

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 _____
Dry goods _____
3. Provide information on the amount of space (in cubic feet) allocated for:
Dry storage _____
Refrigerated Storage _____
Frozen storage _____
4. How will dry goods be stored off the floor?

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to maintain frozen foods frozen, and store 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

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Please indicate by checking the appropriate boxes how frozen time/temperature control for safety (TCS) foods in each category will be thawed. More than one method may apply. Indicate where thawing will take place.

Thawing Method	*THICK FROZEN FOODS	*THIN FROZEN FOODS
Refrigeration		
Running Water Less than 70°F(21°C)		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

*Frozen foods: approximately one inch or less = thin; more than an inch = thick.

COOKING:

1. Will food product thermometers be used to measure final cooking/reheating temperatures of TCS Foods? YES / NO

What type of temperature measuring device(s) will be available? _____

2. List types of cooking equipment.

HOT/COLD HOLDING:

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

2. How will cold TCS foods be maintained at 41°F 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 cooled to 41°F (5°C) within 6 hours (140°F to 70°F in 2 hours and 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	THICK SOUPS/ GRAVY	RICE/ NOODLES
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

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?

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?

PREPARATION:

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

2. 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? _____

3. 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?

4. 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 no, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

5. Describe the procedure used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F - 135°F) during preparation.

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

7. Will the facility be serving food to a highly susceptible population? YES / NO

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

INSECT AND RODENT CONTROL

- | | 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 & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? | () | () | () |
| 6. Is area around building clear of unnecessary brush, litter, boxes and other harborage? | () | () | () |
| 7. Will air curtains be used? If yes, where? _____ | () | () | () |

GARBAGE AND REFUSE

Inside

- | | | | |
|--|-----|-----|-----|
| 8. Do all containers have lids? | () | () | () |
| 9. Will refuse be stored inside? | () | () | () |
| If so, where? _____ | | | |
| 10. Is there an area designated for garbage can or floor mat cleaning? | () | () | () |

Outside

- | | | | |
|--|-----|-----|-----|
| 11. Will a dumpster be used?
Number _____ Size _____
Frequency of pickup _____
Contractor _____ | () | () | () |
| 12. Will a compactor be used?
Number _____ Size _____ Frequency of pick up _____
Contractor _____ | () | () | () |
| 13. Will garbage cans be stored outside? | () | () | () |
| 14. Describe surface and location where dumpster/compactor/garbage cans are to be stored
_____ | | | |
| 15. Describe location of grease storage receptacle: _____
_____ | | | |
| 16. Is there an area to store recycled containers? _____ | () | () | () |

Indicate what materials are required to be recycled;

- () Glass () Metal () Plastic
() Paper () Cardboard

- | | | | |
|--|-----|-----|-----|
| 17. Is there any area to store returnable damaged goods? | () | () | () |
|--|-----|-----|-----|

WATER SUPPLY

Is water supply public () or private ()
If private, has source been approved? YES () NO () PENDING ()
Attach copy of written approval and/or permit.

Is ice made on premises () or purchased commercially ()
Describe provision for ice scoop storage: _____

Provide location of ice maker or bagging operation _____

Is the hot water generator sufficient for the needs of the establishment? YES () NO ()
Provide calculations for necessary hot water to verify needs are met.

SEWAGE DISPOSAL

Is building connected to a municipal sewer? YES () NO ()
If no, is private disposal system approved? YES () NO () PENDING ()
Please attach copy of written approval and/or permit.

Are grease traps provided? YES () NO ()
If so, where? _____

Provide schedule for cleaning & maintenance _____

DRESSING ROOMS/EMPLOYEE PERSONAL STORAGE

Are dressing rooms provided? YES () NO ()
Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) _____

GENERAL

Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? YES () NO ()
Indicate location: _____

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 ()

Are all containers of toxics including sanitizing spray bottles clearly labeled? YES () NO ()

Will linens be laundered on site? YES () NO ()
If yes, what will be laundered and where? _____
If no, how will linens be cleaned? _____

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

Location of clean linen storage: _____

Location of dirty linen storage: _____

Are containers constructed of safe materials to store bulk food products? YES () NO ()
Indicate type: _____

How often is each listed ventilation hood system cleaned (whole system, not just filters)?

SINKS

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

If no, please describe facility to be used for cleaning of mops and other equipment: _____

Is a food preparation sink present? YES () NO ()

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 _____ Chemical type _____

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

5. Do all dish machines have accurately working temperature/pressure gauges? YES () NO ()

6. 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? _____

7. Are there drain boards on both ends of the pot sink? YES () NO ()

If no, indicate drying location of wet equipment _____

8. What type of sanitizer is used?

Chlorine _____ Iodine _____ Quaternary ammonium _____

Hot Water _____ Other (list) _____

9. Are test papers and/or kits available for checking sanitizer concentration? YES () NO ()

HANDWASHING/TOILET FACILITIES

1. Is there a handwashing sink in each food preparation and warewashing area? YES () NO ()

2. Do any of the hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES () NO () If yes, where? _____

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 (soap) 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. Is a handwashing sign posted in each employee restroom? YES () NO ()

SMALL EQUIPMENT REQUIREMENTS

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

Slicers _____

Cutting boards _____

Can openers _____

Mixers _____

Floor mats _____

Other _____

EMPLOYEE TRAINING

1. Will food employees be trained in good food sanitation practices? YES / NO

Method of training:

Number(s) of employees: _____ Dates of training completion: _____

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

If no, is a written bare hand contact policy on file? _____

If yes, list methods to be used and on what foods: _____

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

Please describe illness policy:

4. Will employees be trained in the seven (7) major allergen groups? YES/NO

How will training occur? _____

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) of owner(s) or representative(s)

Date: _____