The Virginia Food Regulations require the submission of plans for review and approval prior to: “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…” (12VAC5-421-3600). There is a non-refundable fee of $40.00 for the foodservice plan review application.

The purpose for the review and approval of plans prior to new construction or remodeling is:
(1) To ensure compliance with the Commonwealth of Virginia Board of Health Food Regulations, (2) to prevent misunderstanding by the operator as to what is required, (3) to prevent errors and identify potential problems that may later result in additional cost to the operator.

The following is a checklist of information that must be submitted for plan review (Check items submitted):

1. Application for a Foodservice Plan Review - $40 fee.
2. Set of floor plans, drawn to scale, of the entire establishment that shows the layout of the rooms (including storage rooms), and the proposed location of the lights, plumbing, and all fixed equipment. In addition, the proposed location of all kitchen equipment. Plans should include electrical, mechanical, and plumbing schedule for new construction/expansion.
3. For new construction, site plan showing location of building on site and location of any outside equipment (dumpsters, well, septic system, grease trap – if applicable, etc.).
4. Equipment list and manufacturer specification sheets for each piece of equipment shown on the plans.
5. Proposed menu.
6. Certified Food Protection Manager credentials.
7. If applicable, establishments using an onsite sewage disposal systems must have soils work, plans and specifications, along with wastewater characteristics (determined in part by proposed menu), submitted together – 3 copies – by an Authorized Onsite Soil Evaluator (AOSE) working in consultation with a Professional Engineer (PE) to the Health Department with, if applicable, appropriate septic and well fees. Existing residential/non-residential facilities changing to a food service establishment must have an AOSE and PE evaluate the existing system, with wastewater characteristics, to determine if the existing system is sufficient for the proposed facility and menu. This paperwork is initially reviewed by the District Onsite Technical Consultant, then submitted to the Virginia Department of Health Engineer for technical review and is thus handled separately from the food service plan review.

Chickahominy District Health Departments:

Charles City Health Department
7501 Adkins Road
Charles City, VA 23030
(804) 829-2490

Goochland Health Department
P.O. Box 178
Goochland, VA 23063
(804) 556-5843

Hanover Health Department
12312 Washington Highway
Ashland, VA 23005
(804) 365-4313

New Kent Health Department
12025 Courthouse Circle, POB 86
New Kent, VA 23124
(804) 966-9640
Date: __________________________

□ New    □ Remodel    □ Conversion

Type of Service: □ Sit-down    □ Take-out    □ Caterer    □ Commissary

**Food Establishment Information**

Establishment Name: ______________________________________________________

Establishment Address: ____________________________________________________

City: __________________________  Zip Code: __________________________

Establishment Phone Number: _____________________________________________

Establishment Fax Number: _______________________________________________

**Owner Information**

Legal Owner Type: □ Corporation    □ Individual    □ Partnership    □ Other__________

Owner Name: ______________________________________________________________

Owner Address: ____________________________________________________________

City: __________________________  Zip Code: __________________________

Owner Phone Number: ______________________  Owner Email: ______________________

**Food Establishment Contact**

Direct all correspondence to: □ Establishment Address    □ Owner Address    □ Additional Contact

Additional Contact Number: _________________________________________________

Additional Contact Full Address: _____________________________________________

Additional Contact Phone Number: ___________________________________________

Additional Contact Email: ___________________________________________________

Is the information complete?  (Check items submitted)

□ Floor plan    □ Mechanical layout

□ Equipment lists    □ Equipment specification sheets

□ Plumbing diagram    □ Menu

□ Other (specify) ________________________________
I have submitted plans to the following departments (Check items):

- Building Department
- Public Works
- Fire Marshal
- Public Utilities
- Zoning
- Other (specify)____________________

Water Source:  □ Public    □ Private Well
Sewer Source: □ Public    □ Private Sewage Disposal System

The following questions enable the food service establishment owner and the health department to ascertain the acceptability of the facility plans. Check the appropriate boxes where needed.

Floors: Applicable Code Sections(s): 12VAC5-421-2810; 12VAC5-421-2830

- □ Yes    □ No    □ N/A    Are floor materials smooth, durable, impervious, and easily cleanable in the kitchen and restrooms?
- □ Yes    □ No    □ N/A    Are floors graded to drain, if drains are provided?
- □ Yes    □ No    □ N/A    Is the floor wall juncture coved?

List materials used on floors in the following areas:
- Kitchen______________________________
- Dining______________________________
- Restrooms___________________________
- Storage_____________________________  

Walls and Ceilings: Applicable Code Sections(s): 12VAC5-421-2810; 12VAC5-421-2870; 12VAC5-421-2880

- □ Yes    □ No    □ N/A    Are walls and ceilings in the kitchen and restrooms constructed of smooth, durable, and easily cleanable materials?
- □ Yes    □ No    □ N/A    In areas subject to moisture, are the walls and ceilings constructed of nonabsorbent materials?
- □ Yes    □ No    □ N/A    Are the ceiling and walls in all food preparation and storage areas constructed so that no beams or piping are exposed?

List materials used on the walls in the following areas:
- Kitchen______________________________
- Dining______________________________
- Restrooms___________________________
- Storage_____________________________
List materials used on the ceiling in the following areas:

- Kitchen
- Dining
- Restrooms
- Storage

Toilet Facilities: **Applicable Code Section(s):** 12VAC5-421-2240; 12VAC5-421-2280; 12VAC5-421-2920; 12VAC5-421-3090; 12VAC5-421-3100

- Yes  No  N/A Are employee toilet rooms conveniently located?
- Yes  No  N/A Are toilet room doors self-closing?
- Yes  No  N/A Are public toilet rooms provided?
- Yes  No  N/A Are handwashing sinks provided in each restroom?
- Yes  No  N/A Are toilet rooms ventilated to outside air?
- Yes  No  N/A Are adequate lockers or storage areas provided outside of food service, storage, and preparation areas for personal belongings (coats, purses, etc.)?

Handwashing Facilities: **Applicable Code Section(s):** 12VAC5-421-2190; 12VAC5-421-2230; 12VAC5-421-3020; 12VAC5-421-3030; 12VAC5-421-3045

- Yes  No  N/A Are handwashing sinks provided in all food preparation areas?
- Yes  No  N/A Are handwashing sinks provided in the dishwashing area?
- Yes  No  N/A Are handwashing sinks provided in serving areas?
- Yes  No  N/A Is each handwashing sink equipped to provide water at a temperature of at least 100° F through a mixing valve or combination faucet?
- Yes  No  N/A Is the handwashing signage posted at each handwashing sink?
- Yes  No  N/A Is each handwashing sink equipped with adequate handwashing soap and disposable towels or approved hand drying device?
**Plumbing: Applicable Code Section(s):** 12VAC5-421-620; 12VAC5-421-2010; 12VAC5-421-2120; 12VAC5-421-2180; 12VAC5-421-2200; 12VAC5-421-2260; 12VAC5-421-2520

- [ ] Yes  [ ] No  [ ] N/A  Is all water-supplied equipment installed to prevent back-siphonage or backflow of contaminants into the water supply system?
- [ ] Yes  [ ] No  [ ] N/A  Are indirect waste lines installed where needed?
- [ ] Yes  [ ] No  [ ] N/A  Is all plumbing in compliance with the plumbing code?
- [ ] Yes  [ ] No  [ ] N/A  Are any exposed sewer lines located over the food preparation or storage areas?
- [ ] Yes  [ ] No  [ ] N/A  Water heater large enough to meet peak demands of the food establishment?
   What is the size of the hot water heater?______________

**Lighting: Applicable Code Section(s):** 12VAC5-421-2890; 12VAC5-421-3080

- [ ] Yes  [ ] No  [ ] N/A  Will the lighting sources provided over all food preparation areas be at least 50-foot candles (540 lux) of intensity?
- [ ] Yes  [ ] No  [ ] N/A  Will the lighting sources provided in utensil washing, hand washing, and toilet room areas be at least 20-foot candles (220 lux) of intensity?
- [ ] Yes  [ ] No  [ ] N/A  Will the lighting sources provided in all food storage areas, including walk-in refrigeration units, be at least 10-foot candles (110 lux) of intensity?
- [ ] Yes  [ ] No  [ ] N/A  Will light bulbs in food preparation and storage area be properly shielded or otherwise shatter-resistant?

**Ventilation: Applicable Code Section(s):** 12VAC5-421-1170; 12VAC5-421-1210; 12VAC5-421-3090

- [ ] Yes  [ ] No  [ ] N/A  Are ventilation hood systems and other devices sufficient in number and capacity to prevent grease or condensation from collecting on walls and ceilings?
- [ ] Yes  [ ] No  [ ] N/A  Are exhaust ventilation hood systems, including component parts, designed to prevent grease or condensation from contaminating food preparation, storage and warewashing areas?
- [ ] Yes  [ ] No  [ ] N/A  Are ventilation hood system filters designed to be readily removable for cleaning and replacement and if not, designed to be cleaned in place?
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garbage and Refuse</td>
<td>Is a designated outdoor refuse storage area provided?</td>
<td>☐</td>
<td>☐</td>
<td>☐/N/A</td>
</tr>
<tr>
<td></td>
<td>Is the outdoor storage area easily cleanable, having smooth concrete pad or asphalt pad that is sloped to drain?</td>
<td>☐</td>
<td>☐</td>
<td>☐/N/A</td>
</tr>
<tr>
<td></td>
<td>Are wastewaters from cleaning operations disposed of as sewage (dumpster pad with drain)?</td>
<td>☐</td>
<td>☐</td>
<td>☐/N/A</td>
</tr>
<tr>
<td></td>
<td>Is at least one service sink (mop sink) or one curbed cleaning facility, equipped with a floor drain, provided in the facility?</td>
<td>☐</td>
<td>☐</td>
<td>☐/N/A</td>
</tr>
<tr>
<td>Insect and Rodent control</td>
<td>Are all openings properly protected by tight-fitting windows and doors?</td>
<td>☐</td>
<td>☐</td>
<td>☐/N/A</td>
</tr>
<tr>
<td></td>
<td>Have all holes or gaps along floors, walls, and ceilings been filled or closed?</td>
<td>☐</td>
<td>☐</td>
<td>☐/N/A</td>
</tr>
<tr>
<td>Storage Areas</td>
<td>Are there ample areas for refrigerated and dry storage of food supplies, paper goods, equipment, and utensils?</td>
<td>☐</td>
<td>☐</td>
<td>☐/N/A</td>
</tr>
<tr>
<td></td>
<td>Is all storage shelving installed a minimum of 6 inches above the floor and constructed of smooth, nonporous, and easily cleanable materials?</td>
<td>☐</td>
<td>☐</td>
<td>☐/N/A</td>
</tr>
<tr>
<td></td>
<td>Is a separate storage area provided for poisonous and toxic materials (i.e. cleaning agents)?</td>
<td>☐</td>
<td>☐</td>
<td>☐/N/A</td>
</tr>
<tr>
<td>Equipment</td>
<td>Is all equipment NSF approved or equivalent?</td>
<td>☐</td>
<td>☐</td>
<td>☐/N/A</td>
</tr>
<tr>
<td></td>
<td>Has a list of all in-place equipment and the manufacturers’ specification sheets been submitted?</td>
<td>☐</td>
<td>☐</td>
<td>☐/N/A</td>
</tr>
<tr>
<td></td>
<td>Is a 3-compartment sink with drainboards provided?</td>
<td>☐</td>
<td>☐</td>
<td>☐/N/A</td>
</tr>
</tbody>
</table>
| ☐ Yes | ☐ No | ☐ N/A | Is a mechanical dishwasher to be installed?  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>If yes, check the type.</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐ Hot water sanitizing  ☐ Chemical sanitizing</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ N/A</td>
<td>If the mechanical dishwasher uses a chemical sanitizer, is the unit equipped with a device that indicates audibly or visually when more sanitizer is needed?</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ N/A</td>
<td>If the mechanical dishwasher uses hot water for sanitizing, is the unit equipped with a pressure gauge or similar device that measures and displays the water pressure in the supply line immediately before entering the dishwasher?</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ N/A</td>
<td>Are serving line or salad bar protector devices, display cases, and sneeze guards provided if needed?</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ N/A</td>
<td>Is all fixed equipment (equipment that is not easily removable) either spaced to allow for cleaning along the sides, behind, and above the equipment or spaced not more than 1/32 inch from adjoining equipment, walls, and ceilings?</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ N/A</td>
<td>Is all table-mounted equipment, that is not easily movable, installed to allow for cleaning of the equipment and areas underneath and around the equipment?</td>
</tr>
</tbody>
</table>

** Once your plans have been approved, please send an electronic copy of the final floor plans including the electrical, plumbing, and mechanical plans to the health department.

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**FOR OFFICIAL USE:**

Plans Review Received By:_____________________________ Date:__________________________
Floor Plans Received By:_____________________________ Date:__________________________

**EHS Staff:**

Plans Reviewed By:_____________________________ Date:__________________________
Plan Review Approved By:_______________________ Date:__________________________