Michigan Department of Agriculture

Food Establishment Plan Review
Worksheet

To be completed by the operator and submitted to the local health department or Michigan Department of Agriculture regional office that will be conducting the plan review.

Establishment

Name:_____

Address:_____

_____

City, State, Zip:_____

Electronic Form- Just click, type and print.
Tab to advance to the next field.

June 2003

Pages 6-10 ask structural and equipment questions that the operator may wish to have the contractor or architect complete.

Refer to the food establishment plan review manual for technical assistance. The manual is available from your reviewing agency or by visiting www.michigan.gov/mda, keyword: Food Plan Review - Industry.

Information contained in the plans may be referenced and does not have to be repeated in the worksheet (i.e. see plan sheet 3a, #6)

Food Manager Knowledge

Under the Michigan Food Law of 2000, retail food establishments are required to have a person in charge (PIC) during all hours of operation.

1. **Check all that apply**

___ A designated person in charge, that can demonstrate knowledge of: foodborne disease prevention, application of food safety (HACCP) principles, and the requirements of the Food Code, will be available during all hours of operation. (REQUIRED)

___ A certified food manager will be provided. (REQUIRED in Wayne, Oakland & Livingston Counties)

___ A written food safety (HACCP) plan will be provided.* (Only required under certain circumstances)

___ Standard operating procedures (SOP) for hand washing, utensil washing or cleaning are available. * (May be required for fixed establishments. Required for all STFU's)

___ Formal training program for new or existing staff will be provided.* (OPTIONAL)

___ There is a written policy that excludes or restricts food workers who are ill or have infected cuts or lesions.* (OPTIONAL)

___ Animal based foods, such as meat, poultry, fish, shellfish or eggs served raw, or undercooked or not otherwise processed to eliminate pathogens.**

* Please submit copies of these documents (or an inventory if there are numerous large documents, and training videos)

**If you checked this item, then the customer must be informed by means of a written disclosure, at the point of ordering, that a particular menu item contains raw or undercooked foods of animal origin and a reminder that identifies the increased risk of foodborne illness when consuming these foods. The disclosure and reminder must be made whether the food is normally prepared undercooked or is prepared undercooked only at the customer's order. Submit a copy of the disclosure and the reminder and state how it will be conveyed to the consumer. For further clarification please contact your reviewing health agency or read the consumer advisory guidance document at http://www.michigan.gov/mda, keyword: MFLeduc,

Food Preparation Review

See manual parts 1 & 3

2. **How Will Potentially Hazardous Food be Thawed?** (Check all that apply)

Thawing Method	Foods less than 1" thick	Foods more than 1" thick
Refrigeration		
Running water (less than 70ºF)		
Microwave as part of cooking process		
Cook from frozen		
Other:		

3. **Cooking & Reheating Potentially Hazardous Food:**
List all cooking & reheating equipment and check all applicable boxes.

Equipment Name	Cooking	Reheating	New	Used	NSF Approved or Equivalent

4. **Hot and Cold Holding of Potentially Hazardous Food**
List all hot & cold holding equipment and check all applicable boxes.

Equipment Name	Hot Holding	Cold Holding	New	Used	NSF Approved Or Equivalent

5. Will ice be used as a refrigerant for potentially hazardous foods? ___Yes ___ No
If yes, describe which foods will be held on ice, for how long, where this will occur and the source of the ice.

6. Will time be used for bacterial growth control, instead of hot or cold holding? ___Yes ___No
If yes, submit a list of the foods involved and the standard operating procedures that will be used to monitor the use of time as a control.

7. **Cooling Potentially Hazardous Food:** **List foods** that will be cooled using each of the following methods. Foods must be cooled to 41ºF within 6 hours (140ºF to 70ºF in 2 hours and 70ºF to 41ºF in 4 hours). More than one method may be used.

A. Shallow pans in refrigerator: _____

B. Ice baths: _____

C. Volume reduction (i.e. quartering a large roast): _____

D. Rapid chill devices (i.e. blast freezers): _____

E. Ice paddles: _____

F. Other: _____

8. **Food Preparation**

A. List foods that will be prepared a day or more in advance of service or sale.

B. How will employees avoid bare-hand contact with ready-to-eat foods? (Check all that apply)

___ Disposable gloves ___ Suitable utensils

___ Deli tissue ___ Other: _____

C. Will produce be cleaned on-site? ___ Yes ___ No

D. If C is yes, describe which sink(s) will be used for food preparation.

Date Marking: When potentially hazardous food is ready-to-eat and will be kept under refrigeration for more than 24 hours after preparation / opening, a last date of use must be placed on the item.

E. Will the establishment have food items that must be date marked? ___ Yes ___ No
If yes, describe the date marking system that will be used or provide written standard operating procedures.

9. **Catering/Off-Site/Satellite:** complete if establishment will cater foods to another location.

A. List menu items to be catered:

_____

B. Maximum number of catered meals per day will be:

C. How will hot food be held at proper temperature during transportation and at the remote serving location?

9. Catering/Off-Site/Satellite Continued

D. How will cold food be held at proper temperature during transportation and at the remote serving location?

E. What types of vehicles will be used to transport food?

F. What types of sneeze guards or food protection devices will be used? (See manual part 4)

Dishwashing

See manual part 8

10. Dishwashing methods (check all that apply) ___ Dishmachine ___ Sink

Dishwashing Sinks	Length (inches)	Width (inches)	Depth (inches)
A. Sink 1, Size of compartments			
B. Sink 2, Size of compartments			
C. Sink 3, Size of compartments			

D. What is the largest item that will have to be washed in a sink and its size?

E. List the location of all garbage disposals:

General

11. Will employee dressing rooms be provided? ___ Yes ___ No
See manual part 16.

12. If no, describe how personal belongings will be stored:

13. Check which of the following will be used on-site: ___ Washer ___ Dryer

14. Describe what will be laundered on-site:

15. What type of mop sink will be provided (i.e. curbed floor drain, mop sink on legs, etc)? See manual part 8.

Room Finish Schedules

Fill in materials to be used (See manual part 10)

Area	Floor	Coving*	Wall	Ceiling
16. Preparation				
17. Cooking				
18. Dishwashing				
19. Food Storage				
20. Bar				
21. Dining				
22. Employee Restrooms				
23. Dressing Room				
24. Walk-In Refrigerator				
25. Walk-In Freezer				
26. Garbage Room				
27. Janitor Closet				
28.				
29.				
30.				

*List the material that will be used to provide a smooth, rounded and cleanable surface where the floor and wall joins.
Note: please explain abbreviations.

Water Supply

See manual part 5

31. Will the water supply be: ___Municipal ___Existing on-site ___New on-site
32. If an on-site water supply is being used, is the local health department in the process of approving? ___ Yes ___ No*

Sewage Disposal

See manual part 5

33. Will the sewage disposal be: ___ Municipal ___Existing on-site ___ New on-site
34. If an on-site sewage system is being used, is the local health department or Michigan Department of Environmental Quality in the process of approving? ___ Yes ___ No*

* It is recommended that you contact your local health department to begin the approval process.

Insect and Rodent Control

See manual part 13

35. Will outside doors be self-closing? ___ Yes ___ No

36. Will the facility have a drive-thru or walk-up window? ___ Yes ___ No

37. If 36 is yes, describe how insects will be kept out (i.e. self-closer, air curtains, etc.)

38. Are other openable windows screened? ___ NA ___ Yes ___ No

39. Will openings around pipes, electrical conduits, chases and other wall perforations be sealed? ___ Yes ___ No

40. Will garage-style or loading bay doors be present? ___ Yes ___ No

41. If 40 is yes, how will the loading doors be protected against vermin entry?

Solid Waste Storage

See manual part 17

42.**Outside Storage**

A. What type of storage will be used?* ___ Compactor* ___ Dumpster* ___ Cans

B. What type of surface will be under the container? _____

C. What is the minimum pick-up frequency? _____

*Remember to show details on site plan, including unit location and slope of surface under the unit.

43. **Inside Storage**

A. Please **SHOW** locations of trash containers on floor plans and describe how garbage, boxes, etc. will be stored inside:

B. Describe any inside storage or cleaning area (i.e. garbage can cleaning area):

C. Will any compactors or dumpsters be located inside? If yes, show on plans. ___ Yes ___ No

D. Describe any area where damaged merchandise returned for credit to vendor will be stored:

E. Describe how waste grease will be handled and stored:

F. Describe how and where recyclables will be stored:

_____

G. Check the types of materials that will be recycled:

___ Glass ___ Metal ___ Paper ___ Cardboard ___ Plastic

Plumbing Cross-Connections

See manual part 12

The following technical information is needed on the proposed plumbing. This section is best completed by a qualified plumber, architect or engineer. Be sure to include all devices, equipment and fixtures that have cross-connection protection. Remember to complete both the water supply and waste side (i.e. a dishwasher may have an AVB on the water supply and an air-gapped drain).

Fixture	Sewage Disposal			Water Supply					
	Air Gap	Air Break	Direct Connect	AVB	PVB	RPZ	VDC	HB	Air Gap
44. Dishwasher									
45. Glasswasher									
46. Garbage grinder									
47. Ice machines									
48. Ice storage bin									
49. Mop sink faucet									
50. 3 compartment sink									
51. 2 compartment sink									
52. 1 compartment sink									
53. Steam tables									
54. Dipper wells									
55. Hose connections									
56. Refrigeration condensate drain lines									
57. Beverage dispenser with carbonator									
58. Water softener									
59. Potato peeler									
60. Walk-in floor drain									
61. Chinese range									
62. Detergent feeder on faucet									
63. Outside sprinkler or irrigation system									
64. Power washer									
65. Retractable hose reel									
66. Toilet									
67. Urinal									
68. Boiler									
69. Bain-marie									
70. Espresso machine									
71. Combi-style oven									
72. Kettle									
73. Rethermalizer									
74. Steamer									
75. Overhead spray rinse									
76. Hot water dispenser									
77.									
78.									

AVB = atmospheric vacuum breaker	HB = hose bib vacuum breaker
PVB = pressure vacuum breaker	VDC = vented double check valve
RPZ = reduced pressure principle backflow preventer	

Formula Information

Several calculations are required to determine if there will be adequate hot water, ventilation, dry storage space and refrigerated storage space. The information requested on the following two pages provides the necessary data for performing calculations. See the plan review manual for formulas and directions.

79. **Hot Water (see manual part 9)**

List each type of plumbing fixture that uses hot water	# fixtures
Handsinks	
Bathroom Sinks	
1 Compartment Sink	
2 Compartment Sink	
3 Compartment Sink	
Vegetable Sink	
Overhead Spray Rinse	
Bar Sink ___ 3 compartment ___ 4 compartment	
Cook Sink	
Hot Water Filling Faucet	
Bain-marie	
Coffee Urn	
Kettle Stand	
Garbage Can Washer	
9 & 12 lb. Clothes Washer	
16 lb. Clothes Washer	
Employee Shower	
Mop Sink	
Dishmachine ___ hot water ___ chemical Dishmachine Make & model: _____	
Other:	
Other:	

80. **Water Heater #1** Manufacturer:_____ Model number:_____

A. Hot water heater proposed size: Electric _____ KW
Gas _____ BTU's Thermal Efficiency:_____%

B. Hot water heater storage capacity: _____ gallons

C. Hot water heater recovery rate: _____ gallons per hour (@100º rise)

Attach information for any additional water heaters. Specify what area each water heater services and whether or not units will be installed in parallel.

81. Do hot water heater(s) serve any non-food equipment areas? If yes describe:

82. **Dishmachine Booster Heater** ____ KW ____ BTU Make _____ Model # _____

83. **Refrigerated and Dry Food Storage (see manual parts 3 & 7)**

It is **essential** that a reliable estimate be made of the number of customers that are served or buy food between deliveries, in order to calculate dry and refrigerated storage capacities.

A. # meals or people served per day = _____

B. # days between deliveries = Dry Food _____ Refrigerated Items _____

C. # meals between deliveries (AxB =) Dry Food 0_____ **Refrigerated Items** 0_____

83. (cont'd.) Please describe any assumptions made in determining the meal quantity estimate:

84. **Refrigerated Storage (see manual part 3)**

Walk-in Item #	**Interior Usable Height (ft)	Interior Length (ft)	Interior Width (ft)

*Upright Item #	Interior Depth (in)	Interior Width (in)	Interior Height (in)

*Working, preparation and line refrigerators should not be included. Only storage units.

85. **Dry Storage (see manual part 7)**

Storage Rooms*

**Usable room height (ft)	Interior Length (ft)	Interior Width (ft)

*Please note the location of any auxiliary storage (i.e outside storage).
**To determine usable height, determine height from floor to ceiling, then subtract height of food off floor (usually 6") and height of food from ceiling (usually 12-18").

<u>Or if there is no dry storage room proposed</u>

For full height shelves

Total Shelving Length (ft)	Shelving Width (ft)

86. **Ventilation Air Balance Schedule (see manual part 15)**

Make-up air unit #	**CFM***	**Ventilation exhaust hood # or name**	**CFM***
		Toilet exhaust	
		Other exhaust	
Total Make-Up Air	0	**Total Exhaust**	0

*CFM=cubic feet per minute

Suggestion Sheet
Food Establishment Plan Review Worksheet

Suggestions for changes to this plan review worksheet are welcomed from all users (i.e. food service operators, architects, engineers and regulators, etc.). Revisions to documents are made periodically as needed. Thank you for taking the time to submit your ideas.

Name:_____ Phone: _____ Fax: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Submit to:
Plan Review Specialist
Food Service Sanitation Section
Food & Dairy Division
Michigan Department of Agriculture
PO Box 30017
Lansing, MI. 48909

Fax: 517-373-3333
E-mail: beseyk@michigan.gov

For suggested changes, please list section specific location in document. You may list your suggestions below or attach separate sheets. Please be specific and clear.

Food & Dairy Division
Michigan Department of Agriculture
PO Box 30017
Lansing, MI 48909
Ph: (517) 373-1060
www.michigan.gov/mda