FOOD ESTABLISHMENT PLAN REVIEW APPLICATION TO BE COMPLETED BY THE OPERATOR AND SUBMITTED TO THE REGULATORY AUTHORITY

Regulatory Authority ________________________________________________________________
Contact Name and Phone _________________________ Date Received __________________________

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION FOR:

___NEW  ___REMODEL  ___CONVERSION

Name of Establishment: ____________________________________________________________
Category: Restaurant___, Institution ____, Daycare ____ , Retail Market ____ , Other___________
Physical and Mailing Address: ______________________________________________________
Phone if available: __________________________________________________________________
Name of Owner: _________________________________________________________________
Telephone: _____________________________email: _______________________________________
Applicant's Name: ________________________________________________________________
Title (owner, manager, architect, etc.): ____________________________
Mailing Address: __________________________________________________________________
Telephone: _____________________________email: _______________________________________

1 set of plans is required to be submitted to the local health dept. 45 days prior to construction or operation

Note: Not all sections may be applicable to every establishment. Contact above Reg. Agency if you have questions.
I have submitted plans/applications to the following authorities (if applicable) 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 Indoor Dining Seats: __________

Number of Outdoor Dining 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 ______
- Lunch ______
- Dinner ______
(approximate number)

Projected Date for Start of Project: _______________

Projected Date for Completion of Project: _______________

Type of Service:
- Sit Down Meals ______
- Take Out ______
- Caterer ______
- Mobile Vendor ______
- Other ______
Please enclose the following documents:

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

_____ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation

_____ 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)

_____ 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. Food equipment schedule, which includes the make and model numbers and listing of equipment, must be submitted. 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. Label and locate warewashing sinks and/or dishwashers.

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

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

9. 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.

10. 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 wastewater lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;

d. Lighting schedule with protectors;

e. 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);

f. Ventilation schedule for each room;

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

h. Garbage can washing area/facility;

i. Cabinets for storing toxic chemicals;

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

k. Completed Food Est. Plan Review Application (SF-35)

l. Site plan (plot plan)

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

1. Are all food supplies from 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. Identify the location and containers that will be used to store bulk food products (rice, flour, sugar, etc.).

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

FOOD PREPARATION PROCEDURES:
Explain the following with as much detail as possible. Provide descriptions of the specific areas on the plan where food is prepared.

Explain the handling/preparation procedures for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (prep table, sink, counter, etc.) the food will be washed, cut, marinated, breaded, cooked, etc. When (time of day and frequency/day) food will be handled/prepared

READY-TO-EAT FOOD (salads, cold sandwiches, raw shellfish)

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
___________________________________________________________________________________

PRODUCE

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

POULTRY

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

MEAT

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

SEAFOOD
THAWING FROZEN PHF (TCS) FOOD:

Thawing Method(s) (check all that apply and indicate where thawing will take place):

_____ Under Refrigeration: _________________________________________________________

_____ Running Water less than 70º F ______________________________________________

_____ Microwave (as part of cooking process): _______________________________________

_____ Cooked from frozen state: _________________________________________________

_____ Other: (describe) __________________________________________________________

List all foods that will be cooked and served_______________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

List all foods that will be held hot prior to service:______________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

List all foods that will cooked and cooled:_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

List all foods that will be cooked, cooled, and reheated:___________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Provide a HACCP plan for specialized processing methods of foods such as Reduced Oxygen Packaging (vacuum packaging, cook-chill, etc.), use of additives to render a food non-PHF (TCS) food, curing and smoking for preservation, and molluscan shellfish tanks.

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: __________________________

2. List types of cooking equipment.
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

**HOT/COLD HOLDING:**

1. How will hot PHF's be maintained at 135°F or above during holding for service? Indicate type, 
   number, and location 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 
(135°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>
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<tbody>
<tr>
<td>Shallow Pans</td>
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<td>Ice Baths</td>
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<td>Reduce Volume or Size</td>
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</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 within two (2) hours? Indicate type and number of units used for reheating foods.

EMPLOYEE TRAINING

1. Will food employees be trained in good food sanitation practices? YES / NO

   Method of training:

   ________________________________

   Number(s) of employees: ________________________________

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

3. 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:

   ________________________________

   ________________________________

   ________________________________

   ________________________________

4. Will employees have paid sick leave? YES / NO

A. FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas. Materials must be smooth, nonabsorbent, and easily cleanable. Studs,
joist and rafters may not be exposed in walk-in refrigeration units, food preparation areas, or equipment washing areas. Utility service lines may not be unnecessary exposed on walls or ceilings.

<table>
<thead>
<tr>
<th>Kitchen</th>
<th>FLOOR</th>
<th>COVING</th>
<th>WALLS</th>
<th>CEILING</th>
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<tbody>
<tr>
<td>Bar</td>
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<tr>
<td>Food Storage</td>
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<td>Other Storage</td>
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<tr>
<td>Toilet Rooms</td>
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<td>Dressing Rooms</td>
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<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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**B. INSECT AND RODENT CONTROL**

*APPLICANT: Please check appropriate boxes.*

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<tr>
<th>YES</th>
<th>NO</th>
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</table>

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 window openings 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

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

3. Will a dumpster or compactor be used? ( ) ( ) ( )
   Number _______ Size _______
   Frequency of pickup _______
   Contractor ______________

11. Will garbage cans be stored outside? ( ) ( ) ( )
12. Describe surface and location where dumpster/compactor/garbage cans are to be stored

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

13. Describe location of grease storage receptacle

____________________________________________________________________
____________________________________________________________________

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

Indicate what materials are required to be recycled;

( ) Glass
( ) Metal  
( ) Paper  
( ) Cardboard  
( ) Plastic  

15. 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>*&quot;P&quot; TRAP</th>
<th>VACUUM BREAKER</th>
<th>CONDENSATE PUMP</th>
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<td>Toilet</td>
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<td>Garbage</td>
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<td>Ice machines</td>
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<td>Ice storage bin</td>
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<td>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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<td>g. Water Station</td>
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<td>Steam tables</td>
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<td>Item</td>
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<td>Dipper wells</td>
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<td>Refrigeration condensate/ drain lines</td>
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<td>Hose connection</td>
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<td>Potato peeler</td>
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<td>Beverage Dispenser w/ carbonator</td>
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<td>Other</td>
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* **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 ‘P’ trap is a fixture trap that provides a liquid seal in the shape of the letter ‘P.’ Full ‘S’ traps are prohibited.

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

________________________________________________________________________________________

### E. WATER SUPPLY

1. Is water supply public ( ) or non-public/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 and location of the hot water generator?
____________________________________________________________________________

5. 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)

6. Is there a water treatment device? YES ( ) NO ( )

   If yes, how will the device be inspected & serviced?

   _________________________________________________________________________
   _________________________________________________________________________

7. How are backflow prevention devices inspected & serviced?

   _________________________________________________________________________
   _________________________________________________________________________

**F. SEWAGE DISPOSAL**

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

2. If no, is private disposal system approved? YES ( ) NO ( ) PENDING ( )

   Please attach copy of written approval and/or permit.

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 ( )

9. 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

10. 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?
                                                                 ________________
                                                                 ________________

11. Will all produce be washed on-site prior to use? YES / NO
12. Is there a planned location used for washing produce? YES / NO

If yes, describe the location.
__________________________________________________________________________
__________________________________________________________________________

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

13. 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.
__________________________________________________________________________
__________________________________________________________________________

14. 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?
__________________________________________________________________________
__________________________________________________________________________

15. 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>
</tr>
</thead>
</table>
16. 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 ( )
   Two compartment sink ( )
   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
Quaternary ammonium
Hot Water
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 ( )

10. Is a handwashing sign posted in each employee restroom? 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) ________________________________
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.

Applicants that do not agree with the decision of the reviewer are entitled to appeal by submitting a request for reconsideration in writing to the Health Officer at the local health department within 30 days of receipt of the notification of decision. 64CSR1

This document has been adapted from the FDA 2008 Plan Review Guide in cooperation with the WV Food Safety and Defense Task Force


http://www.wvdhhr.org/phs/