

**West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Environmental Health
Public Health Sanitation Division**

REGULATORY AUTHORITY COMPLIANCE REVIEW LIST

Name of Establishment _____
Name of Owner _____
Category _____
Physical Location _____
Date Plans Received _____

	<u>SAT.</u>	<u>UNSAT.</u>	<u>N/A</u>	<u>INSUFF. INFORM.</u>
1. Food Preparation Review				
Raw food prep table(s) (as menu dictates)	()	()	()	()
Raw food prep sink(s) (as menu indicates)	()	()	()	()
Adequate refrigeration	()	()	()	()
Adequate hot holding facilities	()	()	()	()
Adequate hot food preparation equip.	()	()	()	()
Vacuum packaging (HACCP plan)	()	()	()	()
2. Utensil & Equipment Storage				
Clean	()	()	()	()
Soiled	()	()	()	()
Counter mounted equip.	()	()	()	()
Floor mounted equip.	()	()	()	()
Vacuum packaging equip.	()	()	()	()
Bulk Food	()	()	()	()
Self service	()	()	()	()
Salad	()	()	()	()
Hot/Cold Buffet	()	()	()	()
3. Kitchen Equipment				
Spacing between units or wall closed; moveable, or	()	()	()	()

adequate space for easy cleaning

Work space & aisles sufficient	()	()	()	()
Storage 6" off floor	()	()	()	()
Countertops & cutting boards of suitable material	()	()	()	()
Self serve food area adequately protected	()	()	()	()
Approved thermometer for each refrigerator & freezer, and for taking food temperatures	()	()	()	()

4. Finish Schedule

Kitchen	()	()	()	()
Bar	()	()	()	()
Food Storage	()	()	()	()
Other Storage	()	()	()	()
Toilet Rooms	()	()	()	()
Dressing Rooms	()	()	()	()
Garbage & Refuse Storage	()	()	()	()
Mop Service Area	()	()	()	()
Warewashing Area	()	()	()	()
Walk-in refrigerator & freezers	()	()	()	()

5. Plumbing

Cross Connections	()	()	()	()
Water Supply	()	()	()	()
Sewage Disposal	()	()	()	()
Hand Sinks	()	()	()	()
Dishwashing & Pot Sinks	()	()	()	()
Grease Traps	()	()	()	()
Service/Janitorial Sinks	()	()	()	()
Hot Water	()	()	()	()

6. Physical Facilities

Dressing Rooms	()	()	()	()
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Separate Toxic Storage	()	()	()	()
Laundry Facilities	()	()	()	()
Linen Storage	()	()	()	()
Lighting	()	()	()	()
Food Storage	()	()	()	()
Dry Storage Goods	()	()	()	()
7. Refuse & Pest Control				
Garbage & Refuse Storage	()	()	()	()
Insect & Rodent	()	()	()	()
Control Measures	()	()	()	()
8. Ventilation				
Exhaust Hoods	()	()	()	()
Ventilation	()	()	()	()
9. Employee Restrooms				
Location	()	()	()	()
Number _____	()	()	()	()
Soap Dispensers	()	()	()	()
Hand Drying	()	()	()	()
Lavatories	()	()	()	()
Water Closets	()	()	()	()
Urinals	()	()	()	()
Hot & Cold Water Provided	()	()	()	()
Waste Receptacles	()	()	()	()
10. Patron Restrooms				
Location	()	()	()	()
Number _____	()	()	()	()
Soap Dispensers	()	()	()	()
Hand Drying	()	()	()	()
Lavatories	()	()	()	()
Water Closets	()	()	()	()
Urinals	()	()	()	()
Hot & Cold Water Provided	()	()	()	()
Waste Receptacles	()	()	()	()

Comments: (explain why any item was noted "Unsatisfactory" or "Insufficient Information")

Reviewer Signature

Date

Reviewer Title

APPROVAL: _____ **DATE:** _____

DISAPPROVAL: _____ **DATE:** _____

REASON FOR DISAPPROVAL:
