



Michigan Department of Agriculture and Rural Development

Fixed Food Establishment Plan Review Worksheet

To be completed by the operator and submitted to the local health department
or the Michigan Department of Agriculture and Rural Development,
(whichever will be conducting the plan review).

Establishment Name: _____

Address: _____

City, State, Zip: _____

Food & Dairy Division
Michigan Department of Agriculture
and Rural Development
P.O. Box 30017
Lansing, MI 48909
(800) 292-3939

Pages 9-23 ask structural and equipment questions that the operator may wish to have the contractor or architect assist in completing.

Refer to the Fixed Food Establishment Plan Review Manual for technical assistance in completing this worksheet. This manual is available from your reviewing agency or by visiting; <https://www.michigan.gov/mdard/food-dairy/lhdresources/planreview>

It is important to complete this document in its entirety. Sections that are left blank may cause delays in the plan review of your food establishment. If a section is not pertinent to your operations, writing in NA for not applicable in that section would suffice.

Food Manager Knowledge

Under the Food Law of 2000, as amended, food establishments are REQUIRED to have a person in charge (PIC) during all hours of operation and at least one active managerial employee that has completed and obtained a Certified Food Manager (CFM) certificate under a program accredited by American National Standards Institute (ANSI). A list of ANSI accredited programs can be found at: <https://www.ansi.org/Accreditation/credentialing/personnel-certification/food-protection-manager/ALLdirectoryListing?menuID=8&prqID=8&statusID=4>

A designated person in charge shall demonstrate knowledge of foodborne disease prevention, application of food safety, (HACCP) principles, and the requirements of the Food Code.

Please check all that apply:

Certified Food Manager's (CFM) Certificate submitted: YES NO

Employee currently in or signed up for CFM class: YES NO
If yes, submit invoice for class.

Menu

It is REQUIRED to provide a full menu including all beverages or minimally a list of foods offered. The menu does not have to be the final print version; this will be requested later. It is suggested that a "proof" copy of the menu be submitted for approval prior to final printing. Additionally, it should be noted if the establishment will host guest chefs or "popup" restaurants that may serve food items not listed on the menu.

The customer must be informed by means of a consumer advisory that a menu item contains raw or undercooked foods of animal origin. A guidance document on providing a consumer advisory can be found at: [Consumer Advisory Guidance Document](#)

Menu submitted: YES NO

Will establishment host guest chefs or "popup" restaurants: YES NO

Menu items contain raw or undercooked animal-based foods: YES NO

If YES, the menu contains a consumer advisory: YES NO

SOP's and HACCP

It is REQUIRED to provide a full set of Standard Operating Procedures (SOP's). A SOP manual can be accessed at: <https://www.michigan.gov/mdard/food-dairy/lhdresources/planreview> SOPs should be specific to your menu, food processes, and equipment.

Standard Operating Procedures (SOP's) submitted: YES NO

Hazard Analysis and Critical Control Points (HACCP) plan is a written document that outlines the formal procedure for specialized food processes such as smoking food for preservation, curing, reduced oxygen packaging, fermentation, and/or packaging raw unpasteurized juice (FDA Food Code 3-404.11, 3-502.11, 3-502.12, 3-801.11). Products produced for wholesale under the Code of Federal Regulations, may also require specific HACCP plans under these regulations. Please consult your regulatory agency if you plan to wholesale products (i.e. sell to another retail or food service operation).

Facility performing a specialized food process: YES NO

If YES, HACCP plan submitted: YES NO

Facility making products to wholesale: YES NO

****Submission of a HACCP plan, during the plan review process, does not mean the submitted HACCP plan is automatically approved. Further review of your submitted HACCP plan by the regulatory authority will be conducted and communicated with you.**

6. Cooling TCS food: List foods that will be cooled using each of the following methods. Hot TCS foods must be cooled from 135°F to 70°F in 2 hours or less and within a total of 6 hours from 135°F to 41°F or less. If prepared from room temperature or pre-chilled ingredients (i.e. tuna salad) then the foods must be cooled from 70°F to 41°F within 4 hours.

| Cooling Method | Food Items |
|--|------------|
| Shallow pans under refrigeration | |
| Ice bath | |
| Volume Reduction (e.g. quartering a large roast) | |
| Rapid chill equipment (e.g., blast chillers) | |
| Ice paddles | |
| Other (describe method as well as listing foods) | |

7. Bare hand contact: How will employees avoid bare hand contact with ready-to-eat foods? Check all that apply.

- Disposable Gloves Deli Tissue
 Suitable Utensils Other: Describe: _____

8. Will produce be cleaned on-site? YES NO

If YES, describe which sink(s) will be used for food preparation:

9. Date marking: When TCS food is ready-to-eat and will be kept under refrigeration for more than 24 hours after preparation/opening, a date marking system must be utilized. Note: The day of preparation counts as Day 1.

Will the establishment have food items that must be date marked? YES NO

If YES, list the foods or types of foods involved. Ensure a standard operating procedure is submitted for this process.

10. Catering/off-Site/satellite: This section is intended for food that will be served by establishment employees off-site from the planned establishment. This section does not pertain to the delivery of pre-ordered food to a customer (e.g. delivering a pizza).

Complete section A through F, if establishment employees will be serving food off-site at other locations.

A. List of menu items to be served off-site:

B. Maximum number of meals per day taken to or prepared at off-site location:

C. How will hot food be held at proper temperature during transportation and at the off-site location?

D. How will cold food be held at proper temperature during transportation and at the off-site location?

E. What type of vehicle(s) will be used to transport food?

F. What types of food shields or food protection devices will be used at the off-site location?
(See plan review manual Part 4)

***Food that is prepared off-site from the planned establishment, would not be covered under the planned establishment's food license and additional food licensure may be needed for this off-site food preparation. Consult with your regulatory agency regarding possible additional food licensing.

Sinks & Warewashing Facilities

(See Fixed Food Establishment Plan Review Manual Part 8)

11. Dishwashing methods, mark all that apply. Dishmachine 3-Compartment Sink(s)

| Dishwashing Sinks | Length (inches) | Width (inches) | Depth (inches) |
|---|-----------------|----------------|----------------|
| 1 st 3-compartment sink, size of compartments (basins) | | | |
| 2 nd 3-compartment sink, size of compartments (basins) | | | |
| 3 rd 3-compartment sink, size of compartments (basins) | | | |

- A. The 3-compartment sink must accommodate immersion of the largest item needing cleaning. What is the largest item that will have to be washed in a sink and its size? Please list all dimensions (length, width, and depth or height and diameter for a round item).

- B. List the location of all garbage disposals (Disposals cannot be in a food preparation sink or the basin of a warewashing sink.)

- C. If a dishmachine/glasswasher will be utilized, list the make and model number of unit and how the unit will sanitize (e.g. chemical or high temperature).

| Dishmachine/Glasswasher | Make | Model # | Sanitizing Method |
|-------------------------|------|---------|-------------------|
| 1 st Unit | | | |
| 2 nd Unit | | | |
| 3 rd Unit | | | |

12. What type of mop (service) sink will be provided (e.g. curbed floor drain, mop sink on legs, etc.)? Ensure location of this sink is indicated on the equipment plan.

General

(See Fixed Food Establishment Plan Review Manual Part 16)

13. Will employee dressing rooms be provided? YES NO

If NO, describe how and where personal belonging will be stored.

14. Will laundry be done on-site? YES NO

If YES, mark which of the following will be used on-site. Washer Dryer

Describe what will be laundered on-site.

Room Finish Schedule

(See Fixed Food Establishment Plan Review Manual Part 10)

Describe the floor, coving, wall, and ceiling materials that will be used in each of the listed areas. See plan review manual Part 10 for a list of possible materials.

| Area | Floor | Coving* | Wall | Ceiling |
|--------------------------------------|-------|---------|------|---------|
| 15. Preparation | | | | |
| 16. Cooking | | | | |
| 17. Dishwashing | | | | |
| 18. Dry Storage | | | | |
| 19. Bar | | | | |
| 20. Dining | | | | |
| 21. Public and/or Employee Restrooms | | | | |
| 22. Dressing Room | | | | |
| 23. Walk-in Cooler | | | | |
| 24. Walk-in Freezer | | | | |
| 25. Garbage Room | | | | |
| 26. Janitor Closet/Mop Sink Room | | | | |
| 27. | | | | |
| 28. | | | | |

*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.

Solid Waste/Refuse Storage

(See Fixed Food Establishment Plan Review Manual Part 17)

36. Outside Solid Waste/Refuse Storage

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

B. Describe the type of surface that will be under the container.

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

D. Describe how solid waste/refuse will be transported from the interior of the establishment to the outside waste/refuse storage area.

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

37. Inside Storage

A. Describe any inside solid waste storage (garbage, boxes, etc.) or solid waste container cleaning area (e.g. garbage can cleaning area).

B. Will any compactors, garbage rooms, garbage transport carts, or dumpsters be located inside? YES NO

If YES, make sure to show location on site plan

C. Describe the location where damaged merchandise or unacceptable products to be returned will be stored.

D. Describe how and where waste grease from equipment such as fryers will be handled and stored.

E. Describe how and where redeemables/returnables/recyclables will be stored.

F. Mark the types of materials that will be recycled.

- Glass Metal Paper Cardboard Plastic

Plumbing Cross-Connections

(See Fixed Food Establishment Plan Review 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 sewage disposal sections (e.g., a dishwasher may have an AVB on the water supply and an air-gapped drain). Mark appropriate boxes.

Backflow Prevention Device Abbreviations

AVB=atmospheric vacuum breaker **PVB**=pressure vacuum breaker

RPZ=reduced pressure principle backflow preventer **DC w/AV**= Double check valve with an atmospheric vent

| Fixture | Sewage Disposal | | | Water Supply | | | | | |
|---|-----------------|-----------|----------------|--------------|-----|-----|-----------|---------|---------|
| | Air Gap | Air Break | Direct Connect | AVB | PVB | RPZ | Hose Bibb | DC w/AV | Air Gap |
| 38. Dishwasher | | | | | | | | | |
| 39. Glasswasher | | | | | | | | | |
| 40. Garbage grinder | | | | | | | | | |
| 41. Ice machine | | | | | | | | | |
| 42. Ice storage bin | | | | | | | | | |
| 43. Mop sink | | | | | | | | | |
| 44. 3-compartment sink | | | | | | | | | |
| 45. Culinary (food preparation) Sink | | | | | | | | | |
| 46. Other sinks, except handsinks, (1 or 2 compartments) | | | | | | | | | |
| 47. Steam tables/Bain-marie | | | | | | | | | |
| 48. Dipper wells | | | | | | | | | |
| 49. Hose connections | | | | | | | | | |
| 50. Refrigeration condensate drain lines | | | | | | | | | |
| 51. Beverage dispenser with carbonator | | | | | | | | | |
| 52. Water softener drain | | | | | | | | | |
| 53. Walk-in floor drain | | | | | | | | | |
| 54. Wok range | | | | | | | | | |
| 55. Chemical dispenser | | | | | | | | | |
| 56. Outside sprinkler or irrigation system | | | | | | | | | |
| 57. Power washer | | | | | | | | | |
| 58. Retractable hose reel | | | | | | | | | |
| 59. Toilet | | | | | | | | | |
| 60. Urinal | | | | | | | | | |
| 61. Boiler | | | | | | | | | |
| 62. Espresso machine | | | | | | | | | |
| 63. Combi-style oven | | | | | | | | | |
| 64. Kettle | | | | | | | | | |
| 65. Rethermalizer | | | | | | | | | |
| 66. Steamer | | | | | | | | | |
| 67. Overhead spray rinse | | | | | | | | | |
| 68. Hot water dispenser | | | | | | | | | |
| 69. Coffee machines, juice dispensers or other non-carbonated beverage dispensers | | | | | | | | | |
| 70. Other (describe): | | | | | | | | | |

Formula Information

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

While the following information will be used to provide a good calculated baseline of how much hot water, refrigerated storage, and dry storage space may be needed, your regulatory agency does have the authority to adjust these calculated amounts based upon the specific operations of your facility.

71. Hot Water

(See Fixed Food Establishment Plan Review Manual Part 12)

| List each plumbing fixture that has a hot water supply line. Each fixture should only be listed once. | Fixture Count |
|---|---------------|
| Handsinks (not including restroom sinks) | |
| Restroom Sinks | |
| Single Compartment Sink | |
| Double Compartment Sink | |
| Triple (three) Compartment Sink | |
| Food Preparation Sink | |
| Overhead Spray Rinse | |
| Bar Sink-three compartment | |
| Bar Sink-four compartment | |
| Cook Sink | |
| Hot Water Filling Faucet | |
| Steam Table/Bain-Marie | |
| Coffee Urn | |
| Kettle Stand | |
| Garbage Can Washer | |
| 9 & 12 lb. Clothes Washer | |
| 16 lb. Clothes Washer | |
| Shower Heads | |
| Mop Sink | |
| Dump Sink | |
| Dishmachine/Glasswasher | |
| Other (describe): | |
| Other (describe): | |

72. Water Heater

Manufacturer: _____ Model #: _____

A. Water heater proposed size:

KW: _____ Or BTUs: _____

B. Water heater storage capacity in gallons: _____

C. Water heater recovery rate @100°F: _____

D. Tankless units:

Gallons per minute @ 70°F rise: _____

and

Gallons per minute @ 100°F rise: _____

Attach information for any additional water heaters. Specify what area each water heater services and whether units will be installed in series or parallel.

73. Dishmachine Booster Heater:

Manufacturer: _____ Model #: _____

Booster heater proposed size:

KW: _____ Or BTUs: _____

Refrigerated and Dry Food Storage

(See Fixed Food Establishment Plan Review Manual Parts 3 & 7)

It is essential that a reliable estimate be made of the number of meals/customers that are served between deliveries to calculate dry and refrigerated storage capacities.

A. # meal/customers estimated to be served per day: _____

B. # days between deliveries: Dry food _____ Refrigerated food _____

C. # meals/customers between deliveries (A x B =): Dry Food _____ Refrigerated food _____

Please describe any assumption made in determining the meal quantity estimate.

74. Refrigerated/Freezer Storage
 (See Fixed Food Establishment Plan Review Manual Part 3)

Working, preparation or line refrigerators/freezers should not be included in this section. While these types of units may be needed in the operation of your facility, these are not intended for long term cold storage.

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

**The usable height within a walk-in is the space available for storage. Food is to be stored 6" from the floor and generally 12" to 18" from the ceiling of the unit.

| Reach in Item # | Interior Depth (in) | Interior Width (in) | Interior Height (in) |
|-----------------|---------------------|---------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Will the reported cold storage space be utilized for storage of bulky food items (e.g. boxes of whole produce, kegs, large meat boxes, bottled beverage), storage of any non-food items or for any food preparation processes (e.g. cutting of meat, drying/aging/fermentation of food)? YES NO

If YES, what units, or what percentage of the reported cold storage space, will be used for these purposes?

75. Dry Storage
 (See Fixed Food Establishment Plan Review Manual Part 7)

*Storage Rooms

| **Usable room height (ft) | Interior Length (ft) | Interior Width (ft) | ***% Usable Floor Space |
|---------------------------|----------------------|---------------------|-------------------------|
| | | | |
| | | | |
| | | | |

*Please note the location of any auxiliary storage (e.g. outside storage) on site plans.

**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"). Average usable height is 4 to 7 feet.

***% Usable Floor Space is the actual percentage of floor space available for storage, this is typically 0.3 to 0.8 (30% to 80%).

Or, if there is no dry storage room proposed, report all dry storage shelf dimensions:

Storage Shelving

| Length of Shelf (ft) | Depth of Shelf (ft) | Clearance/Height between Shelves (ft) | # of Shelves per Unit | # of Units Proposed |
|----------------------|---------------------|---------------------------------------|-----------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Will the reported dry storage space be utilized for storage of non-food items such as equipment/utensils, cleaning supplies, maintenance supplies, empty bottles/cans, linens, promotional items, etc.? YES NO

If YES, what shelving units, or what percentage of the reported dry storage space, will be used for this purpose?

B. What food equipment will be used for outdoor preparation/cooking and will this equipment be portable or permanently fixed outdoors? Complete following chart and mark appropriate boxes.

| Outdoor Equipment | Portable | Permanent |
|-------------------|----------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

C. How do you intend to transport food between the outdoor preparation/cooking area and the interior of the kitchen?

D. How will handwashing be addressed at the outdoor preparation/cooking area?

E. Where will the outdoor preparation/cooking area be located on the premises? Ensure this is indicated on your site plan.

F. How will the outdoor preparation/cooking area be protected from unauthorized access?

G. What overhead protection will be provided? What materials will be used?

H. Will walls be provided? If so, what materials will be used and what coving material will be provided?

I. What type of floor/ground will be present in the outdoor preparation/cooking area?

J. What type of cooking fuel will be used and how will refuse and waste ash be collected in the outdoor preparation/cooking area?

K. What lighting will be provided in the outdoor preparation/cooking area and how will it be shielded?
