Thomas Jefferson HEALTH DISTRICT Serving: Albemarle Charlottesville Fluvanna Greene Louisa Nelson

Environmental Health Division

	Phone	Fax
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Fluvanna	(434) 591-1965	591-1966
Greene	(434) 985-2262	985-4822
Louisa	(540) 967-3707	967-3706
Nelson	(434) 263-4297	263-4304

Foodservice Establishment Plan Review Application

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…" (12 VAC 5-421-3600).

This Foodservice Establishment Plan Review Application has been developed to assist permit applicants or permit holders in submitting the information required for a thorough plan review. A good review of plans helps to avoid future problems. By listing and locating equipment on floor plans and diagramming specifications for electrical, mechanical and plumbing systems, potential problems can be spotted while still on paper and modifications made BEFORE costly purchases, installation and construction.

The foodservice plan review process is intended to assist foodservice operators in the approval process for their proposed foodservice facilities, food handling procedures, building permit, and foodservice establishment permit.

Please refer to the *Thomas Jefferson Health District Foodservice Establishment Plan Review Guide* for guidance in completing the application. This document can be found on the Thomas Jefferson Health District website:

www.vdh.virginia.gov/LHD/ThomasJefferson/environmental/forms.htm

If you have questions about the review process or wish to schedule a plan review conference please call (434) 972-6200 option 3.

Thomas Jefferson Health District Plan Review Process

New Food Establishment / Remodeling / Conversion

1. Applicant contacts local health department
2. Obtain Foodservice Plan Review Application
3. Applicant applies for food service permit and pays fees

(Applicant is also responsible for contacting local zoning, building, fire/police officials, etc.)

Submit drawings, completed Plan Review Application, menu, equipment specification sheets, and standard operating procedures (SOPs) *if applicable*. Plan review is conducted by the local health department within 15 business days. **Obtain approvals for any on-site water supply or sewage disposal systems.**

Provide additional information, if requested.

Plan Approval

CONSTRUCTION BEGINS

Approved plans kept on-site during construction. Revisions to approved plans must be submitted in writing and approved.

Applicant secures final approvals from local building officials, fire/police officials, etc., and receives their ***Certificate of Occupancy***. Make appointment for health department pre-opening inspection.

Operational Approval

Thomas Jefferson HEALTH DISTRICT Serving: Albemarle Charlottesville Fluvanna Greene Louisa Nelson

Foodservice Plan Review Application

Date: _____ New _____ Remodel _____ Conversion _____

Name of Establishment: _____

Category: Restaurant_____ Institution_____ Daycare_____ Other_____

Facility Address: _____

Phone: _____ Fax: _____

Name of Owner: _____

Mailing Address: _____

Applicant's Name: _____

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

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

_____ Zoning _____ Public Works

_____ Building _____ Public Utilities

_____ Planning _____ Fire / Police

Hours of Operation:

Sun_____ Mon_____ Tues_____ Wed_____

Thurs_____ Fri_____ Sat_____

Number of Seats (including outdoor seating): _____

Number of Staff: _____ (maximum per shift)

Total Square Feet of Facility: _____

Maximum Meals to be Served Daily: _____ (approximate number)

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Type of Service: Sit Down_____ Takeout_____ Caterer_____ Mobile_____ Other_____

Please enclose the following documents (incomplete applications will delay the plan review process):

_____ Proposed Menu

_____ Manufacturer Specification sheets for each piece of equipment shown on the plan **(all equipment is subject to review and approval)**

_____ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (refrigeration, dumpsters, well, septic system, etc.)

_____ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services, and mechanical ventilation.

_____ Equipment Schedule

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.

2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.

3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.

4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.

5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.

6. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.

7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.

8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.

9. Include and provide specifications for:

   a. Entrances, exits, loading/unloading areas and docks;

   b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;

   c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;

d. Lighting schedule with protectors;

(1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;

(2) At least 220 lux (20 foot candles):

(a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;

(b) Inside equipment such as reach-in and under-counter refrigerators;

(c) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms; and

(3) At least 540 lux (50 foot candles) at a 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.

e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).

f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with;

g. A mop sink or curbed cleaning facility with facilities for hanging wet mops;

h. Garbage can washing area/facility;

i. Cabinets for storing toxic chemicals;

j. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;

FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

A. CATEGORY:

	(YES)	(NO)
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	( )	( )
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	( )	( )
3. Cold processed foods (salads, sandwiches, vegetables)	( )	( )
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	( )	( )
5. Bakery goods (pies, custards, cream fillings & toppings)	( )	( )

6. Other_____

PLEASE ANSWER THE FOLLOWING QUESTIONS

B. FOOD SUPPLIES:

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

2. What are the projected frequencies of deliveries for

   Frozen foods_____,
   Refrigerated foods _____, and
   Dry goods_____.

3. Provide information on the amount of space (in cubic feet) allocated for:
   Dry storage _____,
   Refrigerated storage _____, and
   Frozen storage _____.

4. How will dry goods be stored off the floor? _____

C. COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41°F (5°C) and below? YES ( ) NO ( )
   Provide the method used to calculate cold storage requirements.

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES ( ) NO ( )

   If yes, how will cross-contamination be prevented?

   _____

   _____

   _____

3. Does each refrigerator/freezer have a thermometer? YES ( ) NO ( )

   Number of refrigeration units: _____

   Number of freezer units: _____

4. Is there a bulk ice machine available? YES ( ) NO ( )

D. THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) 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		
Cool Running Water		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

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

E. COOKING:

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF's?
   YES ( ) NO ( )

What type of temperature measuring device(s): _____

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

Beef roasts	130 °F (121 min)
Solid seafood pieces	145 °F (15 sec)
Eggs* – immediate service	145 °F (15 sec)
Eggs* - pooled/holding	155 °F (15 sec)
Pork	145 °F (15 sec)
Comminuted meats/fish (including ground and tenderized meats)	155 °F (15 sec)
Poultry	165 °F (15 sec)
Reheated PHF's	165 °F (15 sec)

* Pasteurized eggs must be used when serving a highly susceptible population

2. List types of cooking equipment.

_____

_____

F. HOT / COLD HOLDING:

1. How will hot PHF's be maintained at 140°F (60°C) or above during holding for service? Indicate type and number of hot holding units.

_____

_____

2. How will cold PHF's be maintained at 41°F (5°C) or below during holding for service? Indicate type and number of cold holding units.

_____

_____

G. COOLING:

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F (5°C) within 6 hours (140°F to 70°F in 2 hours, then 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS, GRAVY, SAUCES	THICK SOUPS, GRAVY, SAUCES	RICE, NOODLES, POTATOES, ETC
Shallow pans					
Ice Baths					
Reduce volume or size					
Rapid chill					
Other (describe)					

H. REHEATING:

1. How will PHF's 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. Indicate type and number of units used for reheating foods.

_____

_____

2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

_____

_____

I. PREPARATION:

1. Please list categories of foods prepared more than 12 hours in advance of service.

_____

_____

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

_____

Number(s) of employees:_____

Dates of completion:_____

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

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES ( ) NO ( )

Please describe briefly:

_____

_____

_____

_____

Will employees have paid sick leave? YES ( ) NO ( )

5. 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?

Chemical Type: _____

Concentration: _____

Sanitizer test kit available? YES ( ) NO ( )

6. 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 ( )

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

_____

_____

7. Will all produce be washed on-site prior to use? YES ( ) NO ( )

Is there a planned location used for washing produce? YES ( ) NO ( )

Describe_____

_____

_____

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

_____

_____

_____

_____

8. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 140°F) during preparation.

_____

_____

9. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

10. Will the facility be serving food to a highly susceptible population (i.e. child care, adult care, hospital, etc.)? YES ( ) NO ( )

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

_____

_____

CONSTRUCTION REVIEW

A. FINISH SCHEDULE:

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

Location	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				

B. INSECT AND RODENT CONTROL:

APPLICANT: Please check appropriate boxes.

	YES	NO	NA
1. Will all outside doors be self-closing and rodent proof?	( )	( )	( )
2. Are screen doors provided on all entrances left open to the outside?	( )	( )	( )
3. Do all openable windows have a minimum of #16 mesh screening?	( )	( )	( )
4. Is the placement of electrocution devices identified on the plan?	( )	( )	( )
5. Will all pipes and electrical conduit chases be sealed; ventilation and exhaust intakes be protected?	( )	( )	( )
6. Is the area around the building clear of unnecessary brush, litter, boxes, and other harborage.	( )	( )	( )
7. Will air curtains be used? If yes, where? _____	( )	( )	( )

C. GARBAGE AND REFUSE:

Inside	YES	NO	NA
1. Do all refuse containers have lids?	( )	( )	( )
2. Will refuse be stored inside? If yes, where? _____	( )	( )	( )
3. Is there an area designated for garbage can washing or floor mat cleaning? If yes, where? _____	( )	( )	( )

Outside	YES	NO	NA
4. Will a dumpster be used?	( )	( )	( )
5. Will a compactor be used?	( )	( )	( )
6. Will garbage cans be stored outside?	( )	( )	( )

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

_____

_____

_____

8. Describe the location of grease storage receptacle(s).

_____

_____

_____

	YES	NO	NA
9. Is there an area to store returnable damaged goods?	( )	( )	( )

If yes, where?

_____

_____

_____

D. PLUMBING CROSS CONNECTIONS:

The following technical information is needed on the proposed plumbing. This section is best completed by a qualified plumber, architect or engineer. Be sure to include all devices, equipment and fixtures that have cross-connection protection. Remember to complete both the water supply and waste side (i.e. a dishwasher may have an AVB on the water supply and an air-gapped drain). PLEASE CHECK THE APPROPRIATE BOXES.

Fixture	Sewage Disposal			Water Supply					
	Air Gap	Air Break	Direct Connect	AVB	PVB	RPZ	VDC	HB	Air Gap
1. Dishwasher									
2. Glasswasher									
3. Garbage grinder									
4. Ice machines									
5. Ice storage bin									
6. Mop sink									
7. 3 compartment sink									
8. 2 compartment sink									
9. 1 compartment sink									
10. Steam tables									
11. Dipper wells									
12. Hose connections									
13. Refrigeration condensate drain lines									
14. Beverage dispenser with carbonator									
15. Water softener									
16. Potato peeler									
17. Walk-in floor drain									
18. Chinese range									
19. Detergent feeder on faucet									
20. Outside sprinkler or irrigation system									
21. Power washer									
22. Retractable hose reel									
23. Toilet									
24. Urinal									
25. Boiler									
26. Bain-marie									
27. Espresso machine									
28. Combi-style oven									
29. Kettle									
30. Rethermalizer									
31. Steamer									
32. Overhead spray rinse									
33. Hot water dispenser									
34.									
35.									

AVB = atmospheric vacuum breaker	HB = hose bib vacuum breaker
PVB = pressure vacuum breaker	VDC = vented dual check valve
RPZ = reduced pressure principle backflow preventer	

36. Are floor drains provided & easily cleanable? If so, indicate location:

_____

_____

E. WATER SUPPLY:

1. Is the water supply public ( ) or private ( ) ?

2. If private, has source been approved? YES ( ) NO ( ) PENDING ( )

PLEASE ATTACH COPY OF WRITTEN APPROVAL AND/OR PERMIT

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

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

Describe provision for ice scoop storage:_____

_____

Provide location of ice maker or bagging operation_____

4. What is the capacity of the hot water generator?

_____

5. Is the hot water generator sufficient for the needs of the establishment? Provide calculations for necessary hot water.

6. Is there a water treatment device? YES ( ) NO ( )

If yes, how will the device be inspected & serviced?

_____

_____

7. How are backflow prevention devices inspected & serviced?

_____

_____

F. SEWAGE DISPOSAL:

1. Is building connected to a municipal sewer? YES ( ) NO ( )

2. If no, is the private disposal system approved? YES ( ) NO ( ) PENDING ( )

PLEASE ATTACH COPY OF WRITTEN APPROVAL AND/OR PERMIT

3. Are grease traps provided? YES ( ) NO ( )

If so, where? _____

Provide schedule for cleaning & maintenance_____

G. DRESSING ROOMS;

1. Are dressing rooms provided? YES ( ) NO ( )

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

_____

_____

H. GENERAL:

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?

YES ( ) NO ( )

Indicate location: _____

_____

2. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES ( ) NO ( )

3. Are all containers of toxics including sanitizing spray bottles clearly labeled?

YES ( ) NO ( )

4. Will linens be laundered on site? YES ( ) NO ( )

If yes, what will be laundered and where?_____

_____

If no, how will linens be cleaned? _____

5. Is a laundry dryer available? YES ( ) NO ( )

6. Location of clean linen storage:

_____

_____

7. Location of dirty linen storage: _____

_____

8. Are containers constructed of safe materials to store bulk food products? YES ( ) NO ( )

Indicate type: _____

_____

9. How is the ventilation hood system cleaned?

_____

I. SINKS:

1. Is a mop sink present? YES ( ) NO ( )

If no, please describe facility for cleaning of mops and other equipment:

_____

_____

2. If the menu dictates, is a food preparation sink present? YES ( ) NO ( )

J. DISHWASHING FACILITIES:

1. Will sinks or a dishwasher be used for warewashing?

   Dishwasher ( )
   Two compartment sink ( )
   Three compartment sink ( )

2. Dishwasher

Type of sanitization used:

Hot water (temp. provided) _____
Booster heater _____
Chemical type _____

Is ventilation provided? YES ( ) NO ( )

3. Do all dish machines have templates with operating instructions? YES ( ) NO ( )

4. Do all dish machines have temperature/pressure gauges as required that are accurately working? YES ( ) NO ( )

5. Does the largest pot and pan fit into each compartment of the pot sink? YES ( ) NO ( )

Dimensions of sink basins L_____ x W_____ x D_____

If no, what is the procedure for manual cleaning and sanitizing?

_____

_____

6. Are there drain boards on both ends of the pot sink?

YES ( ) NO ( ) Dimensions of drain boards L_____ x W_____

7. What type of sanitizer is used?

   Chlorine ( ) Iodine ( ) Quaternary ammonium ( ) Hot water ( )

   Other ( ) _____

8. Are test papers and/or kits available for checking sanitizer concentration? 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 ( )

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 ( )

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. SMALL EQUIPMENT REQUIREMENTS:

1. Please specify the number, location, and types of each of the following:

Slicers _____

Cutting boards _____

Can openers _____

Mixers _____

Floor mats _____

Other _____

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.**

Signature(s) _____

_____

Owner or responsible representative(s)

Date: _____

****

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.

For Official Use: Plans Reviewed and Approved

EHS: _____ Date: _____

Onsite EH Supervisor (if applicable):

_____ Date: _____

Technical Specialist: _____ Date: _____