FOOD ESTABLISHMENT PLAN REVIEW APPLICATION TO BE COMPLETED BY THE OPERATOR AND SUBMITTED TO THE RANDOLPH COUNTY HEALTH DEPARTMENT
Date:__________________

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

_____NEW   _____REMODEL   _____CONVERSION

Name of Establishment:______________________________________________________________

Category: Restaurant____, Institution ____ , Daycare ____ , Retail Market ____ ,
Other___________________.

Address:____________________________________________________________

Phone if available:______________________________________________________

Name of Owner:________________________________________________________

Mailing Address:________________________________________________________

Telephone:____________________________________________________________

Applicant's Name:_______________________________________________________

Title (owner, manager, architect, etc.):______________________________

Mailing Address:________________________________________________________

Telephone:____________________________________________________________

I have submitted plans/applications to the following authorities on the following dates:

_________ Governing Board of Council  _________Plumbing

_________Zoning  _________Electric

_________Planning  _________Police

_________Building  _________Fire

_________Conservation  _________Other (   )
Hours of Operation:  Sun ______  Thurs ______
                   Mon ______  Fri ______
                   Tues______  Sat ______
                   Wed ______

Number of Seats: ________

Number of Staff: ________
(Maximum per shift)

Total Square Feet of Facility: ________

Number of Floors on which
operations are conducted________

Maximum Meals to be Served:  Breakfast ________
(approximate number)  Lunch ________
                        Dinner ________

Projected Date for Start of Project: _______________

Projected Date for Completion of Project: _______________

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

Please enclose the following documents:
_____ Proposed Menu (including seasonal, off-site and banquet menus)
_____ Manufacturer Specification sheets for each piece of equipment shown on the
       plan
_____ Site plan showing location of business in building; location of building on site
       including alleys, streets; and location of any outside equipment (dumpsters, well,
       septic system - if applicable)
_____ Plan drawn to scale of food establishment showing location of equipment,
       plumbing, electrical services and mechanical ventilation
_____ Equipment schedule

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of
   the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to
allow for ease in reading plans.

2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.

3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.

4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.

5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.

6. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.

7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.

8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.

9. Include and provide specifications for:
   a. Entrances, exits, loading/unloading areas and docks;
   b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
   c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
   d. Lighting schedule with protectors;
      (1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
      (2) At least 220 lux (20 foot candles):
(a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;

(b) Inside equipment such as reach-in and under-counter refrigerators;

(c) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms; and

(3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).

f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with;

g. A color coded flow chart demonstrating flow patterns for:
   - food (receiving, storage, preparation, service);
   - food and dishes (portioning, transport, service);
   - dishes (clean, soiled, cleaning, storage);
   - utensil (storage, use, cleaning);
   - trash and garbage (service area, holding, storage);

h. Ventilation schedule for each room;

i. A mop sink or curbed cleaning facility with facilities for hanging wet mops;

j. Garbage can washing area/facility;

k. Cabinets for storing toxic chemicals;

l. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;

m. Completed Section 1;

n. Site plan (plot plan)
FOOD PREPARATION REVIEW

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

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>(YES)</th>
<th>(NO)</th>
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</thead>
<tbody>
<tr>
<td>1. Thin meats, poultry, fish, eggs</td>
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<tr>
<td>(hamburger; sliced meats; fillets)</td>
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<td>( )</td>
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<tr>
<td>2. Thick meats, whole poultry</td>
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<tr>
<td>(roast beef; whole turkey, chickens, hams)</td>
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<td>( )</td>
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<td>3. Cold processed foods</td>
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<td>(salads, sandwiches, vegetables)</td>
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<td>( )</td>
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<tr>
<td>4. Hot processed foods</td>
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<td></td>
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<tr>
<td>(soups, stews, rice/noodles, gravy, chowders, casseroles)</td>
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<tr>
<td>5. Bakery goods</td>
<td></td>
<td></td>
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<tr>
<td>(pies, custards, cream fillings &amp; toppings)</td>
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<td>( )</td>
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<tr>
<td>6. Other</td>
<td></td>
<td></td>
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<tr>
<td>____________________________________________</td>
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</tbody>
</table>

* A generic HACCP plan for each category of food may be available from the regulatory authority for reference.

**PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS**

**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 ____________, and Dry goods__________________________.

3. Provide information on the amount of space (in cubic feet) allocated for:
   - Dry storage ________________________
   - Refrigerated Storage _______________, and
   - Frozen storage ____________________

4. How will dry goods be stored off the floor?
   ____________________________________
COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and 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 potentially hazardous foods (PHF’s) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

<table>
<thead>
<tr>
<th>Thawing Method</th>
<th>*THICK FROZEN FOODS</th>
<th>*THIN FROZEN FOODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigeration</td>
<td></td>
<td></td>
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<tr>
<td>Running Water Less than 70°F(21°C)</td>
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<td></td>
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<tr>
<td>Microwave (as part of cooking process)</td>
<td></td>
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<tr>
<td>Cooked from Frozen state</td>
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<td></td>
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<tr>
<td>Other (describe)</td>
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</tbody>
</table>

* Frozen foods: approximately one inch or less = thin, and more than an inch = thick.
**COOKING:**
1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF's?  YES / NO
   What type of temperature measuring device: ______________________________

   **Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:**

   - beef roasts: 130°F (121 min)
   - solid seafood pieces: 145°F (15 sec)
   - other PHF=s: 145°F (15 sec)
   - eggs:
     - Immediate service: 145°F (15 sec)
     - pooled*: 155°F (15 sec)
       (*pasteurized eggs must be served to a highly susceptible population)
   - pork: 145°F (15 sec)
   - comminuted meats/fish: 155°F (15 sec)
   - poultry: 165°F (15 sec)
   - reheated PHF=s: 165°F (15 sec)

2. List types of cooking equipment.
   __________________________________________________________________________
   __________________________________________________________________________

**HOT/COLD HOLDING:**

1. How will hot PHF's be maintained at 140°F (60°C) or 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) or 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) 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.

<table>
<thead>
<tr>
<th>COOLING METHOD</th>
<th>THICK MEATS</th>
<th>THIN MEATS</th>
<th>THIN SOUPS/ GRAVY</th>
<th>THICK SOUPS/ GRAVY</th>
<th>RICE/ NOODLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shallow Pans</td>
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<tr>
<td>Ice Baths</td>
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<tr>
<td>Reduce Volume or Size</td>
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<tr>
<td>Rapid Chill</td>
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<tr>
<td>Other (describe)</td>
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</tbody>
</table>

**REHEATING:**

1. How will PHF’s 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. Will food employees be trained in good food sanitation practices?  YES / NO
   Method of training:
   ________________________________________________________________________

   Number(s) of employees: ________________________________________________

   Dates of completion: _____________________________________________________

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

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?  YES / NO
   Please describe briefly:
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________

   Will employees have paid sick leave? YES / NO

5. 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?
   Chemical Type: ________________
   Concentration: ________________
   Test Kit: YES / NO

6. 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?
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________

7. 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 not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

8. Describe the procedure used 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 specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

10. 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?

__________________________________________________________________________
__________________________________________________________________________
A. **FINISH SCHEDULE**

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

<table>
<thead>
<tr>
<th>Area</th>
<th>FLOOR</th>
<th>COVING</th>
<th>WALLS</th>
<th>CEILING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
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<tr>
<td>Bar</td>
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<tr>
<td>Food Storage</td>
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<tr>
<td>Other Storage</td>
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<tr>
<td>Toilet Rooms</td>
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<tr>
<td>Dressing Rooms</td>
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<tr>
<td>Garbage &amp; Refuse Storage</td>
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<tr>
<td>Mop Service Basin Area</td>
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<tr>
<td>Warewashing Area</td>
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<tr>
<td>Walk-in Refrigerators and Freezers</td>
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</tbody>
</table>
**B. INSECT AND RODENT CONTROL**

*APPLICANT: Please check appropriate boxes.*

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 #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? ________________ ( ) ( ) ( )

**C. 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? ( ) ( ) ( )
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?  
   Describe ____________________________  

Indicate what materials are required to be recycled:
( ) Glass  
( ) Metal  
( ) Paper  
( ) Cardboard  
( ) Plastic

17. Is there any area to store returnable damaged goods?
   ( ) ( ) ( )
## D. PLUMBING CONNECTIONS

<table>
<thead>
<tr>
<th></th>
<th>AIR GAP</th>
<th>AIR BREAK</th>
<th>*INTEGRAL TRAP</th>
<th>*AP=TRAP</th>
<th>VACUUM BREAKER</th>
<th>CONDENSATE PUMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Toilet</td>
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<td>19. Urinals</td>
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<td>20. Dishwasher</td>
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<td>21. Garbage Grinder</td>
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<td>22. Ice machines</td>
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<tr>
<td>23. Ice storage bin</td>
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<td>24. Sinks</td>
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<td>a. Mop</td>
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<td>b. Janitor</td>
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<td>c. Handwash</td>
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<td>d. 3 Compartment</td>
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<td>e. 2 Compartment</td>
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<td>f. 1 Compartment</td>
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<tr>
<td>g. Water Station</td>
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<td>25. Steam tables</td>
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<td>26. Dipper wells</td>
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<tr>
<td>27. Refrigeration condensate/ drain lines</td>
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<td>28. Hose connection</td>
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<td>29. Potato peeler</td>
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<td>30. Beverage Dispenser w/ carbonator</td>
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<tr>
<td>31. Other</td>
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</table>


* TRAP: A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A AP≈ trap is a fixture trap that provides a liquid seal in the shape of the letter AP≈. Full AS≈ traps are prohibited.

32. Are floor drains provided & easily cleanable, if so, indicate location:
_____________________________________________________________________
_____________________________________________________________________

E. WATER SUPPLY

33. Is water supply public ( ) or private ( )?

34. If private, has source been approved? YES ( ) NO ( ) PENDING ( )
   Please attach copy of written approval and/or permit.

35. Is ice made on premises ( ) or purchased commercially ( )?
   If made on premise, are specifications for the ice machine provided? YES ( ) NO ( )
   Describe provision for ice scoop storage:
_____________________________________________________________________

36. What is the capacity of the hot water generator?
_____________________________________________________________________

37. Is the hot water generator sufficient for the needs of the establishment?
   Provide calculations for necessary hot water (see Part 5 & Part 9 Under Section III in this manual)

38. Is there a water treatment device? YES ( ) NO ( )
   If yes, how will the device be inspected & serviced?
_____________________________________________________________________

39. How are backflow prevention devices inspected & serviced?
_____________________________________________________________________
_____________________________________________________________________

F. SEWAGE DISPOSAL

40. Is building connected to a municipal sewer? YES ( ) NO ( )

41. If no, is private disposal system approved? YES ( ) NO ( ) PENDING ( )
   Please attach copy of written approval and/or permit.

42. Are grease traps provided? YES ( ) NO ( )
If so, where? __________________________________________________________
Provide schedule for cleaning & maintenance______________________________

G. DRESSING ROOMS

43. Are dressing rooms provided? YES ( ) NO ( )

44. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)___________________________________________________
____________________________________________________________________

H. GENERAL

45. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? YES ( ) NO ( )
Indicate location: ______________________________________________________
____________________________________________________________________

46. 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 ( )

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

48. Will linens be laundered on site? YES ( ) NO ( )
If yes, what will be laundered and where?________________________________
____________________________________________________________________
If no, how will linens be cleaned? _________________________________________

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

50. Location of clean linen storage: _______________________________________
____________________________________________________________________

51. Location of dirty linen storage: _________________________________________
____________________________________________________________________

52. Are containers constructed of safe materials to store bulk food products? YES ( ) NO ( )
Indicate type: _________________________________________________________
____________________________________________________________________
53. Indicate all areas where exhaust hoods are installed:

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>FILTERS &amp;/OR EXTRACTION DEVICES</th>
<th>SQUARE FEET</th>
<th>FIRE PROTECTION</th>
<th>AIR CAPACITY CFM</th>
<th>AIR MAKEUP CFM</th>
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54. How is each listed ventilation hood system cleaned?

________________________________________________________________________

I. SINKS

55. Is a mop sink present? YES ( ) NO ( )
   If no, please describe facility for cleaning of mops and other equipment:
   _______________________________________________________________________
   ________________________________________________________________

56. If the menu dictates, is a food preparation sink present? YES ( ) NO ( )

J. DISHWASHING FACILITIES

57. Will sinks or a dishwasher be used for warewashing?
   Dishwasher ( )
   Two compartment sink ( )
   Three compartment sink ( )

58. Dishwasher
   Type of sanitization used:
   Hot water (temp. provided) _________________________
   Booster heater ________________________________
   Chemical type ________________________________
   Is ventilation provided? YES ( ) NO ( )

59. Do all dish machines have templates with operating instructions? YES ( ) NO ( )
60. Do all dish machines have temperature/pressure gauges as required that are accurately working?  
YES ( )     NO ( )

61. 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?  
_______________________________________________________________________________

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

63. What type of sanitizer is used?  
Chlorine ( )  
Iodine ( )  
Quaternary ammonium ( )  
Hot water ( )  
Other ( )

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

K. HANDWASHING/TOILET FACILITIES

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

66. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?  
YES ( )     NO ( )

67. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?  
YES ( )     NO ( )

68. Is hand cleanser available at all handwashing sinks?  
YES ( )     NO ( )

69. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?  
YES ( )     NO ( )

70. Are covered waste receptacles available in each restroom?  
YES ( )     NO ( )

71. Is hot and cold running water under pressure available at each handwashing sink?  
YES ( )     NO ( )
72. Are all toilet room doors self-closing? YES ( ) NO ( )

73. Are all toilet rooms equipped with adequate ventilation? YES ( ) NO ( )

74. If required, is a handwashing sign posted in each employee restroom? YES ( ) NO ( )

L. SMALL EQUIPMENT REQUIREMENTS

75. Please specify the number, location, 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 that any deviation from the above without prior permission from the Randolph County Health Department may nullify final approval.

Signature(s) ___________________________________________________

_____________________________________________________

owner(s) or responsible representative(s)

Date: ____________

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Approval of these plans and specifications by the Randolph County Health Department 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 preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.
Plan Review Invoice

To:_______________________________________________________
Address___________________________________________________
__________________________________________________________
Telephone__________________________________________________

Plan Review Fee:  $100.00

Payable with submission of plans for approval.