

COMMONWEALTH of VIRGINIA

In Cooperation With The State Department of Health

CRATER HEALTH DISTRICT

Petersburg Health Department 301 Halifax Street Petersburg, Virginia 23803

July 1, 2011

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|-----------------------------|---------------------------------------|---------------------------------|
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Food Establishment Plan Review Guide

- ✓ <u>NEW FACILITY</u>
- ✓ PRE-EXISTING FACILILTY
- ✓ ADDITIONS (INCLUDING EQUIPMENT)

Food Establishment Plan Review Application Checklist

| Complete Application for Health Department (3680) (A fee will be assessed for the permit, but will not exceed \$40.00) It must be paid prior to issuance of permit |
|--|
| If New or Renovated facility, complete Plan Review Checklist Packet (PART I & PART II) (you must include a plan drawn to scale of food establishment, location of equipment, plumbing, electrical services, and mechanical ventilation; equipment list; other information as required (3610) Provide to the Health Department as soon as possible (A fee of \$40.00 will be required for the plan review and it must be paid prior to issuance of permit) |
| If existing facility, complete Part II – FOOD SECTION Provide to the Health Department prior to opening (3600) |
| Provide Intended Menu to the Health Department (3610) |
| Schedule a Pre-Opening Inspection with the Health Department (3650) |
| Schedule a Re-Inspection if needed (3650) |
| Opening Approval from Building Official (3660A) Provide copy of Certificate of Occupancy to Health Department |
| Opening Approval from Fire Services |
| Commissioner of Revenue |
| Issuance of State Health Permit (Based on compliance with Current regulations) |

Requirements for Pre-Opening Facility

| Person-in-Charge (PIC) must be certified or able to pass Demonstration of Knowledge Test. (May enroll in class) (0060) |
|---|
| \$40.00 Plan Review fee must be paid when plans are submitted (if applicable) (3600) |
| \$40.00 Annual Permit Fee or Pro-rated Fee based on time of opening must be paid prior to issuance of health permit – based on application (3660) |
| All walls, floors, and ceilings must be smooth, non-absorbent, easily cleanable, and clean (2810) |
| Must provide sanitizer and sanitizing test strips (1700, 1530) |
| Must have a dial or digital bi-metallic metal stem thermometer to take internal food temperatures (1180) |
| Must have thermometers accurate to \pm 4 F in all refrigeration units and hot holding units (1190) |
| Must submit to scale floor plan (can be hand drawn in scale) (3600) |
| Must submit anticipated menu (3610) |
| Must have enough refrigeration units to accommodate anticipated needs (1450) |
| Three-compartment sink with drain boards (1460) and/or mechanical ware washing machine with data plate (1330) |
| Sufficient number of hand wash sinks (e.g. 1 in food prep area and 1 in ware washing area) (2230) |
| All food/non-food contact surfaces must be smooth, non-absorbent, easily cleanable, and clean (960, 1060) |

PART I Plan Review Checklist Packet For Food Establishments

| FACILITY N | NAME: |
|--------------|--|
| NAME OF C | OPERATOR: |
| STREET AD | DRESS OF FACILITY: |
| CITY/COU | NTY: |
| | MBER: () |
| HOURS OF | OPERATION: |
| | OPERATION: (Example Monday thru Saturday 6 a.m. – 10 p.m.) |
| Please caref | fully review the areas listed below and place a Y for Yes or an N for No in the in the item does not apply lity/operation then place a N/A |
| PLAN REVIE | W/INSPECTION |
| | 1. Was the intended menu provided to the health department (3610) |
| | 2. Was the floor plan, equipment list, and hours of operation provided (3610) |
| | 3. Is there a limited/restricted operation (e.g. heat & serve, RTE foods, greaseless, etc) |
| | based on water/sewage/refrigeration/dry storage space/3-compartment sink |
| | /ventilation (3610) |
| <u> </u> | 4. Is there a HACCP Plan (not required) (3620) |
| MANAGEME | NT AND PERSONNEL |
| | 1. Is there a Person-In-Charge (PIC) designated to be present at the food |
| | establishment during all hours of operation (0050) If yes, provide name(s) |
| | |
| | 2. Has the PIC(s) been through an accredited food safety certification course, such as |
| | the Education Foundation of the National Restaurant Associations ServSafe Course |
| | (0060) If yes, provide a copy of the certificates to the Health Department |

| | 3. | Will the owner/operator/PIC provide the basic food safety training to the | | |
|--------|---------|--|--|--|
| | | establishment's personnel (0070) | | |
| | 4. | Will the owner/operator/PIC send employees to the basic food safety training | | |
| | | provided by the health department (0070) | | |
| | 5. | Are the owner/operator and/or PIC aware of the employee health requirements as | | |
| | | identified by the Health Department (0080) | | |
| | 6. | Is there a written policy to exclude or restrict food employees from the | | |
| | | establishment if they are diagnosed with an infectious agent specified in the | | |
| | | regulations (0090) | | |
| WATER/ | SEWAG | E/GARBAGE | | |
| | 1. | Is there an approved water supply (2050) | | |
| | | PublicWell (If not public, provide records on well) | | |
| | 2. | Is there an approved sewage disposal system (2570) | | |
| | | Public Private (If not public, provide records on | | |
| | | system) | | |
| | 3. | Are exterior walking & driving surfaces (concrete, asphalt, or gravel) designed to | | |
| | | minimize dust and to prevent muddy conditions, & comply with law (2800) | | |
| | 4. | Are dumpster/grease containers/recyclable storage on an approved surface, sloped | | |
| | | to drain (2600) | | |
| | 5. | Is dumpster area curbed & graded to drain dispose or collect drainage (2980) | | |
| | 6. | Garbage receptacle covers (inside and out) (2720) | | |
| | 7. | Drain plug in place if receptacle has drain (2730) | | |
| | 8. | Grease disposal containers (if deep fat fryer, etc) (2720) | | |
| | | What company picks up the grease | | |
| HANDW | ASH SIN | JKS/MOP SINK | | |
| | 1. | If sit down service, customer toilet facilities available without passing through food | | |
| | | prep and handling areas (3130); or storage areas (70) | | |
| | 2. | Are hand wash sinks located in dispensing (front service area, beverage station, food | | |
| | | prep, dishwashing, (kitchen, bar, etc.) (2280) | | |
| | 3. | Is soap supply (liquid, powder, and bar) next to hand wash sink (3020) | | |
| | 4 | Is hand wash signage available for posting (3045) | | |

| | 5. | Is a paper towel dispenser, heated hand-drying device, or continuous towel system |
|---------|---------|--|
| | | that supplies clean towel at hand wash sinks (3030) |
| | 6. | Is a covered container in the ladies/unisex/handicap restroom (2660) |
| | 7. | Is there hand wash sink splashguards to protect food items (610); utensil storage |
| | | (2000) |
| | 8. | Is there a mop (utility) sink location with hot and cold water (2250) |
| | | Recommend floor model |
| | 9. | Is there a dump sink in bar/beverage are station if no 3-vat sink (2310) |
| FOODSEI | RVICE E | QUIPMENT |
| | 1. | Is equipment easily cleanable (food (960); durable (1080); CIP (1100)) |
| | | (Nonfood; Constructed of cleanable materials (1060); cleanable design (1150)) |
| | 2. | Floor-mounted equipment 6" off floor (1560) or 4" with maximum 6" access (12x12 |
| | | footprint); except display shelving/refrigeration in retail store if floor keep clean |
| | | (readily moveable) |
| | 3. | Equipment readily accessible for cleaning (castors, etc) (1100) |
| | 4. | 4" legs on equipment on tables and counters, or sealed in place and cleanable (1560) |
| | 5. | Portable equipment less than 30 lbs.; and /or flexible connections ("Easily |
| | | moveable" definition) (1100) |
| | 6. | Self-service drink dispenser with extended levers (1230) |
| | 7. | Beverage tubing not in contact with ice (1260) |
| | 8. | Thermometers accurate to \pm -2 F in all refrigeration/hot-holding units (1320) |
| | 9. | Thermometers in refrigeration located in warmest section of units (1320) |
| STORAG | E & SER | VING FACILITIES |
| | 1. | Is there adequate dry storage; shelving, platforms, etc. for food, single service items. |
| | | utensils, etc. Soda bag-in-location; soda pump/carbonator 6" off the floor (610) |
| | 2. | Sufficient refrigerator(s), freezer(s), hot holding storage (1450) |
| | 3. | Approved food item shelving 6" off floor (1560) |
| | 4. | Adequate dish rack storage/utensil and pots and pans storage shelving (2000) |
| | 5. | Sneeze guard(s) in customer service area, buffet/salad bar (650) |
| | 6. | Integral cold plate if ice consumed (1260) |

| | 7. | Adequate storage for cleaning su | applies (3290) (brooms, mo | pps, & supplies); Cleaning |
|----------|--|--|--------------------------------|----------------------------|
| | | chemicals (poisonous or toxic m | aterials (3340) | |
| | 8. | Designated area for employee clo | othing & personal items (3 | 100) |
| | 9. Is there a laundry facilities location (1540) | | | |
| | 10. | Laundry facilities provided for work clothes or linen laundered on premises (1490) | | |
| | 11. | Clean linen storage provided (1540) | | |
| | 12. | Equipment location not in locker | r room, toilet facilities, med | chanical room, under |
| | | open stairway (1540) | | |
| THREE (3 |) COMI | PARTMENT SINK | | |
| | 1. | Is three compartment sink large | enough to accommodate la | urgest piece of equipment |
| | | (1460) | | |
| | | Basin size L W | D | |
| | 2. | Are there drain boards (utensil r | | h to accommodate all |
| | | soiled and clean items for holdin | g before cleaning and after | sanitizing (1470) (3- |
| | | compartment sink & ware wash | er) (must allow for air dry | ing after sanitizing) |
| | 3. | Are drain boards self-draining (1 | 390) | |
| | 4. | Are there thermometers for ware | e washing machines (1520) | and sanitizer test kit for |
| | | ware washing machine and/or th | nree compartment sink (153 | 30) |
| | | What type? Chlorine_ | QuaternaryA | mmoniumIodine |
| | 5. | Recommend drainage shelf abov | e 3-compartment sink, and | l storage platform for |
| | | chemicals below | | |
| HOTWAT | ΓER HE | ATERS | | |
| | Mak | ke/model | Tank size | Gallons |
| | KW | //BTU | Capacity at | GPH 100% rise |
| | Mak | ke/model | Tank size | Gallons |
| | | //BTU | | |
| | Boos | ster heater KW/BTU | Capacity | GPH 100% rise |
| | Hot | water 110°F minimum at 3 compart | ment sink (1650) | |
| MECHAN | IICAL D | ISHWASHER (WAREWASHING | MACHINE) | |
| | Sani | itizing type? Chemical | or Hot water | |
| | Mak | ке/Model | | |

| | Hot v | vater demand gallons/hour; Hot water temperature |
|-----------|-------|---|
| | 1. | Date plate for operating specifications/instructions (1330) |
| | 2. | Temperature gauge for wash & rinse tanks accurate $\pm -2^{0}$ F (1350) |
| | 3. | Final rinse pressure gauge with IPS (iron pipe size) valve (stop cock) (1380) |
| | 4. | Is there a rinse pressure gauge (measures final rinse at 15-25 PSI) if hot water |
| | | sanitizing (1690). Not need for pumped or recirculated sanitize rinse (1380C) |
| | 5. | Mechanical dishwasher (hot temp) wash solution ranges 150 – 165° F (1660) |
| | 6. | Mechanical dishwasher (chemical) wash solution 120°F (1660) |
| | 7. | Sanitize test kit for chemical dishwasher available/O/H (1720) |
| | 8. | Automatic detergent feeder (1630) |
| | 9. | Sanitizer feeder level indication (1370) |
| PLUMBING | | |
| | 1. | Lavatories with hot & cold tempered water (2190) Hot water at least 100^{0} F. |
| | 2. | Metered faucets with 15 second full flow (no spring loaded snap faucets) (2190) |
| | 3. | Mop (utility) sink with hot & cold tempered water (2250) |
| | 4. | No cross-connections (2320) |
| | 5. | Back-flow devices on all water filter, mop sink, hose faucets (2260); soda tank |
| | | /pump, etc (2270) |
| | 6. | Back-flow devices on frost-proof faucet, etc. (2260) |
| | 7. | Air gap/air-break on equipment drains (ice bins, prep sink, steam table, dipper well) |
| | | (2520) |
| | 8. | Floor drains (where needed – dishwashing, mop sink, can wash areas) |
| | 9. | Grease trap area easily accessible for cleaning (2530) |
| | 10. | No exposed overhead drainage lines over food areas (620) |
| | 11. | Utility, service & conduit lines installed to allow cleaning of floor (2820) |
| | 12. | No horizontal utility lines, pipes unnecessarily exposed on wall or ceiling (2820) |
| | 13. | Floor drains for wet area (2830) (dishwashing area & if power spraying used) |
| | 14. | Condensate drainage approved (2580) |
| VENTILATI | ON | |
| | 1. | Sufficient ventilation to remove grease, smoke, heat, steam, & odor (see menu) |
| | | (1480) |

| | 2. | Exhaust hood materials (stainless steel, galvanized, etc.) (1060 materials) |
|--------|---------|---|
| | 3. | Exhaust hood system design/drip prevention/locations (1210) |
| | | Make/Model |
| | | a |
| | | b |
| | | c |
| | 4. | Grease collection cup; cleanable, accessible design, copy of specs (1210) |
| | 5. | Removable filter design (1170) |
| | 6. | Minimum clearance overhead (overhang) from equipment |
| | 7. | If hot water sanitizing dishwasher, sufficient ventilation (exhaust hood?) (1480) |
| | 8. | Toilet room(s) ventilated if needed (vapors, obnoxious odors, etc) (3090) |
| | 9. | Clothes dryer vented to outside (excessive heat, steam, condensation) (3090) |
| FLOORS | , WALLS | , CEILINGS |
| | 1. | Walls finish easily cleanable, smooth, non-absorbent, durable (2810); |
| | | No exposed studs, joints in area subject to moisture (2880) |
| | 2. | Gaps around door/window frames sealed at walls & floors (2810) |
| | 3. | Wall mounted equipment sealed at walls – mop rack, coat rack, hose reel, etc (2810) |
| | 4. | Floor covering easily cleanable, smooth, durable – mop room, dry storage, walk-in |
| | | (2810) |
| | 5. | Floor and wall junctures, coved and closed to no larger than 1/32 inch (2830A) |
| | 6. | If water flushed floors, floor and wall junctures coved and sealed (2830B) |
| | 7. | Cinder block walls finished & sealed (2790) |
| | 8. | Ceilings easily cleanable, smooth, durable, non-absorbent (to include restrooms) |
| | | (2790, 2830); no exposed rafters in areas subject to moisture (2880) |
| | 9. | Wall splashguards in wet areas – exhaust hood, mop sink, 3-compartment sink, |
| | | dishwasher (2810) |
| | 10. | Splash area behind bar sink/equipment: caps caulked, vanish/polyurethane |
| | | wood/particleboard (non-absorbent 1060; easily cleanable 1150) |
| | 11. | Seal gaps/floor/cove areas around floor sinks/drains under cabinets/equipment |
| | | (2810) |
| | 12 | Self closures on non emergency only exit doors (2020); restroom doors (2810) |

| | 13. | Screening for doors, windows, louvers, vents, 1/16" or less (2930) |
|----------|-----|--|
| | 14. | Building vermin proof (exit door sweeps/thresholds) (2940) |
| | 15. | Sealed openings around pipes, conduits, etc. through exterior walls (2940) |
| LIGHTING | | |
| | 1. | 50 Foot candles (FC) in food prep area, bar, beverage service islands (3080) |
| | 2. | 20 FC in buffet/salad bar, dishwashing, inside reach-in(s) & under-counter |
| | | refrigeration equipment, utensil storage, & toilet rooms (3080) |
| | 3. | 10 FC in walk-in, dry storage, dining & all other areas (3080) |
| | 4. | Shielded (covered) light fixture in bar, front service counter, food prep, food & |
| | | utensil storage, display areas, liquor storage, service islands (2890) |
| POISONOU | SOR | TOXIC MATERIALS |
| | 1. | Is a separate area away from food, equipment, utensils, linens, single-service, and |
| | | single-use articles established for storage of poisonous or toxic materials (3340) |
| | 2. | Are only those poisonous or toxic chemicals that required for the operation and |
| | | maintenance of the facility, such as for cleaning and sanitizing equipment and |
| | | utensils, floor cleaner, etc (3350) |
| | 3. | Are all chemicals that are stored in original containers properly identified (3320) |
| | 4. | Do you have a pest control official/company contract for control of insects and |
| | | rodents If yes, what is the name of the company |
| | | (ONLY AN VDACS CERTIFIED PERSON CAN APPLY PESTICIDES INSIDE |
| | | FOOD ESTABLISHMENT) |
| | 5. | Will you be using drying agents in conjunction with sanitization (3410) If yes, what is the name of the product to be used |
| | | |
| | 6. | Will you be using lubricants on food contact surfaces (such as on bearings and |
| | | gears, etc. (3420) If yes, what is the name of the product to be used |
| | 7. | Are medicines to be stored in facility (restriction and storage) (3460) |
| | 8. | First aid supplies, storage (3480) |

<u>PART II</u>

Food Protection

| 1. | Will you be preparing, cooking, and serving Potentially Hazardous Food (PHF) | |
|--------|---|-------------------------------|
| | (definition) | |
| 2. | Will you be serving a highly susceptible population (chi | ildren 4 or under, elderly 65 |
| | or older, hospitalized people, etc. (0950) | |
| | If yes, what group | |
| 3. | Check categories of PHF's to be handled, prepared and | or cooked and |
| | served. | |
| | a. Thin meat, poultry, fish, eggs | (Yes) (No) |
| | (hamburger, sliced meats, fillets) | |
| | b. Thick meats, whole poultry | (Yes) (No) |
| | (roast beef, whole turkey, chickens, hams) | |
| | c. Cold processed foods | Yes) (No) |
| | (salads, sandwiches, vegetables) | |
| | d. Hot processed foods | (Yes) (No) |
| | (soups, stews, rice/noodles, gravy, chowders, cas | seroles) |
| | e. Bakery goods | (Yes) (No) |
| | (pies, custards, cream fillings, meringue, & toppi | ings) |
| | f. Other | |
| | | |
| 4. | Are all foods obtained from an approved source (0270) | |
| 5. | Will PICs/cooks/etc. have a thermometer to take internal temperatures of PHF's, | |
| | received, refrigerated, cooked, and reheated (1510) | |
| | What type dial bi-metal | _ digital bi-metal |
| | Thermocouple | |
| 6. | Is adequate and approved freezer and refrigeration avail | lable to store frozen food at |
| | 0^0 F and refrigerated foods at 41^0 F. or below (1450) Ho | w was it determined? |
| | | |
| | | |

| | 7. | 7. Does each refrigerator/freezer have an accurate/correct thermometer locate | | |
|--|-----|---|--|--|
| | | warmest part of the unit? (1190, 1320) | | |
| | | How many refrigerators How | many freezers | |
| | 8. | Will raw meats, poultry and seafood be stored i | n the same refrigerators and freezer | |
| | | with Cooked/ready-to-eat (RTE) foods (0470) | If yes, how will cross- | |
| | | contamination be prevented | | |
| | 10. | Is there a bulk ice machine available (1780) | | |
| | 11. | Is there beverage-dispensing equipment (1780) | | |
| | 12. | Is there a bulk milk dispenser (1750) | | |
| | 13. | Will potentially hazardous foods (PHF's) be tha | awed, If yes how (790) | |
| | | (you may select more than one way, but remember thick frozen foods (more than I | | |
| | | thick) take much longer than thin frozen foods) | | |
| | | Refrigeration at 41^0 F or below (re | equires planning) | |
| | | Completely submerged under run | ning water at 70^{0} F or below with | |
| | | sufficient water velocity to agitate | e and float particles in the overflow, | |
| | | and for a period of time that does | not allow thawed portions to rise | |
| | | above 41 ⁰ F. | | |
| | | As part of a cooking process from | a frozen state | |
| | | In a microwave oven (as part of th | ne cooking process) | |
| | | Using any procedure if a portion o | of a frozen RTE is thawed and | |
| | | prepared for immediate service to | an individual consumer. | |
| | 14. | Are you aware that minimum internal cooking temperatures are required for all raw | | |
| | | animals foods and reheated ready-to-eat PHF's that will be hot held (0700 $\&$ 0710). | | |
| | | All poultry (chicken, turkey, duck) | 165 ⁰ F. for 15 seconds or longer | |
| | | All stuffing & stuffed meats | 165 ⁰ F. for 15 seconds or longer | |
| | | All combined dishes (casseroles, etc.) | 165 ⁰ F. for 15 seconds or longer | |
| | | that have PHF's | | |
| | | All PHF's that are microwave cooked | 165 ⁰ F. for 15 seconds or longer | |
| | | All ground meats (ground beef, pork, fish, etc.) | 155° F. for 15 seconds or longer | |

| | All injected meats (Brined ham, flavor | 155 ⁰ F. for 15 seconds or longer |
|---------|---|---|
| | injected, etc.) | |
| | All pork, beef veal, and lamb | 145 ⁰ F. for 15 seconds or longer |
| | All fish (salmon, halibut, tuna, etc.) | 145 ⁰ F. for 15 seconds or longer |
| | All shell eggs (eggs over easy, scrambled, | 145 ⁰ F. for 15 seconds or longer |
| | etc. for immediate service to customer | |
| | Shell eggs (usually scrambled) for hot holding | 155 ⁰ F. for 15 seconds or longer |
| | Fruits and vegetables cooked to be hot held | 135 ⁰ F. for 15 seconds or longer |
| 15. | Will hot foods be hot held in a warming cabinet | or steam line (0820) |
| 16. | Will cold foods be cold held in a cooling cabinet or on a cold bar (0820) | |
| 17. | Will any PHF's be cooled down after cooked for later storage in a refrigerator or | |
| | freezer (0800) If yes, all PHF's shall be cooled fr | om 135^0 F. to 70^0 F. in 2 hours or less |
| | and from 70° to 41° F. in 4 hours or less. Temper | ratures must be taken to ensure |
| | proper cooling | |
| 18. | What method will you use to cool foods down (| 0810) (check all that will apply) |
| | Shallow pans (2" or less) | |
| | Ice baths (where i.e. prep sink, 3 comp si | nk, etc.) |
| | Ice paddles (wands) | |
| | Reduce in volume or size | |
| | Other method (explain) | |
| 19. | Will refrigerated ready-to-eat, potentially hazar | rdous food be prepared in your |
| | Establishment and held refrigerated for more th | an 24 hours (0830) If yes, all must |
| | be date marked with the use-by date (7 days fro | m day prepared) Includes RTE |
| | PHFs moved from freezer to refrigerator | |
| 20. | Will refrigerated ready-to-eat, potentially hazar | rdous food prepared in a food |
| | processing Plant be held in your establishment r | refrigerated for more than 24 hours |
| | (0830) (If yes, all must be date marked with the | use-by date (7 days from opening |
| | package/container | |
| 21. | Will you be using Time as a public health control | ol in accordance with the regulation |
| | (0850) | |
| 22. | Will produce (fruits and/or vegetables) be wash | ned on-site prior to use (0510) |

| | If yes what location | |
|---------|--|--|
| 23. | Are your preparation procedures for potentially hazardous food designed to | |
| | minimize the time that they are in the temperature danger zone (TDZ = 41° F – 135° | |
| | F) (0470 & 0820) | |
| 24. | Will any food be catered (0820) | |
| | If yes, what type of containers will food be transferred in, and what type of vehicle | |
| | | |
| 25. | Do you have temperature charts to record temperatures for cooking, cooling, | |
| | reheating, and holding of PHFs. If no, ask the health department to provide you | |
| | samples. | |