

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION
Plan Review Fee: (See Current Fee Schedule)

Date: _____

Name of Establishment: _____

____ NEW ____ REMODEL

Check Appropriate Services:

____ City Water ____ *Private Well / ____ City Sewer ____ *Private Septic System

***If private, has source been approved? YES ____ NO ____ PENDING ____**

Please attach copy of written approval and/or permit.

Category:

Restaurant ____ Nursing/Asst. Living ____ Daycare ____ Grocery Store ____

Gas Station/Convenience Store ____ Video Gaming ____ Other _____

Address of the Facility: _____

Phone Number at Facility: _____

Name of Owner: _____

Mailing Address of Owner: _____

Phone Number of Owner: _____

Email of Owner: _____

Applicant's Name and Title: _____

Applicant's Signature: _____

Applicant's Email: _____

Applicant's Phone Number: _____

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

Department	Date	Department	Date
Plumbing		Electric	
Zoning		Planning	
Building		Fire	
Liquor Commission		Other:	

Hours of Operation:

	Open		Close	
Sunday	a.m.	p.m.	p.m.	a.m.
Monday	a.m.	p.m.	p.m.	a.m.
Tuesday	a.m.	p.m.	p.m.	a.m.
Wednesday	a.m.	p.m.	p.m.	a.m.
Thursday	a.m.	p.m.	p.m.	a.m.
Friday	a.m.	p.m.	p.m.	a.m.
Saturday	a.m.	p.m.	p.m.	a.m.

Number of Seats: _____

Please enclose the following documents:

_____ Proposed Menu (including seasonal, off-site and banquet menus)

_____ Manufacturer Specification sheets for each piece of equipment shown on the plan

_____ Site plan showing location of business in building; location of building on site including streets; and location of any outside equipment (dumpsters, well, septic system - if applicable) (utilize google or GIS)

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

_____ Equipment List

_____ Exhaust Hood Balance Report (once ventilation is installed)

FOOD PREPARATION REVIEW

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

CATEGORY	Check all that apply
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 CIRCLE/ANSWER THE FOLLOWING QUESTIONS

FOOD DELIVERIES:

1. Projected frequencies of deliveries for:

Frozen foods _____, Refrigerated foods _____, and Dry goods _____

2. How will dry goods be stored? (Note: 25% of kitchen area **MUST** be designated to storage)

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods and refrigerated foods at 41°F (5°C) and below? **YES** ___ **NO** ___

2. Will refrigeration meet NSF or equivalent requirements? **YES** ___ **NO** ___

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** ___

COOKING:

1. Facility **MUST** have at least 2 calibrated probe thermometers to monitor food temperatures.
2. List types of cooking equipment.

HOT/COLD HOLDING:

1. How will hot PHF's be maintained at 135°F or above during holding for service? Indicate type & number of hot holding units.

PREPARATION:

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

ICE SUPPLY

17. 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: _____

INSECT AND RODENT CONTROL

Please check appropriate boxes.

1. Will all outside doors be self-closing and rodent proof? **YES** ___ **NO** ___
2. Are screen doors provided on all entrances left open to the outside? **YES** ___ **NO** ___
3. Do all openable windows have a minimum #16 mesh screening? **YES** ___ **NO** ___
4. Will air curtains be used? **YES** ___ **NO** ___ If yes, where? _____
5. Will you be installing overhead garage doors for outdoor patios/front windows? **YES** ___ **NO** ___

GARBAGE AND REFUSE

Inside

1. Do all containers have lids? **YES** ___ **NO** ___
2. Will refuse be stored inside? **YES** ___ **NO** ___

If so, where? _____

Outside

3. Dumpster **MUST** be stored on asphalt or concrete.

Number _____ Size _____ Frequency of pickup _____

4. Will a compactor be used? **YES** ___ **NO** ___

Number _____ Size _____ Frequency of pickup _____

5. Describe location where dumpster/garbage cans are to be stored:

6. Describe location of grease storage receptacles:

7. Is there any area to store returnable damaged goods? **YES** ___ **NO** ___

GREASE DISPOSAL

1. Are grease traps provided? **YES** ___ **NO** ___

If so, where and size? _____

Provide schedule for cleaning & Maintenance _____

BREAK ROOMS

1. Are break rooms provided? **YES** ___ **NO** ___

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

GENERAL

- 1. 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** ___
- 2. Are all containers of toxics including sanitizing spray bottles clearly labeled? **YES** ___ **NO** ___
- 3. Is laundry facility provided? **YES** ___ **NO** ___
- 4. Are food grade containers provided to store bulk food products? **YES** ___ **NO** ___
- 5. What type of ceiling tiles will be used in wet areas? _____
- 6. Does equipment have casters, 6 inch legs, or sealed in place with proper spacing to allow for proper cleaning? **YES** ___ **NO** ___
- 7. What type of water heat will be provided: **Traditional** ___ **Tankless** ___
Model _____ **Size (if applicable)** _____

SINKS

- 1. Is a mop sink present? **YES** ___ **NO** ___
- 2. If the menu dictates, is a food preparation sink present? **YES** ___ **NO** ___ If yes, provide size: _____
- 3. If bar is present, does the bar have the following required sinks:
Three compartment sink, hand sink, dump sink: **YES** ___ **NO** ___

DISHWASHING FACILITIES

- 1. Will a dish machine be used for ware washing? **YES** ___ **NO** ___
If yes, Dish Machine: Type of sanitization used: **Hot Water** _____ **Low Temp** _____
If hot water dish machine is utilized, is ventilation provided? **YES** ___ **NO** ___
- 2. Does the dish machine have property calibrated temperature and pressure gauges? **YES** ___ **NO** ___
- 3. Does the largest pot and pan fit into each compartment of the pot sink? **YES** ___ **NO** ___
If no, what is the procedure for manual cleaning and sanitizing?

- 4. Are there drain boards on both ends of the three compartment sink? **YES** ___ **NO** ___
- 5. What type of sanitizer is used? **CHECK ALL THAT APPLY**

Chlorine		Quaternary ammonium	
Iodine		Other	

6. Are test papers and/or kits available for checking sanitizer concentration? YES ____ NO ____

7. Will you have a chemical dispenser over the three compartment sink? YES ____ NO ____

If yes, a separate tempered water supply line must be provided.

HANDWASHING/TOILET FACILITIES

1. Is there a handwashing sink in each food preparation and ware washing area? YES ____ NO ____

2. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES ____ NO ____

3. Is soap and paper towels available at all handwashing sinks? * YES ____ NO ____

****If hand drying units are installed, paper towels, and/or alternate approve method to provide a barrier to prevent contamination of clean hands for doors and faucets MUST be provided.***

4. Are covered waste receptacles available in each restroom? YES ____ NO ____

5. Are all toilet room doors self-closing? YES ____ NO ____

6. Are all toilet rooms equipped with adequate ventilation? YES ____ NO ____

7. Is an employee handwashing sign posted in each employee restroom? YES ____ NO ____

CERTIFICATION/PROCEDURES

1. How many employees will obtain the Food Safety Manager Certification? _____

Name of employee(s) who will be certified in food service sanitation (Please include Cert. # and expiration date):

1. _____

2. _____

3. _____

2. How many employees will obtain the Food Handler Certification? _____

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:

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 DeKalb County Health Department may nullify final approval.

Signature(s)

Owner or responsible representative(s)

Date: _____

Approval of these plans and specifications by the DeKalb County Health Department does not indicate compliance with any other code, law or regulation that may be required.

A preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the DeKalb County Health Department Food Code.