

***FOOD ESTABLISHMENT PLAN REVIEW
APPLICATION TO BE
COMPLETED BY THE OWNER AND/OR
OPERATOR
AND SUBMITTED TO THE
LeSUEUR/WASECA BOARD OF HEALTH***

***Application must be submitted and
approved prior to beginning any new or
remodeling projects.***

LE SUEUR/WASECA BOARD OF HEALTH
1000 W ELM AVE
WASECA, MN 56093
Phone (507) 835-0657 Fax (507) 835-0687

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Date: _____ ___ *Fee enclosed*

___ NEW ___ REMODEL ___ CONVERSION

Name of Establishment: _____

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:

_____ Plumbing	_____ Electric
_____ Planning and Zoning (Zoning permit or statement of approval from Local Unit of Government for the intended land use)	_____ Building
_____ Fire (Provide documentation of contact, approval, or inspection from local fire authority)	_____ 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 per day) 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 submit the following documents:

_____ Proposed Menu (including seasonal, off-site and banquet menus)

_____ Copy of Certified Food Manger Certificate from Minnesota Department of Health

_____ Equipment schedule

_____ 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 and
mechanical ventilation

_____ Completed Food Handling and Facility design forms (attached)

GUIDELINES FOR COMPLETION OF FLOOR PLANS

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to scale.
2. Show the location 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.
3. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
4. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
5. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.
6. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
7. 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.
8. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. 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;
 - c. Adequate lighting schedule with protectors in food preparation areas;
 - d. 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);
 - e. A mop sink or curbed cleaning facility with facilities for hanging wet mops;

- f. Garbage can washing area/facility;
- g. Cabinets for storing toxic chemicals;
- h. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;

I. FOOD HANDLING

A. Potentially Hazardous Foods (PHF's)

Check categories to be handled, prepared and served.

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

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

B. 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 square feet) allocated for:
Dry storage _____,
Refrigerated Storage _____, and
Frozen storage _____.
4. How will dry goods be stored off the floor?

C. COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41°F (5°C) or 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

D. 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.

Thawing Method	*THICK FROZEN FOODS	*THIN FROZEN FOODS
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, and more than an inch = thick.

E. COOKING:

1. What type of food product thermometers will be used to measure final cooking/reheating temperatures of PHF's? _____

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)
pork	145°F (15 sec)
comminuted meats/fish	155°F (15 sec)
poultry	165°F (15 sec)
reheated PHF's	165°F (15 sec)

F. 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.

G. 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.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

H. 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 rapidly within 2 hours. Indicate type and number of units used for reheating foods.

I. 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, 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 for washing produce? YES / NO

Describe

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.

J. SMALL EQUIPMENT REQUIREMENTS

1. Please specify the number, location, and types of each of the following:

- Slicers _____
- Cutting boards _____
- Can openers _____
- Mixers _____
- Blenders _____
- Floor mats _____
- Other _____

II. FACILITY DESIGN

A. FINISH SCHEDULE

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

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators and Freezers				

B. INSECT AND RODENT CONTROL

APPLICANT: Please check appropriate boxes.

	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 #16 mesh screening?	()	()	()
4. Is the placement of insect control 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

1. Do all containers have lids?	()	()	()
2. Will refuse be stored inside? If so, where? _____ _____	()	()	()
3. Is there an area designated for garbage can or floor mat cleaning?	()	()	()

Outside

YES NO NA

4. Will a dumpster be used? () () ()
Number _____ Size _____
Frequency of pickup _____
Contractor _____

5. Will a compactor be used? () () ()
Number _____ Size _____
Frequency of pick up _____
Contractor _____

6. Will garbage cans be stored outside? () () ()

7. Describe surface and location where dumpster/compactor/garbage cans are to be stored

8. Describe location of grease storage receptacle

9. Is there an area to store recycled containers? () () ()

Describe _____

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

10. Is there any area to store returnable damaged goods? () () ()

D. PLUMBING

1. Plumbing plans and specifications must be sent to and approved by:

Minnesota Department of Labor and Industry
Plumbing and Engineering
443 Lafayette Road N.
St. Paul, Minnesota 55155-4343

E. WATER SUPPLY

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

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

3. 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:_____

Provide location of ice maker or bagging operation_____

4. What is the capacity of the hot water generator?

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

F. SEWAGE DISPOSAL

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

2. If no,
a. is private system plan submitted? YES () NO () PENDING ()
b. does private system have current
Certificate of Compliance? YES () NO () PENDING ()

3. Are grease traps provided? YES () NO ()
If so, where? _____
Provide schedule for cleaning & maintenance_____

G. DRESSING ROOMS

- 1. Are dressing rooms provided? YES () NO ()
- 2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) _____

H. GENERAL

- 1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? YES () NO ()
Indicate location: _____

- 2. 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 ()
- 3. Are all containers of toxics including sanitizing spray bottles clearly labeled? YES () NO ()
- 4. Will linens be laundered on site? YES () NO ()
If yes, what will be laundered and where? _____

- If no, how will linens be cleaned? _____
- 5. Is a laundry dryer available? YES () NO ()
- 6. Location of clean linen storage: _____

- 7. Location of dirty linen storage: _____

- 8. Are containers constructed of safe materials to store bulk food products? YES () NO ()
Indicate type: _____

9. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

10. How is each listed ventilation hood system cleaned?

I. SINKS

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

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

J. DISHWASHING FACILITIES

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

2. Dishwasher
 Type of sanitization used:
 Hot water (temp. provided) _____
 Booster heater _____
 Chemical type _____

Is ventilation provided? YES () NO ()

3. Do all dish machines have templates with operating instructions?
 YES () NO ()

4. Do all dish machines have temperature/pressure gauges as required that are accurately working?
 YES () NO ()

5. 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?

6. Are there drain boards on both ends of the pot sink?

YES () NO ()

7. What type of sanitizer is used?

- Chlorine ()
- Iodine ()
- Quaternary ammonium ()
- Hot water ()
- Acid [Help] ()
- Other ()

8. Are test papers and/or kits available for checking sanitizer concentration?

YES () NO ()

K. HANDWASHING/TOILET FACILITIES

1. Is there a handwashing sink in each food preparation and warewashing area?

YES () NO ()

2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?

YES () NO ()

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 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 ()

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) _____

owner(s) or responsible representative(s)

Date: _____

Approval of these plans and specifications by this 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 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.