

Food Establishment Plan Review Application

Tooele County Health Department
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Establishment Name _____ Establishment Address _____ City _____ Zip _____ Owner Name _____ Owner Phone () _____ - _____ Owner Email _____	Contact Person _____ Mailing address _____ City _____ Zip _____ Contact Phone () _____ - _____ Contact Email _____ Architect/Designer (New Construction) _____ Phone () _____ - _____
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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"/> Completed Risk & Operational Assessments
<input type="checkbox"/> Site Plan (Including Dumpster Area)
<input type="checkbox"/> Dimensional Floor Plan (scaled drawing) | <input type="checkbox"/> Equipment Layout and Schedules
<input type="checkbox"/> Mechanical Schedule
<input type="checkbox"/> Finish Schedule (Floors, Walls, Ceiling, Coving)
<input type="checkbox"/> Plumbing Schedule |
|---|--|

Fee Schedule: Fees are based on risk level. A risk assessment must be completed prior to submitting plans. Plans will not be accepted without payment.	<table style="width:100%; border: none;"> <tr> <td colspan="2" style="text-align: center;"><u>Plan Review Fee</u></td> </tr> <tr> <td style="width:50%;">Level 1.....\$150.00</td> <td style="width:50%;">Level 2.....\$220.00</td> </tr> <tr> <td>Level 3..... \$275.00</td> <td>Level 4.....\$350.00</td> </tr> <tr> <td colspan="2">Cart, Mobile, Shaved Ice.....\$50.00</td> </tr> </table>	<u>Plan Review Fee</u>		Level 1.....\$150.00	Level 2.....\$220.00	Level 3..... \$275.00	Level 4.....\$350.00	Cart, Mobile, Shaved Ice.....\$50.00		<table style="width:100%; border: none;"> <tr> <td colspan="2" style="text-align: center;"><u>Permit Fee</u></td> </tr> <tr> <td style="width:50%;">Level 1.....\$100.00</td> <td style="width:50%;">Level 2.....\$150.00</td> </tr> <tr> <td>Level 3..... \$225.00</td> <td>Level 4.....\$300.00</td> </tr> <tr> <td colspan="2">Mobile Primary Tier 1.....\$200.00</td> </tr> <tr> <td colspan="2">Mobile Primary Tier 2.....\$350.00</td> </tr> </table>	<u>Permit Fee</u>		Level 1.....\$100.00	Level 2.....\$150.00	Level 3..... \$225.00	Level 4.....\$300.00	Mobile Primary Tier 1.....\$200.00		Mobile Primary Tier 2.....\$350.00	
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<u>Office Use Only</u>		
Plan Review Fee: \$ _____	Receipt # _____	Date _____/_____/_____
Permit Fee: \$ _____	Receipt # _____	Date _____/_____/_____

EH Specialist notes: _____ _____ _____	
EH Specialist signature: _____	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).

COOLING METHOD	*Thick Meats	*Thin Meats	Beans, Rice, Potatoes, Pasta	Soup, sauce, gravy	Mixed food (casseroles, lasagna, etc.)
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	N/A
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, where?			

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:

SURFACE FINISHES

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

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 b. 3 Compartment c. 2 Compartment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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.)

2. 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?

3. 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.

This page will be completed by the Health Department to assess risk level:

Composite Risk Index (R): R= A x B x C

Food Property Risk Weight		Food Operation Risk Weight		Population Risk Weight		Composite Risk Index
(a)		(b)		(c)		
1- (0-4)		1- (0-10)		1- (0-99)		1, 3, 5, 9, 15, 25, 27, 45, 75, or 125
3- (5-10)		3- (11-22)		3- (100-499)		
5- (11-18)	(A)	5- (23-48)	(B)	5- (500+)	(C)	

R= _____

Score (R)	Risk/ Category	Max Inspection Interval	Comments:
75 or 125	4	4 months	
25, 27, or 45	3	6 months	
5, 9, or 15	2	9 months	
1 or 3	1	12 months	

Inspector	CDP Entry	Date: _____/_____/_____
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- | | | |
|--|--|-----------------------------------|
| 01 Beverage Service: bars/lounges | 09 Concessions: PHF | 17 Public Lodging: Full Breakfast |
| 02 Beverage Service: coffee | 10 Concessions: Shaved Ice | 18 Restaurant: Non-plated |
| 03 Beverage Service: juice/smoothies | 11 Group Home | 19 Restaurant: Plated |
| 04 Care Facility: Hospital, Nursing Home, etc. | 12 Institution: Jail, detention center | 20 School: Service Only |
| 05 Caterer | 13 Mobile: Food Cart | 21 School: preparation |
| 06 Child Care Center | 14 Mobile: Mobile Food Truck | |
| 07 Commissary | 15 Public Lodging: Bed & Breakfast | |
| 08 Concessions: no PHF | 16 Public Lodging: Continental Breakfast | |