Oklahoma State Department of Health

Plan Review Application Cover Page

Please return application along with fee to:

Murray County Health Department

730 Cambridge

Sulphur, OK 73086

Phone: (580) 622-3716

Fax: (580) 622-2490

Web: murray.health.ok.gov

Protective Health Services

Oklahoma State Department of Health

Submit fully completed form with **$425.00** nonrefundable fee (NO CASH) & plans to the address listed on cover page.

PLAN REVIEW APPLICATION FOR FOOD OR LODGING ESTABLISHMENT

Establishment Type (select one): ☐ Food ☐ Lodging

Name of Establishment: _____ County: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

APPLICANT INFORMATION:

Applicant's Name / Title: _____

Primary Phone #: _____ Secondary Phone #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

CONTACT INFORMATION IF DIFFERENT FROM APPLICANT:

Contact's Name / Title: _____

Primary Phone #: _____ Secondary Phone #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Type of Ownership: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC

(if applicable) State Tax ID #: _____ and/or Federal ID #: _____

Type of Construction:

☐ New Construction (includes seasonal/mobile establishments)
☐ Remodel of existing food establishment
☐ Existing establishment changing the type of operation
☐ Conversion of existing structure
☐ Change of ownership with no changes in operation

NOTE: Temporary food establishments are exempt from plan review and will be evaluated for compliance on site.

HEALTH DEPARTMENT USE ONLY

Date Copy of Rules Received: _____

☐ OAC 310:225 _____ Owner
☐ OAC 310:240
☐ OAC 310:25 _____ Manager
☐ OAC 310:260
☐ OAC 310:285

OSDH License #: _____

OSDH Receipt # / Date: _____

All facilities must be inspected and licensed prior to operation. SUBMITTING THIS FORM DOES NOT CONSTITUTE AUTHORIZATION TO OPEN AN ESTABLISHMENT.

_____
Applicant's Title

_____
Applicant's Signature / Date of Signature

PLAN REVIEW APPLICATION GUIDELINES

(Please complete all applicable sections)

SECTION I) ESTABLISHMENT INFORMATION

a) Name of Establishment: _____

b) Street Address of Establishment: _____

c) Type of Operation (check all that apply):

☐ Frozen Food Locker	☐ Food Service Establishment	☐ Bar
☐ Food Service Establishment w/Bar	☐ Combination Retail Food	☐ Mobile Food Svc.
☐ Health Facility	☐ Retail Food Store	☐ School
☐ Seasonal Food	☐ Non Profit Institution	☐ Food Processor
☐ Privately Owned Prison	☐ Food Wholesaler	☐ Salvage Food
☐ Water Bottling Facility	☐ Drug Manufacturer	☐ Drug Warehouse
☐ Hotel and Motel	☐ Other (specify): _____	

d) Type of Construction:

☐ New ☐ Remodel ☐ Conversion ☐ Other (specify): _____

SECTION II) ESTABLISHMENT OPERATING INFORMATION

a) Daily Operating Hours

Sunday: _____ Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____ Seasonal (Months): _____

b) Seating Capacity (indicate number/amount)

Indoor Dining Seats: _____ Outdoor Dining Seats: _____

c) Number of Staff (maximum per shift): _____

d) Area (indicate in # of total square feet)

Facility: _____ Kitchen Area: _____

e) Maximum Meals to be Served (approximate)

Breakfast: _____ Lunch: _____ Dinner: _____

f) Project Dates: Start of Project: _____ Completion of Project: _____

g) Type of Service (check all that apply)

☐ Sit-Down Meals	☐ Take-Out	☐ Caterer
☐ Single-Use Utensils	☐ Multi-Use Utensils	☐ Other (specify): _____

SECTION III) ADDITIONAL DOCUMENTATION (Please include ALL of the following with the packet)

☐ Proposed menus, including:
- Seasonal
- Off-site
- Banquet

☐ Plan of food establishment (should be drawn to scale or show dimensions), showing location of:
- Equipment
- Plumbing services
- Electrical services
- Mechanical services

☐ Equipment schedule including:
- Location
- Plumbing
- Drain connections
- Electrical connections

☐ Manufacturer specification sheets for each piece of equipment used. (Include custom fabricated equipment.)

☐ Site plan showing location of establishment and location of building on site including:
- Alleys
- Streets
- Location of any outside equipment or facilities (dumpsters, well, septic system - if applicable)

☐ Completed Affidavit of Lawful Presence

☐ Copy of valid ID of individual owner (prior to licensure)

☐ Copy of Certificate of Incorporation if owned by LLC, INC, etc. (prior to licensure)

☐ Copy of Oklahoma Sales Tax ID (prior to licensure)

SECTION IV) CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

It is recommended that plans be drawn to scale or have dimensions indicated. Plans should be submitted on a minimum of an 8.5" x 11" sheet of paper. The following should be indicated in these documents:

☐ Location of all food equipment. Each piece of equipment must be clearly labeled, marked, or identified on the floor plan.

☐ Food equipment schedule which includes:
- Make and model numbers and listing of equipment certified or classified for sanitation by an ANSI-accredited certification program (when applicable).
- Elevations may be necessary for equipment and storage (i.e., height of storage from floor).

☐ Provisions for adequate rapid cooling, including ice baths and/or refrigeration, and hot-holding and cold-holding of "Potentially Hazardous Foods."

☐ Sinks:
- Hand-washing
- Warewashing
- Food preparation

☐ Auxiliary areas:
- Storage rooms
- Garbage rooms
- Toilets
- Basements and/or cellars used for storage or food preparation

☐ Entrances, exits, loading/unloading areas and delivery docks

☐ Complete finish schedules for each room, including:
- Floors
- Walls
- Ceilings
- Covered juncture bases

☐ Plumbing schedule, including location of:
- Floor drains
- Floor sinks
- Water supply lines
- Overhead waste-water lines
- Hot water-generating equipment: capacity/recovery rate, backflow prevention, wastewater line connections

☐ Location of lighting fixtures

☐ Source of water and method of sewage disposal

☐ Ventilation schedule, if required, for mechanical warewashing, ventilation hoods, etc.

☐ Service sink or curbed cleaning facility with:
- Facilities for hanging wet mops; or
- Similar wet cleaning tools and for disposal of mop water and similar liquid waste

☐ Storage location of poisonous and/or toxic materials

☐ Areas for storage of employee personal care items

☐ Location of refuse, recyclable, and/or returnable containers

SECTION V) FOOD ESTABLISHMENT OPERATIONAL PLAN

Please allow up to two (2) weeks after the completed application has been submitted to your county health department for review and approval. Please answer every question that applies to your food service operation. If it does not apply, indicate "N/A" next to the question. **Submitting incomplete plans will delay the plan review process.**

Every section must be filled out by the operator and **submitted prior to licensing.** Add additional pages or documents as needed to describe your operation.

The Oklahoma Food Code, Chapter 257 Title 310, can be obtained online at http://food.health.ok.gov (Adobe PDF reader required).

a) Type of service that best describes your operation:

☐ Cook and Serve
☐ Cook, Hold Hot and Serve
☐ Cook, Chill, Reheat, Hold Hot and Serve
☐ Hold Cold and Serve
☐ Commercially prepackaged food only (except beverage)
☐ Other (specify): _____

b) Will food be transported to another location as with a catering operation or satellite kitchen? ☐ **Yes** ☐ **No**

SECTION VI) FOOD PREPARATION

Check categories of Time/Temperature Control for Safety (TCS) Foods to be handled, prepared and served:

a) Thin meats, poultry, fish, eggs (hamburger; sliced meats; filets): ☐ **Yes** ☐ **No**

b) Thick meats, whole poultry (roast beef, whole turkeys, chickens, hams): ☐ **Yes** ☐ **No**

c) Cold processed foods (salads, sandwiches, vegetables): ☐ **Yes** ☐ **No**

d) Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles): ☐ **Yes** ☐ **No**

e) Bakery goods (pies, custards, cream fillings and toppings): ☐ **Yes** ☐ **No**

f) Other (specify): _____

SECTION VII) FOOD PREPARATION PROCEDURES

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

a) Produce:

b) Poultry:

c) Meat:

d) Seafood:

SECTION VIII) FOOD SUPPLIES

a) Are all food supplies from inspected and approved sources? (check one) ☐ **Yes** ☐ **No**

b) List **all** food distributors for your facility:

c) List food from animals that you will serve raw or partially cooked (i.e., sushi, steak tartar, oyster shooters):

d) If serving raw fish (i.e., sushi, lox, ceviche), will parasite destruction be done on-site or by the supplier? **(See 310:257-5-49)** Check one of the following:

☐ **On-site:** Provide your procedure for parasite destruction. (*A freezer used for parasite destruction must maintain -4°F for 7 days. Measure and record temperature of freezer unit daily.)*

☐ **Supplier:** Provide the name of your supplier and documentation to show parasite destruction. *(Each invoice received from the supplier shall state the specific fish by species that has been frozen to meet the parasite destruction requirements under 3-402.11.)*_____

e) List your food suppliers for the following **(310:257; Chapter 5**)

Category	Supplier(s)
Game meats (i.e., emu, ostrich, elk):	
Raw or partially cooked fish products (i.e., lox, ceviche, raw oyster, sushi):	
Fresh or live shellfish:	
Wild mushrooms:	

f) What are the projected frequencies of deliveries for:

1. Frozen foods: _____
2. Refrigerated foods: _____
3. Dry goods: _____

g) Provide information on the amount of space (in cubic feet) allocated for:

1. Frozen storage: _____
2. Refrigerated Storage:_____
3. Dry storage: _____

h) Describe how will dry goods be stored off the floor: _____

SECTION IX) COLD STORAGE

a) Is adequate and approved freezer and refrigeration available to keep frozen foods frozen, and store refrigerated foods at 41°F (5°C) or below? ☐ **Yes** ☐ **No**

Provide the method used to calculate cold storage requirements:

_____

b) Will raw meat, poultry or seafood be stored in the same refrigerators or freezers as cooked or ready-to-eat food?

☐ **Yes*** ☐ **No**

*If **Yes**, how will cross-contamination be prevented? _____

c) Does each refrigerator/freezer have an ambient thermometer? ☐ **Yes** ☐ **No**

Number of refrigeration units: _____ Number of freezer units: _____

d) Is ice: ☐ **made on premises**? or ☐ **purchased commercially**?

e) Will there be an ice bagging operation? ☐ **Yes** ☐ **No**

SECTION X) THAWING FROZEN POTENTIALLY HAZARDOUS FOOD

Please indicate by checking the appropriate boxes how frozen time/temperature control for safety (TCS) foods in each category will be thawed. More than one method may apply. **(See 310:257-5-56.)** Specify where thawing will take place.

Thawing Method	Thick Frozen Foods (more than one [1] inch thick)	Thin Frozen Foods (less than one [1] inch thick)
Refrigeration	☐ _____ Specify Location	☐ _____ Specify Location
Running water less than 70°F (21°C)	☐ _____ Specify Location	☐ _____ Specify Location
Microwave (as part of cooking process)	☐ _____ Specify Location	☐ _____ Specify Location
Cooked from frozen state	☐ _____ Specify Location	☐ _____ Specify Location
Other (describe)	☐ _____ Specify Location	☐ _____ Specify Location

SECTION XI) COOKING

a) Will food product thermometers be used to measure final cooking and reheating temperatures of TCS (Time/Temperature Control for Safety) foods? ☐ **Yes** ☐ **No**

b) What type of temperature measuring device(s) will be available?

_____

_____

c) List types of cooking equipment.

_____

_____

SECTION XII) HOT/COLD HOLDING

a) How will hot TCS foods be maintained at 135°F or above during holding for service? Indicate type and number of hot holding units.

_____

_____

b) How will cold TCS foods be maintained at 41°F or below during holding for service? Indicate type and number of cold holding units.

_____

_____

c) Will time (4hr) be used as a control for TCS foods? ☐ **Yes*** ☐ **No**

*If **Yes**, a written procedures for all foods that will be held via time rather than temperature shall be prepared in advance and submitted to the county health department for approval**.** See **Attachment A** of this packet for a guidance document (310:257-5-62).

SECTION XIII) COOLING

Please indicate by checking the appropriate boxes how TCS foods 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, specify where the cooling will take place. **(310:257-5-57 & 5-58)**

Cooling Method	Thick Meat	Thin Meat	Thin Soup/Gravy	Thick Soup/Gravy/ Refried Beans	Rice/Pasta
Shallow Pans	☐ _____ *(Specify location)*	☐ _____ *(Specify location)*	☐ _____ *(Specify location)*	☐ _____ *(Specify location)*	☐ _____ *(Specify location)*
Ice Baths	☐ _____ *(Specify location)*	☐ _____ *(Specify location)*	☐ _____ *(Specify location)*	☐ _____ *(Specify location)*	☐ _____ *(Specify location)*
Reduce Volume/Size:	☐ _____ *(Specify location)*	☐ _____ *(Specify location)*	☐ _____ *(Specify location)*	☐ _____ *(Specify location)*	☐ _____ *(Specify location)*
Rapid Chill	☐ _____ *(Specify location)*	☐ _____ *(Specify location)*	☐ _____ *(Specify location)*	☐ _____ *(Specify location)*	☐ _____ *(Specify location)*
Other: _____ *(Specify location)*	☐ _____ *(Specify location)*	☐ _____ *(Specify location)*	☐ _____ *(Specify location)*	☐ _____ *(Specify location)*	☐ _____ *(Specify location)*

SECTION XIV) REHEATING

a) How will TCS foods 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 within two (2) hours? Indicate type/number of units used for reheating foods.

_____

_____

SECTION XV) PREPARATION

a) Please list categories of foods prepared more than twelve (12) hours in advance of service.

_____

_____

b) 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 washed, rinsed and sanitized?

_____

_____

c) 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 **No**, how will ready-to-eat foods be cooled to 41°F?

_____

_____

d) Will all produce be washed on-site prior to use? ☐ **Yes** ☐ **No**

1. Where is the planned location to be used for washing produce?

_____

2. Describe the procedure for cleaning and sanitizing these sinks before use.

_____

_____

e) Describe the procedure used to minimize the length of time TCS foods will be kept in the temperature danger zone (41°F - 135°F) during preparation.

_____

_____

f) Will the facility be serving food to a highly susceptible population? ☐ **Yes*** ☐ **No**

*If **Yes**, how will temperature of foods be maintained while being transferred between kitchen and service area?

_____

_____

g) Will facility use specialized processing methods that require a HACCP plan? (see below) ☐ **Yes** ☐ **No**

HACCP **(310:257-15-8 & 15-9)** - Processes include but not limited to:

- Packaging food using a reduced oxygen packaging method
- Using food additives or adding components such as vinegar as a method of food preservation rather than as a method of flavor enhancement
- Smoking food as a method of preservation
- Curing foods such as hams, sausages
- Sprouting seeds or beans

h) Will there be any foods partially cooked before service? ☐ **Yes*** ☐ **No**

If **Yes***, a written procedure is required to be submitted with application for review and approval, see (Attachment B, Non-continuous cooking or Partial Cooking (310:257-5-48.1); complete all sections on written procedure sheet.

SECTION XVI) FINISH SCHEDULE

a) Indicate which materials will be used in the following areas. Materials such as (but not limited to):

- quarry tile
- stainless steel
- Fiberglass Reinforced Panels [FRP]
- ceramic tile
- 4" plastic-covered molding

You must indicate the wall color or provide a color sample with this application packet.
(Table continues next page.)

Area	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Garbage/Refuse Storage				
Other Storage				
Mop Service Sink				
Warewashing Area				

Dressing Rooms				
Walk-in Refrigerators and Freezers				
Other (specify): _____				

b) Identify the finishes of cabinets, countertops, and shelving: (i.e. sealed wood, formica, painted, etc.)

_____

_____

SECTION XVII) INSECT AND RODENT CONTROL

a)	Will all outside doors be self-closing and rodent proof?	☐ **Yes**	☐ **No**	☐ **N/A**
b)	Are screen doors provided on all entrances left open to the outside?	☐ **Yes**	☐ **No**	☐ **N/A**
c)	Do all opening windows have a minimum of #16 mesh screening?	☐ **Yes**	☐ **No**	☐ **N/A**
d)	Are electrical insect control devices identified on the plan?	☐ **Yes**	☐ **No**	☐ **N/A**
e)	Will all pipes and electrical conduit chases be sealed?	☐ **Yes**	☐ **No**	☐ **N/A**
f)	Will all ventilation systems exhaust and intakes be protected?	☐ **Yes**	☐ **No**	☐ **N/A**
g)	Is area around building clear of unnecessary brush, litter, boxes and other harborage?	☐ **Yes**	☐ **No**	☐ **N/A**
h)	Will air curtains be used? If **Yes**, where? _____	☐ **Yes**	☐ **No**	☐ **N/A**

SECTION XVIII) GARBAGE AND REFUSE

a) <u>Inside</u>:

1. Do all garbage containers have lids? ☐ **Yes** ☐ **No** ☐ **N/A**
2. Will refuse be stored inside? ☐ **Yes** ☐ **No** ☐ **N/A**

If **Yes**, where? _____

3. Is there area designated for garbage can or floor mat cleaning? ☐ **Yes** ☐ **No** ☐ **N/A**

b) <u>Outside</u>:

1. Will a dumpster be used? ☐ **Yes** ☐ **No** ☐ **N/A**

   If **Yes**: Number: _____ Size: _____ Frequency of pickup: _____

   Contractor: _____
2. Will a compactor be used? ☐ **Yes** ☐ **No** ☐ **N/A**

   If **Yes**: Number: _____ Size: _____ Frequency of pickup: _____

   Contractor: _____
3. Will garbage cans be stored outside? ☐ **Yes** ☐ **No** ☐ **N/A**
4. Describe surface and location where dumpster/compactor/garbage cans are to be stored:

   _____
5. Describe location of grease storage receptacle: _____
6. Is there an area to store recycled containers? ☐ **Yes** ☐ **No** ☐ **N/A**
7. Indicate which material(s) must be recycled: ☐ Glass ☐ Metal ☐ Plastic ☐ Paper ☐ Cardboard

SECTION XIX) WATER SUPPLY

a) Is water supply: ☐ **public**? or ☐ **private**? If **private**, has source been approved?* ☐ **Yes** ☐ **No** ☐ **Pending**

*You must attach a copy of written approval and/or permit from the Oklahoma Department of Environmental Quality (or provide prior to opening).

b) Describe provision for ice scoop storage: _____

c) Is the hot water generator sufficient for the needs of the establishment? ☐ **Yes** ☐ **No**

d) What is the capacity and location of the water heater? _____

e) Provide calculations for necessary hot water to verify needs are met: _____

SECTION XX) SEWAGE DISPOSAL

a) Is building connected to a municipal sewer? ☐ **Yes** ☐ **No***

*If **No**, is private disposal system approved?** ☐ **Yes** ☐ **No** ☐ **Pending**

**You must attach a copy of written approval and/or permit from the Oklahoma Department of Environmental Quality (or provide prior to opening).

b) Are grease traps/interceptors provided? ☐ **Yes*** ☐ **No**

*If **Yes**, indicate the location? _____

Provide schedule for cleaning & maintenance: _____

SECTION XXIII) DRESSING ROOMS/EMPLOYEE PERSONAL STORAGE

a) Are dressing rooms provided? ☐ **Yes** ☐ **No**

b) Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.):

_____

SECTION XXI) GENERAL

a) Where will all toxics for use on the premises or for retail sale (this includes personal medications) be stored so that they are away from food preparation and storage areas? _____

b) How will all containers of toxics, including sanitizing spray bottles be clearly labeled?

_____

c) Will linens be laundered on site? ☐ **Yes*** ☐ **No****

*If **Yes**, what will be laundered and where? _____

If **No, how will linens be cleaned? _____

d) Is a laundry dryer available? ☐ **Yes** ☐ **No**

e) Location of clean linen storage: _____

f) Location of dirty linen storage: _____

g) Are containers constructed of safe materials to store bulk food products? ☐ **Yes** ☐ **No**

Indicate type: _____

h) How often is each listed ventilation hood system cleaned?

Whole system: _____

Filters: _____

SECTION XXII) SINKS

a) Is a mop sink present? ☐ **Yes** ☐ **No***

*If **No**, please describe facility to be used for cleaning of mops and other equipment:

_____

SECTION XXIII) DISHWASHING FACILITIES

a) Identify methods that will be used for warewashing? (Check **all** that apply.)

☐ **Mechanical Dishwasher** ☐ **Two-compartment sink** ☐ **Three-compartment sink**

b) If **Mechanical Dishwashing:**

1. Identify the make and model of the mechanical dishwasher: _____
2. Type of sanitization used:

   ☐ **Hot water** with **booster heater** (indicate temperature): _____

   ☐ **Chemical** (indicate type): _____
3. Do all mechanical dishwashers have an audible or visual alarm to signal that detergent or sanitizer needs to be added? ☐ **Yes** ☐ **No**
4. Do all dish machines have accurately working temperature/pressure gauges? ☐ **Yes** ☐ **No**
5. Are test papers and/or kits available for checking sanitizer concentration? ☐ **Yes** ☐ **No**

c) If **Manual Dishwashing** (Two- or Three-compartment sink used):

1. Identify the dimensions of the compartments of the two- or three-compartment sink:

   Length: _____ *Width:* _____ *Depth:* _____
2. Does the largest pot / pan fit into each compartment of the two- or three- compartment sink? ☐ **Yes** ☐ **No***

   *If **No**, what is the procedure for manual cleaning and sanitizing? _____
3. Are there drain boards on both ends of the pot sink? ☐ **Yes** ☐ **No***

   *If **No**, indicate location and type of air drying space for wet equipment (i.e. wall-mounted or overhead shelves, stationary or portable racks): _____
4. What type of sanitizer is used?

   ☐ **Chlorine** ☐ **Quaternary Ammonium** ☐ **Iodine** ☐ **Other** (specify): _____
5. Are test papers and/or kits available for checking sanitizer concentration? ☐ **Yes** ☐ **No**

SECTION XXIV) HAND-WASHING/TOILET FACILITIES

a) Is there a hand-washing sink in each food preparation and warewashing area? ☐ **Yes** ☐ **No**

b) Do any of the hand-washing sinks, including those in the restrooms, have a mixing valve or combination faucet?

☐ **Yes*** ☐ **No** *If **Yes**, where? _____

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

d) Is hand cleanser (soap) available at all hand-washing sinks? ☐ **Yes** ☐ **No**

e) Are hand-drying facilities available at all hand-washing sinks? ☐ **Yes** ☐ **No**

f) Is one covered waste receptacle available in the women's restroom? ☐ **Yes** ☐ **No**

g) Is the hot & cold running water under pressure available at each hand-washing sink? ☐ **Yes** ☐ **No**

h) Are all toilet room doors self-closing? ☐ **Yes** ☐ **No**

i) Are all toilet rooms equipped with adequate ventilation? ☐ **Yes** ☐ **No**

j) Is a hand-washing sign posted by every hand sink, including restrooms? ☐ **Yes** ☐ **No**

SECTION XXV) BACKFLOW PREVENTION

Please provide the following specifications:

	AIR GAP	AIR BREAK	VACUUM BREAKER	OTHER
Dishwasher				
Garbage Grinder				
Ice Machines				
Ice Storage Bin				
Sinks				
a) Mop	**a)** _____	**a)** _____	**a)** _____	**a)** _____
b) 3-Compartment	**b)** _____	**b)** _____	**b)** _____	**b)** _____
c) 2-Compartment	**c)** _____	**c)** _____	**c)** _____	**c)** _____
d) 1-Compartment	**d)** _____	**d)** _____	**d)** _____	**d)** _____
Steam Tables				
Dipper Wells				
Potato Peeler Lines				
Hose Bib Connection				
Refrigeration Condensate / Drain				
Beverage Dispenser with Carbonator				

Identify the locations of all floor drains, if provided:

_____

_____

SECTION XXVI) SMALL EQUIPMENT REQUIREMENTS

Please specify the following:

	Number	Location	Types
Slicers			
Cutting Boards			
Can Openers			
Mixers			
Floor Mats			
Other			

SECTION XXVII) EMPLOYEE TRAINING

a) How will food employees be trained* in good food sanitation practices?

_____

_____

b) Number(s) of employees: _____

c) Dates of training* completion: _____

*Contact your county health department to verify if a **Food Handler Card** is required in your county of licensure.

d) Below, please describe the **Bare Hand Contact** procedures your facility will follow. You may contact your county health department if guidance documents are needed for Bare Hand Contact procedures. **(310:257-5-21)**

1. Will disposable gloves, utensils, and/or food grade paper be used to prevent handling of ready-to-eat foods? ☐ **Yes**** ☐ **No***

   *If **No**, is a written Bare Hand Contact policy or procedure on file? ☐ **Yes** ☐ **No**

   If **Yes, list method(s) to be used and on what foods:

   _____

   _____

   _____

   _____

2. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? **(310:257-3-4)** ■ **Yes** ☐ **No**

3. Please describe ~~illness~~ sick policy: _____

   _____

   _____

4. How will employees be trained in the seven (7) major allergen groups? **[310:257-3-2 (3)(A)]**

   _____

   _____

   _____

Attachment A

TIME AS A PUBLIC HEALTH CONTROL PROCEDURE

As specified in Chapter 257 Food Code 310:257-5-62

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

Time only, rather than time in conjunction with temperature control, **up to a maximum of 4 hours**, will be used as the public health control for the following food item(s):

Food	Method (e.g., chart, time stamp)

1. Food shall have an initial temperature of 41ºF or less if removed from cold holding temperature control, or 135°F or greater if removed from hot holding temperature control.

2. Food shall be marked or otherwise identified to indicate the time that is 4 hours past the point in time when the food is removed from temperature control (Method used to identify food will be submitted with this sheet for review).

3. Food shall be cooked and served, served if ready-to-eat, or discarded, within 4 hours from the point in time when the food is removed from temperature control.

4. Food in unmarked containers or packages, or marked to exceed a 4 hour limit shall be discarded.

PIC / CFM: _____ (Print)

_____ (Signature)

_____ (Date)

RPS: _____ (Print)

_____ (Signature)

_____ (Date)

Non-Continuous Cooking of Raw Animal Foods: Written Procedures

Establishment Name: _____ Establishment Address: _____

Applicant Name & Title: _____ Applicant Signature: _____

Raw Food Item:								
	TIME	TEMPERATURE	MONITORING				CORRECTIVE ACTION	RECORDS
			WHAT	HOW	FREQUENCY	WHO		
INITIAL HEATING PROCESS	≤60 minutes		Time		Each Batch		Discard or immediately heat to ≥165°F if heated longer than 60 minutes	
COOLING	within 1st 2 hours	135°F* to ≤70°F	Time & Temperature	Measure temperature with a calibrated food thermometer & time with a clock/stopwatch	Each batch; Every hour until final temperature is achieved		Discard if cooling time and temperature requirements are not met.	
	within a total of 6 hours	135°F* to ≤41°F						
COLD HOLD		≤41°F	Temperature	Measure temperature with a calibrated food thermometer			Discard if not ≤41°F.	
COOKING	15 seconds	≥165°F	Time & Temperature	Measure temperature with a calibrated food thermometer & time with a clock/stopwatch			Continue cooking food if time and temperature requirements are not met.	

**The cooling time and temperature clock starts at 135°F or the final initial heating temperature if <135°F.*

After complete cooking, food must be held hot at ≥ 135°F; served immediately; held using time as a public health control; or cooled from 135°F to ≤ 70°F within 2 hours and from 135°F to ≤ 41°F within a total of 6 hours.

How will food, after initial heating, but prior to complete cooking, be marked or otherwise identified as foods that must be cooked to ≥165°F for 15 seconds prior to being offered for sale or service? _____

_____

_____

How will food, after initial heating but prior to cooking to ≥165°F for 15 seconds, be separated from ready-to-eat foods to prevent potential cross contamination? _____

_____

_____

HEALTH DEPARTMENT

NAME & TITLE: _____ SIGNATURE: _____ APPROVAL DATE: _____

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