.) will be used in these areas.

<b>AREA</b>	<b>FLOOR</b>	<b>COVING</b>	<b>WALLS</b>	<b>CEILING</b>
<b>Kitchen</b>				
<b>Bar</b>				
<b>Food Storage</b>				
<b>Dry Storage</b>				
<b>Toilet Rooms</b>				
<b>Dressing/Locker Rooms</b>				
<b>Garbage and Refuse Storage Area</b>				
<b>Mopsink Area</b>				
<b>Warewashing Areas</b>				
<b>Walk-in Refrigerators and Freezers</b>				

<b>Example</b>				
Kitchen	<u>Quarry Tile</u>	<u>Quarry Tile</u>	<u>FRP smooth</u>	<u>Tile</u>



**INSECT AND RODENT CONTROL**

- 1. Will all outside doors be self-closing, rodent proof and open outward? YES/NO
- 2. Are screen doors provided on all entrances left open to the outside? (16" mesh required) YES/NO/NA
- 3. Is the placement of insect control light traps identified on the plan? YES/NO/NA
- 4. Will all pipes & electrical conduit chases be sealed? YES/NO
- 5. Will ventilation systems, exhaust and intakes be protected against pest entry? YES/NO
- 6. Is the area around the building clear of unnecessary brush, litter, boxes and other harborage? YES/NO
- 7. Will air curtains be used? YES/NO  
If yes where? \_\_\_\_\_
- 8. Are all drive-thru or service windows self-closing? YES/NO/NA
- 9. Has a state licensed pest control service been contracted? YES/NO  
If yes, provide the company's name and indicate frequency of service. \_\_\_\_\_  
\_\_\_\_\_

**GARBAGE AND REFUSE**

- 1. Do all garbage containers have lids? YES/NO
- 2. Will a dumpster be used? YES/NO  
If yes, provide the following:  
**Number of dumpster(s)** \_\_\_\_\_ **Size** \_\_\_\_\_ **Yards**  
Frequency of pickup \_\_\_\_\_  
Company \_\_\_\_\_
- 3. Describe surface and location where dumpster/compactor/garbage cans are to be stored: \_\_\_\_\_  
\_\_\_\_\_
- 4. Where is the area designated for garbage can or floor mat cleaning? \_\_\_\_\_  
\_\_\_\_\_

**CHEMICAL STORAGE**

- 1. All toxics for use on the premise or for retail sale must be stored away from food preparation and storage areas (this includes personal medications). Is this area provided? YES/NO
- 2. Will insecticide/rodenticides be stored separately from cleaning and sanitizing agents? YES/NO/NA
- 3. Will all containers of toxics including sanitizing bottles be clearly labeled? YES/NO

**DRESSING ROOMS**

- 1. Are dressing rooms with lockers provided? YES/NO  
If not, describe storage facilities for employees' personal belongings (i.e. purses, coats, personal medication, etc.) \_\_\_\_\_  
\_\_\_\_\_

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Please answer every question that applies to your food service operation. Ensure your plans are complete.

**Approval of these plans and specifications by the Chesapeake 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 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 Chesapeake Health Department may nullify final approval.**

Signature(s) \_\_\_\_\_

Print Name(s) \_\_\_\_\_

Date: \_\_\_\_\_

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**For Official Use: Items Submitted in Packet**

- \_\_\_ Plan review fee of \$40
- \_\_\_ Permit Application with \$40 fee
- \_\_\_ Proposed Menu
- \_\_\_ Certified Food Manager Certificate
- \_\_\_ Manufacturer Specifications for equipment
- \_\_\_ Plans drawn to scale

Make checks payable to:  
 Chesapeake Health Department  
 748 Battlefield Boulevard, North  
 Chesapeake, VA 23320

Plans Reviewed and Approved EHS: \_\_\_\_\_ Date: \_\_\_\_\_  
 EHS: \_\_\_\_\_ Date: \_\_\_\_\_

*Revised 2/20*