

TRICOUNTY HEALTH DEPARTMENT

PLAN REVIEW PROCEDURES FOR FOOD OPERATIONS

“FOOD” means any raw, cooked, or processed edible substance, ice, beverage, or ingredient used or intended for use or for sale in whole or in part for human consumption, or chewing gum.

“FOOD ESTABLISHMENT” refers to any place where food is prepared and intended for individual portions service, and includes the site at which individual portions are provided. The term includes any such place regardless of whether consumption is on or off premises and regardless of whether there is a charge for the food.

[See R392-100: Food Service Sanitation Rule]

PLANS MUST BE SUBMITTED, REVIEWED, AND APPROVED:

- 1. When a new establishment is being constructed; or**
- 2. When an existing establishment is reconstructed, remodeled, renovated; or**
- 3. When there is an addition(s) to an establishment.**
- 4. BEFORE INITIATING THE WORK!!!!**

NOTE: Plans submitted to the building department are not always forwarded to the TriCounty Health Department. Plans will need to be submitted directly to our office.

Step 1 - Baseline Issues

[It is strongly recommended that these baseline items be addressed *first* in case any might be limiting/prohibiting to the project.]

- **Permits** - Will building permits be required for the project? Contact the appropriate Building Department.
- **Water System** - Drinking water shall be obtained from an approved water system (Community water system, Non-transient, Non-community system).
- **Wastewater** - Sewage shall be disposed through an approved facility that is public or through individual sewage that is properly designed for it.
- **Lands** - Will a special use permit or other permission be required? Contact the property landlord.

Step 2 - Plans/Specifications Submittal

- **Application** - Complete the attached application for the plan review and approval to construct, and enclose the appropriate fee. Sign the declaration of understanding at the end.
- **Plans/Specifications** - The *minimum* submittal requirements are:
 - **Plans:** floor plan drawn to scale with straight edge and in permanent ink, an equipment plan showing the location of **all** equipment/fixtures including shelving, counters, seating etc., plumbing plan showing water, waste water, and gas distributions, finish schedules for walls, floors and ceiling, and equipment/finishes/etc.
 - **Specifications:** certain information on ventilation, lighting, electrical plan, and doors/windows must be verified, **but** these can be submitted as separate drawings and/or specifications, **OR** by utilizing the appropriate combination “Review/Submittal” sheets attached to this handout.

- **Submittal** - Plans, application, and fees may be submitted by mail or in person, or an appointment can be scheduled for the submitter to meet with one of the Environmental Health Specialists for joint review(s). Preliminary meetings can also be scheduled to discuss requirements, options, etc. before plan development. Plans must be submitted to TriCounty Health Department at least 30 days before start of construction.
- **Review** - Upon receipt of the above items, the project will be logged in and the plans reviewed at the earliest time allowed.
- **Approval to Construct** - Upon completion of the review process (may or may not require plan changes and/or resubmittal), a letter granting approval to construct will be issued and construction may begin. Permits from the building departments are *not* TriCounty Health Department approval to construct and vice versa!!! Some building departments will not issue a permit without TriCounty Health Department approval, but some will!!!

DECLARATION OF UNDERSTANDING

IMPORTANT!!!! THE PERSON COMPLETING THE AFOREMENTIONED APPLICATION FOR APPROVAL TO CONSTRUCT **MUST** SIGN AND DATE THE DECLARATION BELOW AND ATTACH TO THE SAID APPLICATION:

I, the undersigned, have read and understand the “Plan Review Procedures for Food Operations” and agree to adhere to all items addressed. I understand that it is my responsibility to communicate this information to all persons needed to achieve this compliance. I further understand that an “Approval to Construct” from the Health Authority is only good for that set of plans and that any alteration of plans and equipment will require TriCounty Health Department approval.

PROJECT NAME: _____

[1] _____
(PRINT NAME) (POSITION OR TITLE)

Signature _____ Date _____

[2] _____
(PRINT NAME) (POSITION OR TITLE)

Signature _____ Date _____

COMPLETE ABOVE DECLARATION AND ATTACH TO APPLICATION
FOR PLAN REVIEW/APPROVAL TO CONSTRUCT.

TRICOUNTY HEALTH DEPARTMENT
APPLICATION FOR APPROVAL TO CONSTRUCT, ALTER, REMODEL:

[_____ Plan Review]

[_____ Onsite Inspection/Meeting]

Name of Project _____

Location _____

Owner _____ Telephone _____

Mailing Address _____
(Street) (City) (State) (Zip Code)

1. Project description _____

2.

	Name	Telephone	Fax	Address
Engineer				
Architect				
Contractor				
Project Supervisor				
Other				
Other				

DOCUMENTS SUMMITTED

- _____ Engineer's Design Report
- _____ Project Master Plan
- _____ Construction Plans or Specifications

Estimated Start Date _____ End Date for Construction _____

CONSTRUCTION AGREEMENT

The undersigned hereby agree to construct the facilities according to the approved plan document/specifications (attach any affidavit(s) if required).

(Type or Print Name) (Affiliation) (Signature)

(Type or Print Name) (Affiliation) (Signature)

**TRICOUNTY HEALTH DEPARTMENT
PLAN REVIEW SUBMITTAL CHECK LIST FOR
FOOD ESTABLISHMENTS**

(DOES YOUR SUBMITTAL INCLUDE INFORMATION ON THE FOLLOWING?)

GENERAL CONSIDERATIONS

- _____ Project complies with building codes
- _____ Approved water system
- _____ Approved waste water system
- _____ Building is insect/rodent proof, and reasonably weather/dust proof
- _____ “Site Plan” included shows location/property identification
- _____ All wall/wall, wall/floor, wall/ceiling junctures sealed
- _____ All junctures between fixed equipment and walls, floor, ceiling, other fixed equipment sealed or space-gapped for access
- _____ Menu (foods/beverages involved)

FINISH SCHEDULES

- _____ Final finish for all walls, floors, ceiling in all rooms/areas
- _____ Specifications address “smoothness/texture, absorbency, and durability” in ALL food prep/storage/service station areas, in restrooms, in areas subject to splash/frequent cleaning etc.

INSECT/RODENT PROTECTION

- _____ Doors to outer air (or other areas not insect/rodent proof) tight-fitting and self-closing)
- _____ Openable windows to outer air screened
- _____ Other outer openings sealed/protected
- _____ Restroom doors self-closing

LIGHTING

- _____ Provision of at least 10 foot candles in all areas except for self-serve counters, wash areas including handsinks -- reach-in or under counter refrigeration units must be 20 foot candles
- _____ At least 50 foot candles at all areas where employees work with sharp utensils or equipment
- _____ All lighting must have method of shielding where there is exposed food

VENTILATION

- _____ Complete mechanical plan being reviewed by building department
- _____ Hoods for cooking equipment, warewashing equipment, and/or other heat, steam, smoke, or odor generating sources, etc.
- _____ Restrooms need to be ventilated

TOILET AND HAND WASHING FACILITIES

- _____ Handwash sinks in addition to those in restrooms convenient and easily accessible to ALL food prep and warewash areas
- _____ Handwash sinks installed so as to prevent splash contamination
- _____ Handwash sinks with hot and cold water under pressure and with mixing-type faucet or tempered water shall reach 95° F within 30 seconds
- _____ Self-closing handwash faucets installed to remain on a minimum of 15 seconds before shutting off
- _____ Handwash sinks equipped with soap and hand drying device (waste receptacle)
- _____ Toilet facilities conveniently located and accessible (required if seating provided)

PLUMBING

- _____ ALL equipment holding food/beverage drained indirectly to the sewer to a floor sink/drain through an air gap
- _____ ALL floor sink/drains installed to be easily accessed: NOT covered by equipment that restricts access
- _____ Provision of a service sink or utility sink
- _____ Provision of backflow prevention devices on equipment including those with direct connection to the water supply
- _____ Provision of ANSI approved warewash sink for hand washed equipment, with three compartments (big enough to immerse the largest item to be cleaned) with drain boards on each end with ample area to allow air drying
- _____ Adequate hot water for all cleaning needs
- _____ Grease traps shall be installed in accordance with IPC and located accessible for cleaning
- _____ Dishwasher must be ANSI certified and be installed according to manufacturer
- _____ All conduit concealed within the structure to as great extent as possible and not interfering with traffic lanes or cleaning

FOOD EQUIPMENT

- _____ ALL equipment must be ANSI certified--even used equipment
- _____ Must have adequate refrigeration equipment for present and foreseeable future
- _____ All cold storage units need working thermometers and a probe thermometer for monitoring potentially hazardous foods
- _____ Equipment must be installed to prevent filth build up and be easily cleaned

GENERAL SANITATION

- _____ Storage area for dry goods indicated and at least 6 inches off floor and shelving must be approved food contact surface
- _____ Storage of chemicals indicated and separate from food,
- _____ Storage for clean equipment/utensils indicated
- _____ Storage for cleaning supplies indicated
- _____ ALL customer self-service areas indicated and proposed contamination prevention
- _____ Outside refuse storage area indicated, located on nonabsorbent surface and tight-fitting lids