

# Food Establishment Plan Review Application

**Tooele County Health Department**  
 151 N Main St, Tooele, UT 84074  
 Phone: 435-277-2440  
 Fax: 435-277-2444  
 Email: eh@tooelehealth.org



Establishment Name _____	Contact Person _____
Establishment Address _____	Contact Phone (    ) _____ - _____
City _____ Zip _____	Contact Fax (    ) _____ - _____
Owner Name _____	Contact Email _____
Owner Phone (    ) _____ - _____	Architect/Designer (New Construction) _____
Owner Fax (    ) _____ - _____	Phone (    ) _____ - _____
Owner Email _____	

**Check One:**     New Facility     Remodel/Modification of an Existing Facility

*The following information is required to be submitted prior to review of plans. Plans will not be accepted or reviewed until all items are submitted:*

- |   |   |
|---|---|
| <input type="checkbox"/> Proposed Menu, listing all foods served  | <input type="checkbox"/> Equipment Layout and Schedules                   |
| <input type="checkbox"/> Completed Risk & Operational Assessments | <input type="checkbox"/> Mechanical Schedule                              |
| <input type="checkbox"/> Site Plan (Including Dumpster Area)      | <input type="checkbox"/> Finish Schedule (Floors, Walls, Ceiling, Coving) |
| <input type="checkbox"/> Dimensional Floor Plan (scaled drawing)  | <input type="checkbox"/> Plumbing Schedule                                |

<b>Fee Schedule:</b> Fees are based on risk level. A risk assessment must be completed prior to submitting plans. Plans will not be accepted without payment.	<b>Plan Review Fee</b>		<b>Permit Fee</b>	
	Level 1.....\$150.00	Level 2.....\$220.00	Level 1.....\$100.00	Level 2.....\$150.00
	Level 3..... \$275.00	Level 4.....\$350.00	Level 3..... \$225.00	Level 4.....\$300.00
	Cart, Mobile, Shaved Ice.....\$50.00		Mobile Tier 1.....\$350.00	
			Mobile Tier 2.....\$100.00	

<i>Office Use Only</i>		
Plan Review Fee: \$ _____	Receipt # _____	Date _____ / _____ / _____
Permit Fee: \$ _____	Receipt # _____	Date _____ / _____ / _____

**\*\*Please Note:** Prior to commencing food service operations, the owner/operator must apply for a separate food service permit and pass a final inspection.\*\*

**\*\*Any food establishment level 2 or higher require managers to pass a food safety manager course and register with the health department. \*\***



**NOTE: PHF/TCS** in this document stands for *Potentially Hazardous Food / Time Temperature Control for Safety*. This is food that requires temperature or time control to ensure food safety.

**FOOD SUPPLY & STORAGE**

Are food supplies from inspected and approved sources  Yes  No

How often will frozen foods be delivered? \_\_\_\_\_

How often will refrigerated foods be delivered? \_\_\_\_\_

How often will dry goods be delivered? \_\_\_\_\_

What type(s) of containers will be used to store bulk food products such as rice, flour, sugar, etc.?


Identify the materials and finishes of cabinets, countertops, and shelving:


**FOOD PREPARATION PROCEDURES**

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

- How the food will arrive (frozen, fresh, raw, pre-cooked, 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

(Attach additional sheets if necessary.)

**PRODUCE**


**POULTRY (chicken, turkey, eggs, etc.)**


MEAT (beef, pork, lamb, etc.)


SEAFOOD (fish, shellfish, shrimp, crab, lobster, etc.)


READY-TO-EAT FOOD (Portion & serve foods such as prepared salads, cold cuts, cheeses)


1. Will disposable gloves and/or utensils and/or food grade papers be used to minimize handling of ready-to-eat foods?  YES  NO
2. 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:


**THAWING FROZEN PHF/TCS (Potentially Hazardous Food /Time Temperature Control for Safety):**

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

- Under Refrigeration: \_\_\_\_\_
- Running Water less than 70°F(21°C): \_\_\_\_\_
- Microwave (as part of cooking process): \_\_\_\_\_
- Cooked from frozen state: \_\_\_\_\_
- Other (describe): \_\_\_\_\_

**COOKING & REHEATING**

1. List all foods that will be cooked and served


2. List all foods that will be held hot prior to service (i.e. steam table, warmer)


3. List all foods that will be cooked and cooled.


4. List all foods that will be cooked, cooled and reheated.


5. List all foods that will be heated and served.


Provide a separate written [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.

**HOT/COLD HOLDING:**

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


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


**COOLING:**

Indicate by checking the appropriate boxes how hot PHF (TCS) food will be rapidly cooled to 41°F within 6 hours (135°F to 70°F in the first 2 hours; 70°F to 41°F in the next 4 hours).

<b>COOLING METHOD</b>	<b>*Thick Meats</b>	<b>*Thin Meats</b>	<b>Beans, Rice, Potatoes, Pasta</b>	<b>Soup, sauce, gravy</b>	<b>Mixed food (casseroles, lasagna, etc.)</b>
Shallow Pans in Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce Volume or Size (divide, slice, chop) and place in Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Rapid Chill Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stirring with Frozen Stir Sticks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)					

\* Thick meats = more than an inch; Thin meats = one inch or less.

**REHEATING:**

How and where will PHF (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 for 15 seconds within 2 hours. Indicate type and number of units used for reheating foods.


**PEST CONTROL**

	YES	NO	NA
1. Will all outside doors be self-closing and rodent proof ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Will screens be provided on all entrances, openings and vents left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will all openable windows have a minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Will electrical insect control devices be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Will air curtains be used? If yes, where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Identify how all pipes and electrical conduit chases will be sealed.


7. How will the area around building be kept clear of unnecessary brush, litter, boxes and other harborage?


**REFUSE, RETURNABLES, AND SEWAGE DISPOSAL**

1. Will garbage/refuse be stored inside?  Yes  No If so, where?


2. Identify how and where garbage cans and floor mats will be cleaned.


3. Will a dumpster or a compactor be used?  Yes  No

Number	Size	Frequency of pickup

**SEWAGE DISPOSAL**

1. Is the sewage system  public or  non-public/private?

2. If private, has sewage system been approved?  YES  NO  
 Attach copy of written approval and/or permit.

3. Will grease traps/interceptors be provided?  YES  NO If so, where?


**WATER SUPPLY**

1. Is the water supply  public or  non-public/private?

2. If private, has source been approved?  YES  NO  
 Attach copy of written approval and/or permit.

3. Is ice  made on premises or  purchased commercially?  
 Will there be an ice bagging operation?  YES  NO

4. What is the capacity of the water heater? Provide location and specifications for the water heater with plans.

Capacity: <input type="text"/>
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**SURFACE FINISHES**

Applicants must fill in materials (i.e., quarry tile, stainless steel, 6" plastic covered molding, etc.)				
AREA	FLOOR	BASE	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage and Refuse Storage				
Mop Service Basin Area				
Other				
Other				



**PLUMBING**

Plumbing Fixtures	INDIRECT WASTE			DIRECT WASTE
	(Floor Sink)	(Hub Drain)	(Floor Drain)	
Dishwasher				
Garbage grinder				
Ice machines				
Ice storage				
Food prep sinks				
Utensil/pot wash				
Hand wash				
Steam tables				
Dipper wells				
Refrigeration				
Potato peeler				
Other				

**BACKFLOW PREVENTION**: Indicate type(s) of backflow prevention for all plumbing fixtures.

	AIR GAP	AIR BREAK	VACUUM BREAKER
1. Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Garbage Grinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ice machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ice storage bin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sinks			
a. Mop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 3 Compartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 2 Compartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Steam tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Dipper wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Refrigeration condensate drain lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Hose bibb connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Beverage Dispenser w/carbonator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DISHWASHING FACILITIES**

**Manual Dishwashing**

1. Identify the length, width, and depth of the compartments of the 3-compartment sink:


2. Will the largest pot and pan fit into each compartment of the 3-compartment sink?  Yes  No  
If no, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments?


3. Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space for dishes, utensils, equipment, etc:


4. What type of sanitizer will be used when washing dishes & equipment in the 3-compartment sink?  
 Chlorine  Quaternary Ammonia

**Mechanical Dishwashing** (if applicable)

1. Identify the make and model of the mechanical dishwasher: \_\_\_\_\_

2. What type of sanitizer will be used?

- Chemical
- Hot water

3. Will ventilation be provided?  YES  NO

**DRESSING ROOMS**

1. Will dressing rooms be provided?  YES  NO

2. Describe storage facilities for employees' personal belongings (i.e., purse, boots, hats, etc.)


**OTHER**

1. Identify the location for the storage of poisonous or toxic materials (cleaning chemicals, etc.)


1. Will cleaning and sanitizing solutions be stored at workstations?  Yes  No  
If yes, how will these items be separated from food and food contact surfaces?


2. Will linens be laundered on site?  Yes  No If yes, where?


If no, how and where will linens be cleaned? \_\_\_\_\_

4. Identify location of clean and dirty linen storage:


5. How often will linens be delivered and picked up?


### **OTHER PROCESSES**

Please indicate below any process or service that this establishment will conduct:

- Sushi or other raw or undercooked fish or seafood product.
- Catering, delivery, preparation or service of food outside of the listed establishment address on this application.

If you checked either of the boxes above, you must submit the appropriate review forms.

\*\*\*\*\*

**STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Tooele County Health Department may nullify final approval.**

Signature \_\_\_\_\_

Owner or responsible representative

Printed Name: \_\_\_\_\_ Date / / \_\_\_\_\_

\*\*\*\*\*

**Approval of these plans and specifications by the Tooele County Health Department 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 regulations governing food service establishments.**



Environmental Health  
151 North Main Street, Suite 140  
Tooele, Utah 84074  
Phone (435) 277-2440 • Fax (435) 277-2444  
[www.tooelehealth.org](http://www.tooelehealth.org)

## APPLICATION FOR FOOD SAFETY MANAGER CERTIFICATION

Name of Applicant: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Sex: \_\_\_\_\_

Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

Have you ever had: Typhoid fever \_\_\_\_\_ Hepatitis \_\_\_\_\_ Tuberculosis \_\_\_\_\_

**\*\*\*\*READ AND SIGN\*\*\*\***

I agree to abide by all local ordinances and laws of the State of Utah governing the service of food and beverage and I understand that failure to do so may result in revocation of my Food Safety Manager Certification.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Food Service Manager Exam: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

A Tooele County Health Department certificate will be issued to the applicant after the following items are received and approved:

Application

Copy of Certificate

\$20.00 Fee

(Payable to Tooele County Health Department)

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OFFICE USE ONLY

Receipt Number: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Expires: \_\_\_\_\_

E.H Specialist: \_\_\_\_\_



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Approved **Food Safety Manager Certification** courses and testing sites are listed below. Upon passing the exam you will need to register your certificate with the TCHD Environmental Health Office to become certified. Information, application & fee can be found at [www.tooelehealth.org/environmental health/food safety manager](http://www.tooelehealth.org/environmental%20health/food%20safety%20manager).

- Utah State University Extension Tooele: (435) 277-2409, <http://extension.usu.edu/foodsafety/htm/fsmc>
- Sysco International: (801) 563-6321 or (801) 563-6399
- Nicholas and Company : (801) 530-5292, [www.nicholasandco.com](http://www.nicholasandco.com)
- Utah Restaurant Association: (801) 322-0123, [www.utahdineout.com/index.php/training/servsafe](http://www.utahdineout.com/index.php/training/servsafe)
- West High School Community Education: (801) 578-8500, Ext. 234 Lin Eugster

Approved test sites can be found at: [health.utah.gov/envsvc/ESP/FoodSafetyProgram/links](http://health.utah.gov/envsvc/ESP/FoodSafetyProgram/links) or call (801) 538-6191. Verify with provider before purchasing as some providers only offer material to PREPARE for the approved test but do not include the actual test.

**Please note: Per Utah Rule 392-101-7.4-Food safety manager certifications are effective for THREE years from the date the applicant receives documentation of a passing score from the testing organization (not five years as certificate may indicate).**

Rule R392-101. Food Safety Manager Certification

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To take the **FOOD HANDLER** class online or for class schedule, fees & information visit: [www.tooelehealth.org](http://www.tooelehealth.org) or call (435) 277-2440.

# COMMISSARY AUTHORIZATION

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

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

Owner Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Owner Phone #: \_\_\_\_\_ Work or Cell #: \_\_\_\_\_

Vehicle License #: \_\_\_\_\_ Additional Vehicles: \_\_\_\_\_

I agree to report to the Commissary facility listed below each operational day for supplies, cleaning and service operations:

Signed: \_\_\_\_\_  
Owner Date

## Commissary Information:

Business Name: \_\_\_\_\_ Owner: \_\_\_\_\_

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

I agree to provide the following Commissary services and space for the above Mobile Food Service Operator:

- |   |  |
|---|--|
| _____ Supply Food Products              | _____ Use of Food Preparation Facilities   |
| _____ Storage of Food and Supplies      | _____ Use of Facility for Cleaning Vehicle |
| _____ Supply Potable Water for Vehicle  | _____ Disposal of Waste Water              |
| _____ Overnight Vehicle Parking         | _____ Supply Ice                           |
| _____ Use of Utensil Washing Facilities | _____ Garbage Disposal                     |

Signed: \_\_\_\_\_  
Commissary Owner Date