

# FOOD ESTABLISHMENT PLAN

## REVIEW APPLICATION

**THIS APPLICATION MUST BE COMPLETED AND RETURNED WITH YOUR PLANS**

\_\_\_\_\_New    \_\_\_\_\_Remodel    \_\_\_\_\_Conversion

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Owner \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Title (Owner, Manager, Architect, etc.): \_\_\_\_\_

Plans/applications have been submitted to (note date of submittal on application line):

\_\_\_\_\_Mayor/Manager/Board of Selectman    \_\_\_\_\_Plumbing Board

\_\_\_\_\_Zoning    \_\_\_\_\_Electrical Board

\_\_\_\_\_Planning    \_\_\_\_\_Police

\_\_\_\_\_Building    \_\_\_\_\_Fire

\_\_\_\_\_ Other ( \_\_\_\_\_ ) \_\_\_\_\_ Conservation

Seating Capacity: \_\_\_\_\_

Total Square Feet of Facility: \_\_\_\_\_

Projected Date for Start of Construction: \_\_\_\_\_

Projected Date for Completion of Project: \_\_\_\_\_

Enclose the following documents:

\_\_\_\_\_ Proposed Menu

\_\_\_\_\_ Plan drawn to scale of facility showing:

\_\_\_\_\_ location of equipment \_\_\_\_\_ plumbing

\_\_\_\_\_ electrical services \_\_\_\_\_ mechanical ventilation

## FOOD PREPARATION REVIEW

Check potentially hazardous foods (PHF's) to be handled, prepared and served

	<u>CATEGORY</u>	<u>YES</u>	<u>NO</u>
1.	Thin meats, poultry, fish, eggs	( )	( )
2.	Thick meats, whole poultry	( )	( )
3.	Cold processed foods (salads, sandwiches, vegetables)	( )	( )

4. Hot processed foods (soups, stews, casseroles) ( ) ( )
5. Bakery goods (pies, custards, creams) ( ) ( )
6. Other \_\_\_\_\_  
\_\_\_\_\_

A generic HACCP plan for each category of food may be obtained from the Division of Food and Lodging for reference.

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS:

FOOD SUPPLIES

Are all food supplies from inspected and approved sources? Yes( ) No( )

COLD STORAGE

1. Is adequate and approved freezer and refrigeration available to store frozen foods at 0° F (-18° C) and below, and refrigerated foods at 41° F (5° C) and below? Yes ( ) No ( )
2. Will raw meats, poultry and seafood be stored in the same freezers and refrigerators with cooked/ready to eat foods? Yes ( ) No ( )

If yes, how will cross contamination be prevented?

\_\_\_\_\_  
\_\_\_\_\_

3. Does each freezer and refrigerator have a thermometer? Yes ( ) No ( )

Number of freezer units \_\_\_\_\_

Number of refrigeration units \_\_\_\_\_

HOT/COLD HOLDING

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.

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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.

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COOLING

Please indicate, by checking the appropriate columns, how PHF's will be cooled to 41°F (5°C) within **six** hours (140°F (60°C) to 70°F (21°C) in **two** hours and 70°F (21°C) to 41°F (5°C) in **four** hours).

	THICK	THIN	COLD	HOT	BAKED
	MEATS	MEATS	FOODS	FOODS	GOODS
Shallow pans	( )	( )	( )	( )	( )

Ice baths ( ) ( ) ( ) ( ) ( )

Reduce volume ( ) ( ) ( ) ( ) ( )

Rapid chill ( ) ( ) ( ) ( ) ( )

Other (describe) ( ) ( ) ( ) ( ) ( )

PREPARATION

Is there an established policy to exclude or restrict food workers who are sick or have infected cuts and lesions?

Yes ( ) No ( )

Please describe briefly: \_\_\_\_\_

\_\_\_\_\_

PREPARATION (continued)

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: \_\_\_\_\_

Is there a test kit available? Yes ( ) No ( )

INSECT AND RODENT HARBORAGE

	YES	NO	N/A	
1. Are all outside doors self-closing with rodent proof flashing?	( )	( )	( )	
2. Are screen doors provided on all outside entrances?	( )	( )	( )	
3. Do all openable windows have a minimum inch mesh screening?	( )	( )	( )	#16
4. Are all pipes and electrical conduit chases sealed; ventilation systems exhaust and intake protected?	( )	( )	( )	
5. Is area around building clear of all unnecessary brush, litter, boxes and other harborage?	( )	( )	( )	

GARBAGE AND REFUSE

INSIDE

6. Do all garbage and refuse containers have lids?	( )	( )	( )	
7. Is there a can cleaning sink or area?	( )	( )	( )	

OUTSIDE

8. Will a dumpster be used?	( )	( )	( )	
Number _____ Size_____				

9. Describe the surface and location where dumpster/compactor/cans will be stored

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GARBAGE AND REFUSE (continued)

10. If private has a source been approved? ( ) Yes ( ) No ( ) Pending

Please attach copy of written approval and/or permit.

11. Is ice made:

on premisis ( )

produced commercially ( )

Describe provision for ice scoop storage \_\_\_\_\_

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SEWAGE DISPOSAL

12. Is building connected to a municipal sewer? ( ) Yes ( ) No

13. If no, is a private disposal system approved? ( ) Yes ( ) No ( )

Pending

Please attach copy of written approval and/or permit.

DRESSING ROOMS

14. Are separate dressing rooms provided? ( ) Yes ( ) No

15. Describe storage facilities for employees' personal belongings (i.e. purses, coats, boots, etc.)

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GENERAL

16. Are insecticides/rodenticides stored separately from cleaning and sanitizing agents? ( )

Yes ( ) No

17. Are all toxics for use on the premises, including personal medications stored separately from food preparation and storage areas? ( ) Yes ( ) No

18. Are laundry facilities located on the premises? ( ) Yes ( ) No

If yes, what will be laundered? \_\_\_\_\_

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19. Location of clean linen storage? \_\_\_\_\_

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20. Location of dirty linen storage? \_\_\_\_\_

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21. Indicate where exhaust hoods are installed? \_\_\_\_\_

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

23. Are soap dispensers (wall mounted, individual free standing pump dispensers) available at all handwashing sinks? ( ) Yes ( ) No

24. Are hand drying facilities (paper towels, air blower, etc.) available at all handwashing sinks?



Yes                       No

25. Are covered waste receptacles available in each restroom?     Yes                       No

26. Is hot and cold running water under pressure available at each handwashing sink?                     

Yes                       No

27. Are all toilet room doors self-closing?                       Yes                       No

28. Are all toilet rooms equipped with adequate ventilation?                       Yes                       No

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I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the North Dakota Department of Health, Division of Food and Lodging, or the Upper Missouri District Health Unit, may nullify this approval.

Signature(s)

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Owner(s) or Responsible Representatives (s)

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Date

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Approval of these plans and specifications by the Division of Food and Lodging or the Upper Missouri District Health Unit 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). Preoperational inspection of the establishment will be necessary to determine if it complies with the federal and state laws governing foodservice establishments.