

# Food Plan Review Checklist

**Facility Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

- New  Remodeled
- Plans received. Date: \_\_\_\_\_  Fee Paid.
- Plans to scale.
- Menu received. Date: \_\_\_\_\_
- Adequate for review as submitted.
  - Revised plans / specs. requested in writing. Date: \_\_\_\_\_, \_\_\_\_\_
- Plan reviewer's worksheet used for plan review.
- MDCIS ventilation approval confirmed (optional) \_\_\_\_\_ or,
  - Ventilation review details documented.
- Date(s) of letters sent during review: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- Date(s) of responses received: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- Final plan approval letter, referencing date plans marked approved and scope of approval granted. Date: \_\_\_\_\_
- Plans marked approved and dated.
- Variances granted properly approved and documented.
- Smoke test complete (optional).
  - Smoke test methods & results documented.
- Mechanical approvals verified. (optional) Approval letter received: \_\_\_\_\_
- Pre-opening inspection made. Date: \_\_\_\_\_
  - Inspection form used for pre-opening inspection.
  - Reinspection date(s) w/inspection report. Date: \_\_\_\_\_, \_\_\_\_\_
- Type II water supply documentation complete.
  - Approved permit / sanitary survey on file.
  - Required water samples on file.
- Approved sewage permit on file.
- Air balance report received (optional). Date: \_\_\_\_\_
  - Air balance report approved (optional) Date: \_\_\_\_\_
- Plan stored. Location / #: \_\_\_\_\_
- Tracking log or database updated.
- License submitted

Notes:

X = completed / -- = not applicable