

PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

GENERAL ESTABLISHMENT INFORMATION

Construction Type: NEW _____ REMODEL _____ CONVERSION _____

Name of Establishment: _____

Establishment Address: _____

Phone (if available): _____

Name of Owner: _____

Owner's Mailing Address: _____

Owner's Telephone: _____

Owner's Email Address: _____

Applicant's Name / Pronouns: _____

Title (owner, manager, architect, etc.): _____

Applicant's Mailing Address: _____

Applicant's Telephone: _____

Applicant Email Address: _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Please check the box for each item below that has been included with the plans being submitted at this time. It is understood that omission of any requested information will result in a delay in the plan approval. Once all required items are received,, the plans will be reviewed or rejected within the time allotted by the Regulatory Health Department:

SUBMITTED INFORMATION

- Proposed menu and HACCP plan (if required)
- One complete set of plans, drawn to scale (recommended 1/4 inch scale)
- One set of manufacturer equipment specification sheets for all equipment to be used in the establishment
- Standard operating procedures to ensure compliance with the Regulatory Health Department Food Code
- Vicinity map and site plan showing location of establishment and location of any outside equipment of facilities
- Equipment plan and schedule showing locations of equipment
- Plumbing plan showing hot and cold water supply, waste lines from fixtures, water heater location, floor drain and sink locations
- Electric plan and/or lighting plan identifying lighting installments
- Interior room finish schedule



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- Kitchen exhaust ventilation plans including drawings
- Hand sinks and toilet facilities with soap and towel provisions
- Warewashing facilities and food preparation sinks
- Restrooms/toilet facilities
- Storage rooms/areas for food
- Service sink/cleaning facilities
- Chemical storage area
- Employee storage area/change rooms

OPERATION INFORMATION

What type of food operation is this?

- Restaurant
- Institution
- Caterer
- Commissary
- Retail Food Store
- Mobile
- Temporary
- Other: _____

Are you catering to or serving any of the following highly susceptible populations?

- Day Care Center
- Health Care Facility
- School with pre-school aged children or an immuno-compromised population Assisted Living Center
- Other:

What are your hours of operation? Include the days of the week and hours you open and close.

Estimate the number of meals served:

Breakfast ___ Lunch ___ Dinner ___ Other ___

Type of Service (check all that apply):

- Sit Down Meals
- Take Out/Delivery
- Catering
- Buffet/Self-Service
- Outdoor Service Area
- Full Service Bar
- Other



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Multi-Use/Reusable Utensils (provided by establishment)

Plates

Glassware

Utensils

Number of Indoor Dining Seats: ____

Number of Outdoor Dining Seats: ____

COLD STORAGE

Anticipated frequency of frozen food delivery: _____

Anticipated frequency of refrigerated food delivery: _____

Provide information on the amount of space allocated for refrigerated and frozen storage in square feet: _____

DRY STORAGE

What location will be used for dry storage of food items? _____

Identify location and type of containers that will be used to store bulk food products

(rice, flour, sugar, etc.): _____

FOOD HANDLING PROCEDURES

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

READY-TO-EAT FOOD (e.g., salads, cold sandwiches, raw molluscan shellfish) If not planning to serve write "N/A".

How will the food arrive (frozen, fresh, packaged, etc.)? _____

• Where will the food be stored between arrival and service stored?

• Where (prep table, sink, counter, etc.) will the food be washed, cut, marinated, breaded, cooked, etc?

• When (time of day and frequency/day) will the food will be handled/prepared? _____

PRODUCE

How will the food arrive (frozen, fresh, packaged, etc.)? _____

Where will the food be stored between arrival and service ?

Where (prep table, sink, counter, etc.) will the food be washed, cut, marinated, breaded, cooked, etc?

When (time of day and frequency/day) will the foo be handled/prepared? _____

POULTRY

How will the food arrive (frozen, fresh, packaged, etc.)? _____

Where will the food be stored between arrival and service ?



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Where (prep table, sink, counter, etc.) will the food be washed, cut, marinated, breaded, cooked, etc?

When (time of day and frequency/day) will the food be handled/prepared? _____

MEAT

How will the food arrive (frozen, fresh, packaged, etc.)? _____

Where will the food be stored between arrival and service?

Where (prep table, sink, counter, etc.) will the food be washed, cut, marinated, breaded, cooked, etc?

When (time of day and frequency/day) will the food be handled/prepared? _____

SEAFOOD

How will the food arrive (frozen, fresh, packaged, etc.)? _____

Where will the food be stored between arrival and service?

Where (prep table, sink, counter, etc.) will the food be washed, cut, marinated, breaded, cooked, etc?

When (time of day and frequency/day) will the food be handled/prepared? _____

SPECIALIZED PROCESSES

Indicate the type of specialized process you will be using:

Provide a HACCP plan for foods that require specialized processing methods

Indicate the types of foods requiring specialized processing methods that you plan to serve:

THAWING FROZEN TIME/TEMPERATURE CONTROL FOR SAFETY FOOD (TCS)

Please indicate the method(s):

Under Refrigeration

Running Water less than 70°F (21°C)

Microwave (as part of cooking process)

Cooked from frozen state

Other (describe): _____

COOK AND SERVE

List all foods that will be cooked and served hot:

HOT HOLDING

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

How will hot TCS foods be maintained at 135°F (57°C) or above during holding for service? Indicate type, number and location of hot holding units. _____



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COLD HOLDING

List all foods that will be held cold prior to service: _____

How will cold TCS foods be maintained at 41°F (5°C) or below during holding for service? Indicate type, number and location of cold holding units. _____

COOLING

List all foods that will be cooked and cooled prior to service: _____

List all foods that will be cooled after hot holding: _____

Indicate by checking the appropriate boxes how TCS food will be cooled to 41°F (5°F) within 6 hours (135°F to 70°F in 2 hours) and describe what foods will be cooled and the location.

Cooling methods include: Shallow Containers, Ice Bath, Rapid Chill Unit, Stirring with Frozen Stick. If one of these methods are not used, please provide a description.

COOLING METHOD	TYPES OF FOODS	LOCATION
Ice bath		
Shallow containers		
Rapid chill unit		
Stirring with frozen stick		
Other (provide description):		

REHEATING

List all foods that will be cooked, cooled and reheated prior to service: _____

How and where will TCS foods that are cooked, cooled, and reheated for hot holding be reheated (indicate final temperature and if prepared on-site or commercially): _____

Indicate type and number of units used for reheating foods.

WAREWASHING FACILITIES

Select type of warewashing to be used:

Manual

Mechanical

Manual Warewashing

Number of compartments in warewashing sink: _____

What sanitizer will be used?

Chlorine

Quaternary Ammonium



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Hot Water

Other: _____

Will the largest pot/pan fit into each compartment of the sink? ___Yes ___No

If no, what will be the procedure for manual cleaning and sanitizing of items that will not fit into the sink compartments?

MECHANICAL WAREWASHING

Identify the make and model of the mechanical dishwasher:

What type of sanitizer will be used?

Chemical

Hot water

Will ventilation be provided? ___YES ___NO

Describe how cooking equipment, cutting boards, slicers, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized: _____

DRYING SPACE

Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space: _____

HANDWASHING

Indicate number and location of kitchen/food preparation hand sinks: _____

TOILET FACILITIES

Toilet facilities are shared for employees and customers: ___YES ___NO

SEWAGE DISPOSAL

Where will grease trap/interceptor be located? _____

For each type of equipment, check the appropriate box indicating how the equipment drains:

PLUMBING FIXTURES	FLOOR SINK (INDIRECT WASTE)	HUB DRAIN (INDIRECT WASTE)	FLOOR DRAIN (INDIRECT WASTE)	DIRECT WASTE
Manual warewashing sink				
Food prep sink(s)				
Handwashing sink(s)				
Mechanical				



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warewashing machine				
Ice machine				
Garbage disposal				
Dipper well				
Refrigeration unit(s)				
Steam table				
Other				

FINISH SCHEDULE

Indicate what materials/finishes will be used in the following areas:

AREA/ROOM SURFACES	FLOOR	COVING/TRIM	WALL	CEILING	FOOD
Food preparation area					
Bar area					
Food storage					
Other storage					
Warewashing area					
Walk-in Refrigerator/freezer					
Garbage & refuse sink					
Mop service sink					
Toilet room(s)					
Dressing/locker rooms					
Other					

DRESSING ROOMS AND EMPLOYEE ACCOMODATIONS

Employees are required to change into uniforms at the establishment: __YES __NO



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Dressing rooms are provided: YES NO

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

VENTILATION

Where exhaust hoods are installed, indicate the type of hood and whether fire protection exists. Write N/A for all locations that do not apply.

LOCATION	TYPE	FIRE PROTECTION (YES/NO)
Cook line		
Pizza oven		
Work station		
Burger grill		
Cook/chill		

CLEANING FACILITIES

Location and size of can wash and mop storage area: _____

Is a separate mop basin/service sink provided? Yes No

If yes, describe type and location: _____

Identify location of the facilities for cleaning of mops and other equipment:

Describe method and location where mops and other cleaning equipment will be dried:

Where will cleaning and sanitizing solutions be stored at workstations? How will these items be separated from food and food contact surfaces?

Identify the location for chemical storage (poisonous or toxic materials).

LINENS AND LAUNDRY FACILITIES

Will linens be laundered on site? YES NO If yes, what will be laundered and where?

If no, how and where will linens be cleaned? _____

Identify location of clean and dirty linen storage:

How often will linens be delivered and picked up?



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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 this Health Regulatory Authority may nullify final approval.

Signature (initial) _____
Owner or responsible representative

Printed Name: _____ 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 and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

