



Fixed Food Establishment Plan Reviewer's Checklist

Establishment Name: _____

Address: _____ City: _____

Complete Plans Verification

- Application Form / Transmittal Letter Scaled Drawings
 Proposed Menu Completed Worksheet
 Site Plan (including outside garbage storage, on-site water supply and sewage disposal)
 Equipment Specifications (including type, manufacturer, dimensions, model number, performance capacity and installation details)

The plans are complete and ready for review. Reviewer: _____, Date: _____

| ITEM FROM WORKSHEET (noted by worksheet #) | Satisfactory | Not Applicable | **NEED MORE INFO. | Info. Request Date | Info. Received Date | COMMENTS |
|--|--------------|----------------|-------------------|--------------------|---------------------|----------|
| 1. Person In Charge | | | | | | |
| 1. SOPs | | | | | | |
| 1. Consumer Advisory | | | | | | |
| 2. Thawing Practices | | | | | | |
| 3. Cooking & Reheating | | | | | | |
| 4. Hot & Cold Holding | | | | | | |
| 5. Ice as Refrigerant | | | | | | |
| 6. Time as Control | | | | | | |
| 7. Cooling PHF | | | | | | |
| 8. Food Preparation | | | | | | |
| 9. Catering Operations | | | | | | |
| 10. Dishwashing | | | | | | |
| 11. Dressing Rooms | | | | | | |
| 12. Personal Item Storage | | | | | | |

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|---|--------------|----------------|-------------------|--------------------|---------------------|----------|
| 13-14. Laundry Facilities | | | | | | |
| 15. Mop sink | | | | | | |
| 16-30. Room Finishes | | | | | | |
| 31-32. Water Supply | | | | | | |
| 33-34. Sewage Disposal | | | | | | |
| 35-41. Pest Control | | | | | | |
| 42. Solid Waste - Outside | | | | | | |
| 43. Solid Waste - Inside | | | | | | |
| 44-78. Cross-Connections | | | | | | |
| 79-82. Hot Water Heaters | | | | | | |
| 83. Meal Estimates | | | | | | |
| 84. Refrigerated Storage | | | | | | |
| 85. Dry Storage | | | | | | |
| Food Flow* | | | | | | |
| Solid Waste Flow* | | | | | | |
| Dish / Utensil Flow* | | | | | | |
| Work Space & Aisles | | | | | | |
| Raw Food Prep Area | | | | | | |
| Raw Food Prep Sinks | | | | | | |
| Handsinks (#, location, soap, towel, sign, approved faucet) | | | | | | |

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|---|--------------|----------------|-------------------|--------------------|---------------------|---|
| Mop Sink (provided, location, facilities to hang mops & brooms) | | | | | | |
| Dishwashing Sinks (size, location, flow direction, materials, installation) | | | | | | |
| Dish machines (capacity, flow, construction, installation) | | | | | | |
| Soiled Dish Storage | | | | | | |
| Clean Dish Storage | | | | | | |
| Self-Service (temperature, sneeze guards, monitoring, construction) | | | | | | |
| Storage (6" off floor, overhead leakage & splash protection) | | | | | | |
| Equipment (construction, installation, cleanability, clean-in-place) | | | | | | |
| Countertops & Cutting Boards | | | | | | |
| Hot Water Supplied to all Necessary Fixtures & Equipment | | | | | | Determined from ___ calculations ___ onsite water test ___ Engineer documentation |
| Plumbing and Cross connection Protection | | | | | | Determined from ___ Plumbing plan and/or worksheet ___ Onsite visit on _____ (date) ___ Previously inspected facility |
| Separate Toxic Storage | | | | | | |
| Linen Storage | | | | | | |
| Lighting Adequate & Shielded | | | | | | Determined from ___ Lighting Plan and worksheet ___ Onsite visit on _____ (date) ___ Previously inspected facility |
| Employee Rest Rooms | | | | | | |

