



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

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Enclosed in the Plan Review Application Packet:

- ⇒ Food Establishment Plan Review Application (21 Pages).
- ⇒ Request for Food Establishment Permit.
- ⇒ Application for Food Safety Manager Certification
- ⇒ Class information for Food Handlers and Food Safety Manager Certification

Items 1-2 need to be submitted to our office to begin the permitting process.

1) Food Establishment Plan Review Application, (with enclosures).

- a) Proposed menu items (including seasonal variations in the menu).
- b) Manufacturer specification sheets for each piece of equipment shown on plans.
- c) Site plan showing location of business in building, location of building on site including alleys, streets and location of any outside facility (dumpster, walk-in, etc).
- d) 1 paper copy of plan AND 1 copy on a CD of plan of facility drawn to scale showing location of equipment, plumbing, electrical service and mechanical ventilation, including location of all electrical panels.
- e) Any other items as requested in the application packet.

2) Plan Review Fee (to be determined by TCHD)

Category I:	\$150.00
Category II:	\$220.00
Category III:	\$275.00
Category IV:	\$350.00

Our office will review documentation above and reply as quickly as possible. Once approval is received you will also need to submit items 3-7 and schedule a pre-opening inspection before permit will be issued.

3) Food Establishment Permit Application

4) Food Establishment Permit Fee (to be determined by TCHD)

Category I:	\$ 100.00
Category II:	\$150.00
Category III:	\$225.00
Category IV:	\$300.00

5) Food Safety Manager Certification Application.

6) Copy of Passing Exam for Certified Food Safety Manager

7) Food Safety Manager Certification Registration Fee of \$20.

**TOOELE COUNTY HEALTH DEPARTMENT
151 NORTH MAIN STREET, TOOELE, UTAH 84074
PHONE (435) 277-2440 • FAX (435) 277-2444**

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

_____ NEW	_____ REMODEL	_____ CONVERSION
Name of Establishment:		
Address of Establishment:		
Mailing Address if different:		
Phone number:		Fax:
Name of Owner or Owner's Representative:		
Mailing Address:		
Phone number:		Email:
Applicant's Name:		
Mailing Address:		
Phone number:		Fax:
Title (owner, manager, architect, etc.):		
I have submitted plans/application to the following (please note date, phone number and contact person on application line)		
Plumbing: _____		
Phone Number: _____		
Contact Person: _____		
Electrical: _____		
Phone Number: _____		
Contact Person: _____		
Building: _____		
Phone Number: _____		
Contact Person: _____		

Submittal Date: _____ Fee Paid: _____

Receipt Number: _____ Category: _____ Est.#: _____

Hours of Operation:						
Sun _____	Mon _____	Tue _____	Wed _____	Thu _____	Fri _____	Sat _____
Number of Seats: _____						
Number of Staff: _____ (Maximum per shift)						
Total Square Feet of Facility: _____						
Projected Number of Meals to be Served: (approximate number)				Breakfast: _____	Lunch: _____	Dinner: _____
Projected Date for Start of Construction: _____						
Projected Date for Completion of Project: _____						
Type of Service:					(check all that apply)	
Sit Down Meals						
Take Out						
Caterer						
Mobile Food Unit						
Push Cart						
Limited Food Service						
Temporary Food Stand						
Other						
Single Service Utensil Only						
Multi-Use Utensil Service Only						
Both Multi-Use and Single Service Utensils						
Please enclose the following documents						
Proposed menu items (including seasonal variations in the menu).						
Manufacturer specification sheets for each piece of equipment shown on plans.						
Site plan showing location of business in building, location of building on site including alleys, streets and location of any outside facility (dumpster, walk-in, etc.).						
Plan of facility drawn to scale showing location of equipment, plumbing, electrical service and mechanical ventilation, including location of all electrical panels.						

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS	
Item #1	The plans should be a minimum of 11 X 14 inches in size and the layout of the floor plan accurately drawn to a minimum scale of 1/4 inches = 1 foot. This is to allow for ease in reading.
Item #2	Information accompanying the plans should include; the proposed menu, seating capacity, projected daily meal volume for food service operation.
Item #3	The plans should show the location and when requested elevated drawing of all food service equipment. Each piece of equipment shall be clearly labeled on the plan with its common name.
Item #4	Adequate rapid cooling including ice baths and refrigeration, and hot-holding facilities for potentially hazardous foods (PHF) should be clearly designated on the plan.
Item #5	When menu dictates, separate food preparation sinks should be labeled and located to preclude contamination and cross-contamination of raw and ready to eat foods.
Item #6	Adequate hand washing facilities used for no other purpose should be designated for each toilet facility and in the immediate area of food preparation and dish washing area.
Item #7	The plan layout should contain room size, aisle space, space between and behind equipment, and the placement of the equipment on the floor.
Item #8	Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation should be represented on the plan and all features of these rooms shown as required by the standards.
Item #9	<p>The plans and specifications should also include:</p> <p>A. Entrances, exits, loading/unloading areas and docks;</p> <p>B. Completed finish schedules for each room to include floors, walls, ceilings and coved juncture bases;</p> <p>C. Plumbing schedule to include location of the floor drains, floor sinks and water supply lines, overhead waste water lines, hot water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, waste water line connection.</p> <p>D. Electrical layout, electrical panels and disconnects.</p>
Item #10	<p>Lighting Requirements;</p> <p>A. Food contact surfaces = 50 foot candles (540 lux)</p> <p>B. Utensil washing area = 50 foot candles (540 lux) (lighting in utensil washing area and on food contact surfaces shall be measured at 30 inches above the floor and/or at the work levels).</p> <p>C. All other areas = 10 foot candles (110 lux) (lighting to be measures at 30 inches above the floor).</p> <p>D. Light bulbs in food preparation, storage, and display areas shall be shatterproof or shielded so as to preclude the possibility of broken bulbs or lamps falling into food. Shatterproof or shielded bulbs need not be used in food storage areas where the integrity of the unopened packages will not be affected by broken glass falling onto them and the packages, prior to being opened, are capable of being cleaned. Heat lamps shall be protected against breakage by a shield surrounding and extending beyond the bulb, leaving only the face of the bulb exposed in food preparation areas.</p>

Item #11	Equipment schedule should include make and model number for all food service equipment and shall be National Sanitation Foundation (NSF), UL Sanitation, ETL Sanitation or equivalent.		
Item #12	Source of water supply and method of sewage disposal. The location of these facilities should be shown and evidence submitted that state and local regulations are to be complied with.		
Item #13	As specified according to 15A NCAC 18A.2600, Rule. 2632 "Storage Spaces," all items stored in rooms where food or single-service items are stored shall be at least 12 in. (30.48 cm.) above the floor when placed on stationary storage units or 6 in. (15.24 cm.) above the floor when placed on portable storage units or otherwise arranged so as to permit thorough cleaning.		
Item #14	Ventilation schedule for each room.		
Item #15	A mop sink with facilities for hanging wet mops and storage of mop buckets.		
Item #16	Garbage can washing area/facility.		
Item #17	Dumpster pad and location.		
Item #18	Grease traps and/or grease interceptor location.		
Item #19	Grease storage containers and storage location.		
Item #20	Cabinets/shelves for storing toxic chemicals.		
Item #21	Dressing rooms, locker area, employee rest area, and/or coat rack as required.		
Item #22	Completed checklist.		
Item #23	Site plan (plot plan)		
FOOD PREPARATION REVIEW			
Check categories of Potentially Hazardous Food (PHF) to be handled, prepared and served.			
CATEGORY			
			YES
			NO
Thin meats, poultry, fish, eggs (hamburger, chicken breast, fish filet, etc.)			
Thick meats, whole poultry (whole roasts, pork, chicken, meat loaf, etc.)			
Hot processed foods (soups, stews, chowders, casseroles)			
Bakery goods (pies, custards, creams)			
Other: _____			

PLEASE CHECK BOX FOR THE FOLLOWING QUESTIONS						
FOOD SUPPLIES						
Item #1	Are all food supplies from inspected and approved sources?	YES	NO			
COLD STORAGE						
Item #1	Are adequate and approved freezer and refrigeration available to store frozen foods at 0° F and below, and refrigerated foods at 41° F (5° C) and below?	YES	NO			
	Provide the method used to calculate cold storage requirements: <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>					
	Provide total footage of space dedicated to walk-in cold storage _____ Provide total footage of space dedicated to reach-in cold storage _____					
Item #2	Will raw meats, poultry and seafood be stored in the same refrigerators and freezer with cooked/ready-to-eat foods?	YES	NO			
	If yes, how will cross-contamination be prevented? <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>					
Item #3	Does each refrigerator/freezer have a thermometer?	YES	NO			
	Number of refrigeration units: _____ Number of freezer units: _____					
THAWING						
Please indicate by checking the appropriate box how potentially hazardous food (PHF) in each category will be thawed. More than one method may apply.						
THAWING PROCESS	THICK MEATS	THIN MEATS	FISH SEAFOOD	POULTRY PRODUCTS	COLD FOODS	BAKED GOODS
Refrigeration						
Running Water Less than 70°F (21°C)						
Cooked Frozen (indicate wt. LBS.)						
Microwave						
Other (describe): _____ _____ _____						

COOKING PROCESS			
Item #1	Will food product thermometers (0° - 212° F) be used to measure final cooking/reheating temperatures of potentially hazardous foods (PHF)?	YES	NO
Minimum cooking time and temperature of product utilizing convection and conduction heating equipment:			
PRODUCT	TIME AND TEMPERATURE	PRODUCT	TIME AND TEMPERATURE
Beef roast	130° F (121 min)	Comminuted meats	155° F (15 sec)
Seafood	145° F (15 sec)	Poultry	165° F (15 sec)
Pork	155° F (15 sec)	Other PHF	145° F (15 sec)
Eggs	145° F (15 sec)	* reheating PHF	165° F (15 sec)
List types of cooking equipment: _____ _____ _____ _____ _____			
Item #2	HOT HOLDING		
How will hot PHF (potentially hazardous foods) be maintained at 140° F (60° C) or above during holding for service? Indicate type and number of hot holding units. _____ _____ _____ _____ _____			
Item #3	COLD HOLDING		
How will cold PHF (potentially hazardous foods) be maintained at 41° F (5° C) and below during holding for service? Indicate type and number of cold holding units. _____ _____ _____ _____ _____			

Item #4	COOLING					
Please indicate by checking the appropriate box how PHF (potentially hazardous foods) will be cooled to 41° F (5° C) within 6 hours (140° F to 70° F in 2 hours and 70° F to 41° F in 4 hours).						
COOLING PROCESS	THICK MEATS	THIN MEATS	FISH SEAFOOD	POULTRY PRODUCTS	HOT FOODS	BAKED GOODS
Shallow Pans						
Ice Baths						
Rapid Chill						
Other (Describe) _____ _____ _____ _____						
FOOD PREPARATION						
Item #1	Please list categories of food prepared more than 12 hours in advance of service. _____ _____ _____					
Item #2	Will disposable gloves and/or utensils and/or food grade papers be used to minimize handling of ready-to-eat foods?				YES	NO
Item #3	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: _____ _____ _____					
Item #4	How will cooking equipment, cutting boards, counter tops and other food contact surface, which cannot be submerged in sinks or put through a dishwasher, be cleaned and sanitized? Please describe procedure: _____ _____ _____ _____					
Item #5	How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before mixed and/or assembled? _____ _____ _____					

The following 4 questions deal with food preparation procedures for facilities.

Food preparation procedures are needed to obtain information on how the food is prepared and to help determine that adequate facilities are available.

Food preparation procedures should include types of food prepared, time of day and equipment used for service in the facility. **(Attached is Food Item Preparation Worksheet Supplement for additional food items prepared in the facility.)**

If your company has food preparation procedures already developed, these can be submitted as part of the plan review approval process.

Item #6	Will produce be washed or rinsed prior to use?	YES	NO
	Is there an approved location for washing or rinsing produce?	YES	NO
	Will it be used for other operations?	YES	NO
	Please indicate location of produce washing equipment and describe the procedures. Include time of day and frequency for washing or rinsing the produce at this location: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
	Please describe the produce preparation procedures and indicate location of equipment to support this operation. The preparation procedure should include dishes (proposed menu items) in which the produce will be used, and should include time of day and frequency of preparation for the produce at this location: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

Item #7	Will seafood be washed or rinsed prior to use?	YES	NO	
	Is there an approved location used for washing or rinsing seafood?	YES	NO	
	Will it be used for other operations?	YES	NO	
	Please indicate location of seafood washing equipment and describe the procedures. Include time of day and frequency for washing or rinsing the seafood at this location: <hr/> <hr/> <hr/> <hr/> <hr/>			
	Please describe the seafood preparation procedures and indicate location of equipment to support this operation. The preparation procedure should include dishes (proposed menu items) in which the seafood will be used, and should include time of day and frequency of preparation for the seafood at this location: <hr/> <hr/> <hr/> <hr/>			
	Item #8	Will poultry be washed or rinsed prior to use?	YES	NO
Is there an approved location used for washing or rinsing poultry?		YES	NO	
Will it be used for other operations?		YES	NO	
Please indicate location of poultry washing equipment and describe the procedures. Include time of day and frequency for washing or rinsing the poultry at this location: <hr/> <hr/> <hr/> <hr/>				
Please describe the produce preparation procedures and indicate location of equipment to support this operation. The preparation procedure should include dishes (proposed menu items) in which the poultry will be used, and should include time of day and frequency of preparation for the poultry at this location: <hr/> <hr/> <hr/> <hr/>				

Item #9	Will pork and red meats be washed or rinsed prior to use?	YES	NO
	Is there an approved location used for washing or rinsing pork and red meats?	YES	NO
	Will it be used for other operation?	YES	NO
	Please indicate location of pork and red meats washing equipment and describe the procedures. Include time of day and frequency for washing or rinsing the pork and red meats at this location: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
	Please describe the pork and red meats preparation procedures and indicate location of equipment to support this operation. The preparation procedure should include dishes (proposed menu items) in which the pork and red meats will be used, and should include time of day and frequency of preparation for the pork and red meats at this location: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
I. DRY GOODS STORAGE			
Item #1	Is appropriate dry good storage space provided for based upon menu, meals and frequency of deliveries?	YES	NO
Item #2	Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time. <hr/> <hr/> <hr/>		
	Provide total square footage of shelf space dedicated to dry storage _____ sq. ft.		
Item #3	Are approved food storage containers being used to store bulk food products?	YES	NO

II. FINISH SCHEDULE				
Applicants must fill in materials (i.e., quarry tile, stainless steel, 6" plastic coved 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				
Other				
Other				
Other				
Other				
Other				
Other				

III. PLUMBING				
	INDIRECT WASTE			DIRECT WASTE
Plumbing Fixtures	(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				
Other				
Other				
If floor drains are not shown on plans, please indicate location: _____ _____ _____				
Plumbing Fixture	Backflow Preventor		Vacuum Breaker	
Hose connection				
Other				
Other				
Other				
Other				
Other				

Other		
-------	--	--

IV. DISHWASHING FACILITIES							
Item #1	What size sink will be used for ware washing?	Number of sinks	Size of sink vats			Drain boards size	
			Length	Width	Depth	Right	Left
Two compartment sink							
Three compartment sink							
Four compartment sink							
Item #2	Does the largest pot and pan fit into each compartment of the pot sink?					YES	NO
Item #3	What type of sanitizer is to be used?						
	Chlorine _____		Quaternary Ammonium _____		Iodine _____		
	Hot water _____		Other _____		Other _____		
Item #4	Dishwasher Make and Model _____					N/A	
Item #4-A	Type of sanitization used: _____						
	Chemical type: _____			Test Kits: _____			
	Hot water (temp. provided) _____			Booster heater _____			
Item #4-B	Is ventilation provided?					YES	NO
Item #4-C	All dish machines shall have templates with operating instructions All dish machines shall have temperature/pressure gauges as required that are accurately working.						
Item #4-D	Are test papers and/or kits available for checking sanitizer concentration?					YES	NO
Item #5	Is appropriate air drying space available for the air drying of all washed utensils with the use of drain boards, wall or overhead shelves, stationary or portable racks?					YES	NO
	Please describe type and location:						
	Provide total square footage of shelf space dedicated to air drying _____ sq. ft.						

V. WATER SUPPLY									
Item #1	Please check one	Is water supply Community				Municipal			
		YES		NO		YES		NO	
If the water supply is other than a Municipal supply, it will be required to be registered with Public Water Supply.									
Item #2	If water supply is from a Community Water supply system is it registered and approved as public water supply?	YES		NO		PENDING			
If yes - Please attach copy of written approval and/or permit.									
Item #3	Is ice made on premises or purchased commercially?								
	Please specify: _____								
	If made on premises, are specifications of machine provided?						YES	NO	
Item #3	Describe provision for ice scoop storage:								

VI. INSECT AND RODENT HARBORAGE									
APPLICANT: Please check appropriate boxes.						YES	NO	N/A	
Item #1	Are all outside doors self-closing with rodent proof flashing?								
Item #2	How is fly protection provided on all outside entrances?								
	Note: All entry doors will need to be self closing.								
	A. Screen Doors								
Item #3	B. Air Curtain (Fly Fan)								
	Do all openable windows have one of the below forms of fly protection?								
	A. Minimum #16 mesh screening?								
	B. Air Curtains (Fly Fan)								
Item #4	C. Self Closing								
	Are all pipe penetrations, beverage chases & electrical conduit chases sealed; ventilation systems exhaust and intakes protected?								

VII. GARBAGE AND REFUSE							
Inside							
Item #1	Do all containers have lids?				YES	NO	N/A
Item #2	Will refuse be stored inside? If so, where _____				YES	NO	N/A
Item #3	Describe method and location for cleaning garbage cans and waste receptacles. _____ _____ _____ _____ _____						
Outside							
Item #4	Is area around premises clear of unnecessary brush, litter, boxes and other vermin harborage?				YES	NO	N/A
Item #5	Will a dumpster be used?				YES	NO	N/A
	Number _____	Size _____	Frequency of pickup _____				
	Contractor Service: _____ _____						
Item #6	Will the dumpster be cleaned on site?					YES	NO
	If the dumpster is to be cleaned on site then the waste water from the cleaning operation will be required to be discharged to the sanitary sewer system.						
Item #7	Is the dumpster to be cleaned by an offsite contracted cleaning service?					YES	NO
	If yes, please provide name and address of the firm contracted for this service. _____ _____ _____ _____						

Item #8	Will a compactor be used?	YES	NO	N/A
	Number _____ Size _____ Frequency of pickup _____ Contractor _____			
Item #9	Will the compactor be cleaned on site?	YES	NO	N/A
	If the compactor is to be cleaned on site, then the waste water from the cleaning operation will be required to be discharged to the sanitary system.			
Item #10	Is the compactor to be cleaned by an offsite contracted cleaning service?	YES	NO	
	If yes, please provide name and address of the firm contracted for this service. _____ _____			
Item #11	Describe surface and location where dumpster/compactor/cans are to be stored: _____ _____			
Item #12	Will trash containers be stored outside?	YES	NO	
	If yes, please describe location: _____ _____			
Item #13	Type and location of waste cooking grease storage receptacle. _____ _____			
Item #14	Is there an area to store recycled containers?	YES	NO	N/A
	Describe: _____			

Item #15	Location and size of grease trap. _____ _____ _____			

VIII. MOP CLEANING FACILITIES				
Item #1	Is a separate mop basin provided?	YES		NO
	If yes, please describe facility for cleaning of mops and other equipment: <hr/> <hr/> <hr/>			
IX. HAND WASHING/TOILET FACILITIES				
Item #1	Is there an appropriate hand washing sink in each food preparation and ware washing area?	YES		NO
Item #2	Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucets?	YES		NO
Item #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
Item #4	Are soap dispensers (wall mounted, individual free standing pump dispensers) available at all hand washing sinks?	YES		NO
Item #5	Are hand drying facilities (paper towels, air blowers, etc.) and waste receptacles available at all hand washing sinks and in each restroom?	YES		NO
Item #6	Are all toilet room doors self-closing?	YES		NO
Item #7	Is a hand washing sign posted in each employee restroom?	YES		NO
X. SEWAGE DISPOSAL				
Item #1	Is building connected to a municipal sewer?	YES		NO
Item #2	If no, is private disposal system approved?	YES	NO	PENDING
	If yes, please attach copy of written approval and/or permit.			

XI. DRESSING ROOMS				
Item #1	Are separate dressing rooms provided?	YES	NO	N/A
Item #2	Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) _____ _____ _____			
XII. GENERAL				
Item #1	Are insecticides/rodenticides if used stored separately from cleaning and sanitizing agents? Indicate location: _____	YES	NO	
Item #2	Are all cleaning materials and toxicants stored away from food preparation and storage areas? This includes items used on premises, retail sales and personal medications.	YES	NO	
	Please describe location: _____ _____			
Item #3	Are all containers of toxic/cleaning material including sanitizing spray bottles clearly labeled?	YES	NO	
Item #4	Are laundry facilities located on premises?	YES	NO	
	If yes, what will be laundered? _____ _____			
Item #5	Is a laundry dryer available?	YES	NO	
	If yes, please describe location: _____ _____			
Item #6	Location of clean linen storage: _____ _____ _____			
Item #7	Location of dirty linen storage: _____ _____ _____			

XIII. Hot Water Heater Size and Capacity					
HOT WATER HEATER CALCULATION WORKSHEET					
EQUIPMENT	QUANTITY	TIMES	SIZE	EQUALS	GPH
			(in inches)		
One-comp. sink See note #4		X	___by___by___	=	
Two-comp. sink See note #4		X	___by___by___	=	
Three-comp. sink See note #4		X	___by___by___	=	
Four-comp. sink See note #4		X	___by___by___	=	
One-comp prep sink		X	5 GPH	=	
Two-comp prep sink		X	10 GPH	=	
Three-comp prep sink		X	15 GPH	=	
Three comp. bar sink See note #4		X	___by___by___	=	
Four comp. bar sink		X	___by___by___	=	
Hand sink		X	5 GPH	=	
Pre-rinse		X	45 GPH	=	
Can wash		X	10 GPH	=	
Mop sink		X	5 GPH	=	
**Dish machine		X	Note #1	=	
**Cloth washer		X	Note #2	=	
**Hose reels		X	Note #3	=	
Other equipment		X		=	
Other equipment		X		=	
Other equipment		X		=	
Total 140 F GPH (gallons per hour) Recovery Requirements Total =>					
Note - 140° F hot water heaters are to be sized at the 140° F GPH recovery required at a temperature rise of 100° F.					

Note #1	Dishwasher (_____ gals/hr. FINAL RINSE X 70%)
Note #2	<p>Cloth Washer Calculation</p> <p>A. Limited use/cloth washer used one to two times per day; beginning or ending of day operation GPH - 60 GPH X 25%.</p> <p>B. Intermediate use/cloth washer used three to four times per day;</p> <p>C. Heavy use/cloth washer used once every two hours; GPH - 60 GPH X 80%.</p> <p>D. Continuous use/cloth washer used every hour; GPH - 60 GPH X 100%.</p>
Note #3	Hose reels @ 20 GPH for first reel & 10 GPH for each additional reel.
Note #4 - GPH Requirements for sink	GPH = (Sink size in cu. in. X 7.5 gal./cu.ft x # compartments x .75 capacity) (1,728 cu.in./cu.ft.)
Short version for above	GPH - sink size in cu. in. X # compartments x .003255/cu. in. Example 24"x24"x14"x3 compartments x .003255 - 79 GPH
Water heater storage capacity (_____ gallons storage)	
Water heater recovery rate in gallons per hour at a 100° F temperature rise (_____ gallons per hour)	

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from this Health Regulatory Office may nullify this approval.

Signature(s) _____

Owner(s) or Responsible Representative(s)

Date: _____

Approval of these plans and specifications by this Health 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 pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

Food Preparation Worksheet Supplement

Food Item: _____

Will the food item be washed or rinsed prior to use? If yes, please indicate location of equipment and describe the washing procedures. Include time of day and frequency for washing or rinsing the product at this location:

Location of equipment: _____

Time of day and frequency: _____

Procedure used to wash or rinse food item: _____

Please describe the preparation procedures for the food items described above and indicate location of equipment to support this operation. The preparation procedure should include dishes in which the product will be used, and should include time of day and frequency of preparation for the food item at this location:

Location and type of equipment: _____

Time of day and frequency: _____

Food item preparation procedures: _____



Environmental Health
151 North Main Street, Ste. 140
Tooele, Utah 84074
Phone (435) 277-2440 • Fax (435) 277-2444
www.tooelehealth.org

FOOD ESTABLISHMENT PERMIT APPLICATION

Name of Food Establishment: _____

Street Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Name of Business Owner: _____ Phone Number: _____

Email Address: _____

Certified Food Safety Manager: _____ Expires: _____

Type of Establishment:

Restaurant; _____ Bar or Lounge; _____ Catering; _____ Convenience Store; _____ Other; _____

Applicant agrees that maintenance of a health permit is predicated on compliance with the Tooele County Food Service Sanitation Rules and Regulations. This permit is revocable for noncompliance. Permit is valid for one year from date of issue.

ALL EMPLOYEES WILL HAVE A VALID FOOD HANDLER'S PERMIT AVAILABLE UPON REQUEST OF THE LOCAL HEALTH INSPECTOR.

Applicant's Signature

OFFICE USE ONLY

Date: _____ Fee Due: _____ Receipt #: _____

Permit Number: _____ Permit expires: _____ Plan review paid: _____

Category: I II III IV
(Circle One)

Inspection Interval: 90 120 180 360
(Days) (Circle One)

EHS #: _____
(Environmental Health Specialist Signature)



Environmental Health
151 North Main Street, Suite 140
Tooele, Utah 84074
Phone (435) 277-2440 • Fax (435) 277-2444
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)

OFFICE USE ONLY

Receipt Number: _____

Fee Paid: _____

Permit Number: _____

Date: _____

Permit Expires: _____

E.H Specialist: _____



Environmental Health
151 North Main Street, Ste.140
Tooele, Utah 84074
Phone (435) 277-2440 • Fax (435) 277-2444
www.tooelehealth.org

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
- Utah Restaurant Association: (801) 322-0123, 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 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

To take the **FOOD HANDLER** class online or for class schedule, fees & information visit: 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