

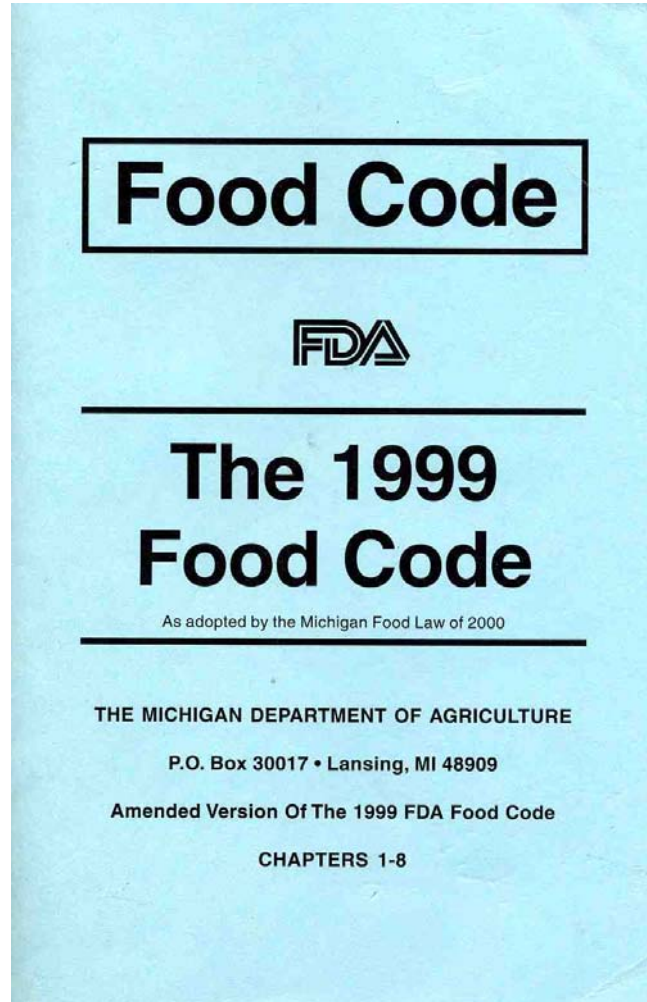


Kalamazoo County

Health & Community Services

Kalamazoo County Environmental Health Bureau
Food Safety & Facilities Division
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Plan Review Worksheet



Pages 6-10 ask structural and equipment questions that the operator may wish to have the contractor or architect complete.

Refer to the food establishment plan review manual for technical assistance. The manual is available from your reviewing agency or by visiting www.michigan.gov/mda, keyword: Food Plan Review - Industry.

Information contained in the plans may be referenced and does not have to be repeated in the worksheet (i.e. see plan sheet 3a, #6)

Food Manager Knowledge

Under the Michigan Food Law of 2000, retail food establishments are required to have a person in charge (PIC) during all hours of operation.

1. Check all that apply

- A designated person in charge, that can demonstrate knowledge of: foodborne disease prevention, application of food safety (HACCP) principles, and the requirements of the Food Code, will be available during all hours of operation. (REQUIRED)

- A certified food manager will be provided. (REQUIRED)

- SOP's- I understand that standard operating procedures must be submitted and reviewed prior to opening if my establishment is new or remodeled with operation or menu changes. (REQUIRED)

- A written food safety (HACCP) plan will be provided.* (Only required under certain circumstances)

- Formal training program for new or existing staff will be provided.* (OPTIONAL)

- Animal based foods, such as meat, poultry, fish, shellfish or eggs served raw, or undercooked or not otherwise processed to eliminate pathogens.**

**If you checked this item, then the customer must be informed by means of a written disclosure, at the point of ordering, that a particular menu item contains raw or undercooked foods of animal origin and a reminder that identifies the increased risk of foodborne illness when consuming these foods. The disclosure and reminder must be made whether the food is normally prepared undercooked or is prepared undercooked only at the customer's order. Submit a copy of the disclosure and the reminder and state how it will be conveyed to the consumer. For further clarification please contact [Kalamazoo County Environmental Health](http://www.kalamazoohealth.org) or read the consumer advisory guidance document at <http://www.michigan.gov/mda>, keyword: MFLeduc,

Food Preparation Review

See manual parts 1 & 3

2. How Will Potentially Hazardous Food be Thawed? (Check all that apply)

Thawing Method Foods less than 1" thick Foods more than 1" thick

Refrigeration _____

| | | |
|--------------------------------------|--|--|
| Running water (less than 70°F) | | |
| Microwave as part of cooking process | | |
| Cook from frozen | | |
| Other: | | |
| | | |

9. Catering/Off-Site/Satellite Continued

D. How will cold food be held at proper temperature during transportation and at the remote serving location? _____

E. What types of vehicles will be used to transport food?

F. What types of sneeze guards or food protection devices will be used? (See manual part 4)

Dishwashing
See manual part 8

10. Dishwashing methods (check all that apply) ___ Dishmachine ___ Sink

| Dishwashing Sinks | Length (inches) | Width (inches) | Depth (inches) |
|---------------------------------|-----------------|----------------|----------------|
| A. Sink 1, Size of compartments | | | |
| B. Sink 2, Size of compartments | | | |
| C. Sink 3, Size of compartments | | | |

D. What is the largest item that will have to be washed in a sink and its size?

E. List the location of all garbage disposals:

General

11. Will employee dressing rooms be provided? ___ Yes ___ No
See manual part 16.

12. If no, describe how personal belongings will be stored:

13. Check which of the following will be used on-site: ___ Washer ___ Dryer

14. Describe what will be laundered on-site: _____

15. What type of mop sink will be provided (i.e. curbed floor drain, mop sink on legs, etc)? See manual part 8.

Room Finish Schedules

Fill in materials to be used (See manual part 10)

| Area | Floor | Coving* | Wall | Ceiling |
|--------------------------|-------|---------|------|---------|
| 16. Preparation | | | | |
| 17. Cooking | | | | |
| 18. Dishwashing | | | | |
| 19. Food Storage | | | | |
| 20. Bar | | | | |
| 21. Dining | | | | |
| 22. Employee Restrooms | | | | |
| 23. Dressing Room | | | | |
| 24. Walk-In Refrigerator | | | | |
| 25. Walk-In Freezer | | | | |
| 26. Garbage Room | | | | |
| 27. Janitor Closet | | | | |
| 28. | | | | |
| 29. | | | | |
| 30. | | | | |

*List the material that will be used to provide a smooth, rounded and cleanable surface where the floor and wall joins.

Note: please explain abbreviations.

Water Supply

See manual part 5

31. Will the water supply be: ___ Municipal ___ Existing on-site ___ New on-site

32. If an on-site water supply is being used, is the local health department in the process of approving? ___ Yes ___ No*

Sewage Disposal

See manual part 5

33. Will the sewage disposal be: ___ Municipal ___ Existing on-site ___ New on-site

34. If an on-site sewage system is being used, is the local health department or Michigan Department of Environmental Quality in the process of approving? ___ Yes ___ No*

* It is recommended that you contact your local health department to begin the approval process.

Insect and Rodent Control

See manual part 13

35. Will outside doors be self-closing? ___ Yes ___ No

36. Will the facility have a drive-thru or walk-up window? ___ Yes ___ No

37. If 36 is yes, describe how insects will be kept out (i.e. self-closer, air curtains, etc.)

38. Are other openable windows screened? ___ NA ___ Yes ___ No

39. Will openings around pipes, electrical conduits, chases and other wall perforations be sealed? ___ Yes ___ No

40. Will garage-style or loading bay doors be present? ___ Yes ___ No

41. If 40 is yes, how will the loading doors be protected against vermin entry?

Solid Waste Storage

See manual part 17

42. Outside Storage

A. What type of storage will be used?* ___ Compactor* ___ Dumpster* ___ Cans

B. What type of surface will be under the container? _____

C. What is the minimum pick-up frequency? _____

*Remember to show details on site plan, including unit location and slope of surface under the unit.

43. Inside Storage

A. Please **SHOW** locations of trash containers on floor plans and describe how garbage, boxes, etc. will be stored inside: _____

B. Describe any inside storage or cleaning area (i.e. garbage can cleaning area):

C. Will any compactors or dumpsters be located inside? If yes, show on plans. ___ Yes ___ No

D. Describe any area where damaged merchandise returned for credit to vendor will be stored:

E. Describe how waste grease will be handled and stored: _____

F. Describe how and where recyclables will be stored: _____

G. Check the types of materials that will be recycled:
___ Glass ___ Metal ___ Paper ___ Cardboard ___ Plastic

Plumbing Cross-Connections

See manual part 12

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).

| Fixture | Sewage Disposal | | | Water Supply | | | | | |
|---|-----------------|-----------|----------------|---------------------------------|-----|-----|-----|----|---------|
| | Air Gap | Air Break | Direct Connect | AVB | PVB | RPZ | VDC | HB | Air Gap |
| 44. Dishwasher | | | | | | | | | |
| 45. Glasswasher | | | | | | | | | |
| 46. Garbage grinder | | | | | | | | | |
| 47. Ice machines | | | | | | | | | |
| 48. Ice storage bin | | | | | | | | | |
| 49. Mop sink | | | | | | | | | |
| 50. 3 compartment sink | | | | | | | | | |
| 51. 2 compartment sink | | | | | | | | | |
| 52. 1 compartment sink | | | | | | | | | |
| 53. Steam tables | | | | | | | | | |
| 54. Dipper wells | | | | | | | | | |
| 55. Hose connections | | | | | | | | | |
| 56. Refrigeration condensate drain lines | | | | | | | | | |
| 57. Beverage dispenser with carbonator | | | | | | | | | |
| 58. Water softener | | | | | | | | | |
| 59. Potato peeler | | | | | | | | | |
| 60. Walk-in floor drain | | | | | | | | | |
| 61. Chinese range | | | | | | | | | |
| 62. Detergent feeder on faucet | | | | | | | | | |
| 63. Outside sprinkler or irrigation system | | | | | | | | | |
| 64. Power washer | | | | | | | | | |
| 65. Retractable hose reel | | | | | | | | | |
| 66. Toilet | | | | | | | | | |
| 67. Urinal | | | | | | | | | |
| 68. Boiler | | | | | | | | | |
| 69. Bain-marie | | | | | | | | | |
| 70. Espresso machine | | | | | | | | | |
| 71. Combi-style oven | | | | | | | | | |
| 72. Kettle | | | | | | | | | |
| 73. Rethermalizer | | | | | | | | | |
| 74. Steamer | | | | | | | | | |
| 75. Overhead spray rinse | | | | | | | | | |
| 76. Hot water dispenser | | | | | | | | | |
| 77. | | | | | | | | | |
| 78. | | | | | | | | | |
| AVB = atmospheric vacuum breaker | | | | HB = hose bib vacuum breaker | | | | | |
| PVB = pressure vacuum breaker | | | | VDC = vented double check valve | | | | | |
| RPZ = reduced pressure principle backflow preventer | | | | | | | | | |

83. (cont'd.) Please describe any assumptions made in determining the meal quantity estimate:

84. Refrigerated Storage (see manual part 3)

| Walk-in Item # | **Interior Usable Height (ft) | Interior Length (ft) | Interior Width (ft) |
|----------------|-------------------------------|----------------------|---------------------|
| | | | |
| | | | |
| | | | |

| *Upright Item # | Interior Depth (in) | Interior Width (in) | Interior Height (in) |
|-----------------|---------------------|---------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

*Working, preparation and line refrigerators should not be included. Only storage units.

85. Dry Storage (see manual part 7)

Storage Rooms*

| **Usable room height (ft) | Interior Length (ft) | Interior Width (ft) |
|---------------------------|----------------------|---------------------|
| | | |
| | | |
| | | |

*Please note the location of any auxiliary storage (i.e outside storage).

**To determine usable height, determine height from floor to ceiling, then subtract height of food off floor (usually 6") and height of food from ceiling (usually 12-18").

Or if there is no dry storage room proposed

For full height shelves

| Total Shelving Length (ft) | Shelving Width (ft) |
|----------------------------|---------------------|
| | |
| | |

86. Ventilation Air Balance Schedule (see manual part 15)

| Make-up air unit # | CFM* | Ventilation exhaust hood # or name | CFM* |
|--------------------------|------|------------------------------------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Toilet exhaust | |
| | | Other exhaust | |
| Total Make-Up Air | | Total Exhaust | |

*CFM=cubic feet per minute

Suggestion Sheet Food Establishment Plan Review Worksheet

Suggestions for changes to this plan review worksheet are welcomed from all users (i.e. food service operators, architects, engineers and regulators, etc.). Revisions to documents are made periodically as needed. Thank you for taking the time to submit your ideas.

Name: _____ Phone: _____ Fax: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Submit to:
Plan Review Specialist
Kalamazoo County Health & Community Services Department
Environmental Health Bureau, Room G11
3299 Gull Road
Kalamazoo, MI 49048

For suggested changes, please list section specific location in document. You may list your suggestions below or attach separate sheets. Please be specific and clear.
