

**FOOD ESTABLISHMENT OPERATIONAL PLAN  
(Standard Operating Procedures)**

OKLAHOMA STATE DEPARTMENT OF HEALTH  
1000 NE 10<sup>TH</sup> STREET  
OKLAHOMA CITY, OKLAHOMA

Date: \_\_\_\_\_  
Name of Establishment: \_\_\_\_\_  
Category: Restaurant \_\_\_\_\_, Institution \_\_\_\_\_, Retail Market \_\_\_\_\_, Other \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone if available: \_\_\_\_\_  
Name of Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_  
Title (owner, manager, architect, etc.): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Hours of Operation:  
Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_  
\_\_\_\_\_

Number of Seats: \_\_\_\_\_ Number of Staff: \_\_\_\_\_  
(Maximum per shift)  
Total Square Feet of Facility: \_\_\_\_\_ Number of Floors on which  
operations are conducted \_\_\_\_\_

Approximate number of Meals to be Served:  
Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Type of Service (check all that apply)  
Sit Down Meals \_\_\_\_\_ Take Out \_\_\_\_\_ Caterer \_\_\_\_\_ Mobile Vendor \_\_\_\_\_  
Other \_\_\_\_\_

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**FOOD PREPARATION**

Check categories of Time/Temperature Control for Safety (TCS) Foods to be handled, prepared and served.

<b><u>CATEGORY</u></b>	<b><u>(YES)</u></b>	<b><u>(NO)</u></b>
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 _____	( )	( )

**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?

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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.

<b>Thawing Method</b>	<b>*THICK FROZEN FOODS</b>	<b>*THIN FROZEN FOODS</b>
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.

<b>COOLING METHOD</b>	<b>THICK MEATS</b>	<b>THIN MEATS</b>	<b>THIN SOUPS/ GRAVY</b>	<b>THICK SOUPS/ GRAVY</b>	<b>RICE/ NOODLES</b>
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.

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

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**PREPARATION:**

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

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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? \_\_\_\_\_

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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?

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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 \_\_\_\_\_

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

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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.

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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? \_\_\_\_\_

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**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)

\_\_\_\_\_

\_\_\_\_\_



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Date: \_\_\_\_\_