

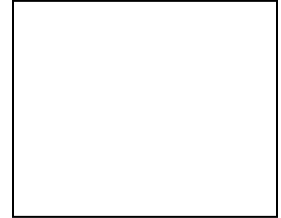


TOWN OF SALISBURY
HEALTH DEPARTMENT
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Food Establishment Plan Review Application



Date of Application: _____

FEES:

Initial Plan – full service Fee \$ 250.00
Plan Review(each additional after initial review) Fee \$ 50.00
Mobile, Residential, Sm.Operations(prepackaged) Fee \$ 150.00

Plans have been submitted to the following (circle all that apply):

STAMP

☐ Mayor ☐ Zoning ☐ Planning ☐ Building ☐ Conservation ☐ Plumbing ☐ Electrical
☐ Police ☐ Fire ☐ Other _____

1. Establishment Name:	
2. Establishment Address:	
3. Mailing Address (if different):	
4. Establishment Tel.:	
5. Applicant Name & Title (please print clearly):	
6. Applicant Address:	
7. Applicant Tel.: Cell: 24 hr. emergency number:	
8. Owner Name & Title (if different from applicant, please print clearly):	
9. Owner Address (if different from applicant):	
10. Establishment Owned By: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other legal entity: _____	11. If a corporation or partnership, list name, title, home address of officers or partners: _____ _____ _____ _____

12. Person directly responsible for daily operations (Owner, Person in Charge, Supervisor, Mgr., etc.) Name & Title: _____ Address: _____ Tel.: _____ Fax: _____ Emergency Tel. No.: _____ Cell: _____	
13. District or Regional Supervisor if applicable: Name & Title: _____ Address: _____ Tel.: _____ Fax: _____ Emergency Tel. No.: _____ Cell: _____	
14. Water Source: DEP Public Water Supply No. _____	15. Sewage Disposal:
16. Days & Hours of Operation: 	17. No. of Food Employees:
18. Name of Person in Charge Certified in Food Protection Management: <i>(Required as of 10/1/2001 in accordance with 105 CMR 590.003 (A))</i> <i>Attach Certificate</i>	
19. Person Trained in Anti-Choking Procedure (if 25 seats or more): <input type="checkbox"/> yes <input type="checkbox"/> no	
20. Location: check one <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile	21. Length of Permit: check one <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: _____ <input type="checkbox"/> Temporary/Dates & Time: _____
22. Establishment Type (check all that apply): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Retail (_____sq. ft.) <input type="checkbox"/> Food Service (_____seats) <input type="checkbox"/> Food Service – Takeout <input type="checkbox"/> Food Service – Institution (_____ meals/day) </div> <div style="width: 48%;"> <input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed & Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed & Breakfast Establish. <input type="checkbox"/> Frozen Dessert Manufacturer </div> </div> Other (describe): _____ <div style="height: 100px; border: 1px solid black; margin-top: 5px;"></div>	

23. Food Operations (check all that apply): <div style="float: right; width: 60%;"> Definitions: PHF=potentially hazardous food (time/temp. controls req.) Non-PHF's=non-potentially hazardous food (no time/temp. controls required) RTE=ready-to-eat foods (ex. sandwiches, salad, muffins which need no further processing) </div>		
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PHF Cooked to Order	<input type="checkbox"/> Hot PHF Cooked & Cooled or Hot Held For More Than a Single Meal Service
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHF's	<input type="checkbox"/> Preparation of PHF's for Hot and Cold Holding for Single Meal Service	<input type="checkbox"/> PHF & RTE Foods Prepared for Highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Packaged PHF's	<input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer	<input type="checkbox"/> Vacuum Packaging/Cook Chill
<input type="checkbox"/> Reheating of Commercially Processed Foods for Service w/in 4 Hours	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use of Process Requiring a Variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)
<input type="checkbox"/> Customer Self-Service of Non-PHF and Non-Perishable Foods Only	<input type="checkbox"/> Ice Manufactured & Packaged for Retail Sale	<input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin
<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	<input type="checkbox"/> Retail Sale of Salvage, Out-of-Date or Reconditioned Food <input type="checkbox"/> Juice Manufactured & Packaged for Retail Sale	<input type="checkbox"/> Preparation of Non-PHF's <input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
To Be Completed by the Board of Health: Total Permit Fee: \$ _____ <i>Payment is Due with Application</i> Comments: _____		

I, the undersigned, attest to the accuracy of the information provided in this application, and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable laws including Amesbury local Rules and Regulations. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the federal Food Code.

1. Signature of Applicant:

Pursuant to MGL Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid state taxes required under the law.

2. Social Security Number or Federal ID Number: _____

3. Signature of Individual or Corporate Name: _____

Hours of Operation:

Sunday _____

Thursday _____

Monday _____

Friday _____

Tuesday _____

Saturday _____

Wednesday _____

Number of Seats: _____ **Number of Staff:** _____ (max per shift) **Total Sq Ft of Facility** _____

Maximum Meals to be Served (approx. number):

Breakfast _____

Lunch _____

Dinner _____

Projected Date for Start of Construction: _____

Projected Date for Completion of Project: _____

Type of Service (check all that apply):

☐ Sit Down Meals ☐ Take-Out ☐ Caterer ☐ Itinerant Vendor ☐ Other _____

Please Enclose the Following Documents:

- 1. Proposed Menu with proper consumer advisory notice in accordance with Salisbury Rules and Regulations.**
- 2. Manufacturer specification sheets for each piece of equipment shown on the plan.**
- 3. Site plan showing location of business in building, location of building on site including alleys, streets, and location of any outside facility (dumpster, walk-ins, etc.)**
- 4. Plan drawn to scale of facility showing location of equipment, plumbing, electrical services and mechanical ventilation.**

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. The plans shall be a minimum of 11 x 14 inches in size and the layout of the floor plan accurately drawn to a minimum scale of $\frac{1}{4}$ inch = 1 foot. This is to allow for ease in reading plans.
2. Information accompanying the plan shall include: the proposed menu, seating capacity, projected daily meal volume for food service operations.
3. The plan shall show the location and when requested, the elevated drawings of all food service equipment. Each piece of equipment shall be clearly labeled on the plan with its' common name.
4. Adequate rapid cooling, including ice baths and refrigeration, and hot-holding facilities for potentially hazardous foods shall be clearly designated on the plan.
5. When menu dictates, separate food preparation sinks shall be labeled and located to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Adequate hand washing facilities used for no other purpose shall be designated for each toilet facility and in the immediate area of food preparation.
7. The plan layout shall contain room size, aisle space, space between and behind equipment and the placement of the equipment on the floor.
8. Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation shall be represented on the plan and all features of these rooms shown as required by these standards.
9. The plan and specifications shall also include:
 - entrances, exits, loading/unloading areas and docks;
 - complete finish schedules for each room to include floors, walls, ceilings and covered junction bases;
 - plumbing schedule to include location of floor drains, floor sinks and water supply lines, overhead wastewater lines, hot water generating equipment with capacity and recovery rate, backflow prevention, wastewater line connections;
 - lighting schedule with protectors (food contact surfaces=50 foot candles (540 lux), all other areas=20 foot candles (220 lux), during periods of cleaning=10 foot candles (110 lux);

- equipment schedule to include make & model numbers and National Sanitation Foundation (NSF) or equivalent listing (when applicable) of all food service equipment;
- source of water supply and method of sewage disposal – the location of these facilities shall be shown and evidence submitted that State & Local regulations are to be complied with;
- a color coded flow chart demonstrating flow pattern for:
 - a. food (receiving, storage, preparation, service)
 - b. food and dishes (portioning, transport, service)
 - c. dishes (clean, soiled, cleaning, storage)
 - d. utensil (storage, use, cleaning)
 - e. trash & garbage (service area, holding, storage)

- ventilation schedule for each room;
- a mop sink with facilities for hanging wet mops;
- garbage can washing area/facility;
- cabinets for storing toxic chemicals;
- dressing rooms, locker areas, employee rest areas and/or coat rack as required;
- completed checklist;
- site plan (plot plan)

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

Please Circle/Answer the Following Questions:

- ## 2. Cold Storage:

yes no

Provide the method used to calculate cold storage requirements.

- If yes, how will cross-contamination be prevented:

Number of Refrigeration Units _____
Number of Freezers _____

- 5. Is there a bulk ice machine available?** yes no

THAWING

Please indicate by checking the appropriate boxes how potentially hazardous foods (PHF's) in each category will be thawed. more than one method may apply:

	<u>Thick Meats</u>	<u>Thin Meats</u>	<u>Cold Foods</u>	<u>Hot Foods</u>	<u>Baked Goods</u>
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running water less than 70F (21°C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave as part of cooking process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked frozen (indicate wt.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COOKING

1. Will food product thermometers (0-212°F) be used to measure final cooking/reheating temperatures of PHF's? ☐ yes ☐ no

Minimum cooking time & temperatures of product utilizing convention & conduction heating equipment:

<u>beef roasts</u>	<u>130°F (121 min.)</u>
<u>seafood</u>	<u>145°F (15 sec.)</u>
<u>pork</u>	<u>155°F (15 sec.)</u>
<u>eggs</u>	<u>145°F (15 sec.)</u>
<u>comminuted meats</u>	<u>155°F (15 sec.)</u>
<u>poultry</u>	<u>165°F (15 sec.)</u>
<u>other PHF's</u>	<u>145°F (15 sec.)</u>
<u>reheated PHF's</u>	<u>165°F (15 sec.)</u>

2. List types of cooking equipment:

HOT/COLD HOLDING

1. How will hot **PHF's** be maintained at 140°F (60°C) and above during holding for service (indicate type and number of hot holding units)?

2. How will cold **PHF's** be maintained at 41°F (5°C) and below during holding for service (indicate type and number of cold holding units)?

COOLING

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F (5°C) with 6 hours (140°F to 70°F in 2 hours and 70°F to 41°F in 4 hours).

	<i><u>Thick Meats</u></i>	<i><u>Thin Meats</u></i>	<i><u>Cold Foods</u></i>	<i><u>Hot Foods</u></i>	<i><u>Baked Goods</u></i>
Shallow Pans	◇	◇	◇	◇	◇
Ice Baths	◇	◇	◇	◇	◇
Reduce Volume	◇	◇	◇	◇	◇
Rapid Chill	◇	◇	◇	◇	◇
Other (describe)	◇	◇	◇	◇	◇

PREPARATION

1. Please list categories of food prepared more than 12 hours in advance of service.
2. Will employees be trained in good food sanitation practices using a certified food service sanitation course? ◇ yes ◇ no

List Name of Course: _____
3. Will disposable gloves and/or utensils and/or food grade paper be used to minimize handling of ready-to-eat foods? ◇ yes ◇ no
4. Is there an established policy to exclude or restrict food workers who are sick or have infected cuts and lesions? ◇ yes ◇ no
Explain: _____

5. How will cooking equipment, cutting boards, countertops & other food contact services which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: _____

Concentration: _____

Test Kit: ☐ yes ☐ no

6. How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before mixed and/or assembled?

7. Will all products be washed prior to use? ☐ yes ☐ no

8. Describe the procedure for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 140°F) during preparation.

9. Provide a HACCP plan for each category vacuum packaged food item.

A. Finish Schedule

Applicant must fill in materials (i.e. quarry tile, stainless steel, 4" plastic coved molding, etc.)

Floor

Coving

Walls

Ceiling

Kitchen

Bar

Food Storage

Other Storage

Toilet Rooms

Dressing Rooms

Garbage &
Refuse Storage

Mop Service

Basin Area

Other

B. Insect & Harborage

Applicant: Please check appropriate boxes.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are all outside doors self-closing with rodent proof flashing? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2. Are screen doors provided on all outside entrances | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. Do all operable windows have a min. #16 mesh screening? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4. Are all pipes & electrical conduit chases sealed? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 5. Ventilation systems, exhausts and intakes protected? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 6. Is the area around building clear of unnecessary brush, litter, boxes and other harborage? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 7. Are air curtains used? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

If yes, where? _____

C. Garbage & Refuse

Inside

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| 8. Do all containers have lids? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 9. Will refuse be stored inside? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

If yes, where? _____

- | | | |
|---|------------------------------|-----------------------------|
| 10. Is there a can cleaning sink or area? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
|---|------------------------------|-----------------------------|

Outside

- | | | |
|------------------------------|------------------------------|-----------------------------|
| 11. Will a dumpster be used? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
|------------------------------|------------------------------|-----------------------------|

Number: _____

Size: _____

Frequency of pickup _____

Contractor _____

- | | | |
|-------------------------------|------------------------------|-----------------------------|
| 12. Will a compactor be used? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
|-------------------------------|------------------------------|-----------------------------|

Number: _____

Size: _____

Frequency of pickup _____

Contractor _____

13. Will cans be stored outside?

☐ yes

☐ no

14. Describe surface and location where dumpster/compactor/cans are to be stored:

15. Type and location of grease storage receptacle:

16. Is there an area to store recycled containers?

☐ yes

☐ no

Describe: _____

D. Plumbing

	Air Gap	Air	Break	Integral	"P" Trap Trap	Vacuum Breaker	Compensate Pump
17. Water closets	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Urinals	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Garbage grinder	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Ice machines	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Ice storage bin	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Sinks	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. mop	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. janitor	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. handwash	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. compartment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. compartment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. compartment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. lavatory	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. water station	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Steam tables	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Dipper wells	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Refrigeration condensate/drain lines	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Hose connection	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Potato peeler	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Other	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are floor drains provided? If so, indicate location(s):

E. Water Supply

30. Is water supply public _____ or private _____?

31. If private, has source been approved? ____yes ____no ____pending
Please attaché copy of written approval and/or permit.

32. Is ice made on the premises _____ or purchased commercially _____?

If made on premises, are specifications of machine provided? ____yes ____no

Describe provision for ice scoop storage:

F. Sewage Disposal

33. Is building connected to municipal sewer? ◇ yes ◇ no

34. If no, is private disposal system approved? ◇ yes ◇ no
Please attach a copy of written approval/permit.

G. Dressing Rooms

35. Are separate dressing rooms provided? ◇ yes ◇ no

36. Describe storage facilities for personal belongings of employees (i.e., purse, coats, boots, umbrellas, etc.)

H. General

37. Are insecticides stored separately from cleaning and sanitizing agents? ◇ yes ◇ no
Indicate location: _____

38. Are all toxics for use on premise & retail sale including personal medications stored away from food preparation & storage areas? ◇ yes ◇ no
39. Are all containers of toxics including sanitizing spray bottles clearly labeled? ◇ yes ◇ no
40. Are laundry facilities located on premises? ◇ yes ◇ no
If yes, what will be laundered? _____
41. Is a laundry dryer available? ◇ yes ◇ no
42. Location of clean linen storage: _____
43. Location of dirty linen storage: _____
44. Are food grade containers being used to store bulk food products? ◇ yes ◇ no
45. Indicate all areas where exhaust hoods are installed:

Location	Filters and/or Extraction Dev.	Sq. Ft.	Fire Protection	Air Capacity CFM	Air Makeup CFM

I. Sinks

46. Is a separate mop sink present? ◇ yes ◇ no
If so, please describe facility for cleaning of mops & other equipment:

47. If the menu dictates, is a separate food preparation sink present? ◇ yes ◇ no

J. Dishwashing Facilities

48. Will sinks or a dishwasher be used for ware washing? ◇ yes ◇ no
 Dishwasher _____
 2 Compartment Sink _____
 3 Compartment Sink _____
49. Dishwasher:
 Type of sanitization used:
 Hot water (temp. provided) _____
 Booster heater _____

Chemical type _____

- Is ventilation provided? ☐ yes ☐ no
50. Do all dish machines have templates with operation instructions? ☐ yes ☐ no
51. Do all dish machines have temperature/pressure gauges, as required, that are accurately working? ☐ yes ☐ no
52. Is hot water generator sufficient for the needs of the establishment? ☐ yes ☐ no
53. Does the largest pot and pan fit into each compartment of the sink? ☐ yes ☐ no
54. Are there drain boards on both ends of the pot sink? ☐ yes ☐ no
55. What type of sanitizer is used? _____
chlorine / iodine / quaternary ammonium / hot water / other _____
56. Are test papers and/or kits available for checking sanitizer concentration? ☐ yes ☐ no

K. Handwashing / Toilet Facilities

57. Is there a handwashing sink in each food preparation and ware washing area? ☐ yes ☐ no
58. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? ☐ yes ☐ no
59. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? ☐ yes ☐ no
60. Are soap dispensers (wall mounted, individual free standing pump dispensers) available at all handwashing facilities? ☐ yes ☐ no
61. Are fingernail scrub brushes available at all handwashing sinks? ☐ yes ☐ no
62. Are hand drying facilities (paper towels, air blower, etc.) available at all handwashing sinks? ☐ yes ☐ no
63. Are covered waste receptacles available in each restroom? ☐ yes ☐ no
64. Is hot and cold running water under pressure available at each handwashing sink? ☐ yes ☐ no
65. Are toilet room doors self-closing? ☐ yes ☐ no
66. Are all toilet rooms equipped with adequate ventilation? ☐ yes ☐ no
67. If required, is handwashing sign posted in each employee restroom? ☐ yes ☐ no

L. Dry Goods Storage

68. Is the projected frequency of deliveries specified? ☐ yes ☐ no

69. Is appropriate dry goods storage space provided for based upon menu, meals and frequency of deliveries? ☐ yes ☐ no

M. Small Equipment Regulations

70. Please specify the number and types of each of the following:

Slicers _____

Cutting Boards _____

Can Openers _____

Mixers _____

Floor Mats _____

Other _____

STATEMENT: I hereby certify that the above information is correct and I fully understand any deviation from the above without prior permission from this Health Regulatory Office may nullify this approval.

Signature(s): _____

Owner(s) Responsible Representative

Approval of these plans and specifications by this Health Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required – federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

REGULATOR HEALTH AUTHORITY COMPLIANCE REVIEW CHECKLIST

	Satisfactory	Unsatisfactory	N/A	Insufficient Information
1. Finish Schedule	◇	◇	◇	◇
▪ kitchen	◇	◇	◇	◇
▪ ware washing	◇	◇	◇	◇
▪ food storage	◇	◇	◇	◇
▪ other storage	◇	◇	◇	◇
▪ toilet rooms	◇	◇	◇	◇
▪ dressing rooms	◇	◇	◇	◇
▪ mop service area	◇	◇	◇	◇
2. Insect & Rodent Harborage	◇	◇	◇	◇
3. Garbage & Refuse	◇	◇	◇	◇
4. Plumbing	◇	◇	◇	◇
5. Water Supply	◇	◇	◇	◇
6. Sewage Disposal	◇	◇	◇	◇
7. Dressing Rooms	◇	◇	◇	◇
8. Separate Toxic Storage	◇	◇	◇	◇
9. Laundry Facilities	◇	◇	◇	◇
10. Linen Storage	◇	◇	◇	◇
11. Exhaust Hoods	◇	◇	◇	◇

12. Hand Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Dishwashing & Pot Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Grease Traps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Employee Restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Location Number _____ 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Soap 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Hand drying 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Agent Signature: _____ **Date:** _____

Approved for Permit: _____yes _____no

Comments:
