

STATE OF NEVADA
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 ENVIRONMENTAL HEALTH SECTION
www.dpbh.nv.gov
PLAN REVIEW FOR FOOD ESTABLISHMENT
PART B: BUILDING SPECIFICATIONS



Date Received: _____
 Date Approved: _____
 Approved By: _____

Submitting incomplete plans will delay the plan review process. Please answer every question that applies to your food service operation

Food Establishment Type (Check ONLY one:)

- | | | |
|---|--|---|
| <input type="checkbox"/> Food Establishment – Restaurant | <input type="checkbox"/> Food Supporting Facilities – For Special Kitchen | <input type="checkbox"/> Manufactured Food – Acidified |
| <input type="checkbox"/> Food Establishment – Bar/Service Bar | <input type="checkbox"/> Food Supporting Facilities – Portable Bar Unit (Each) | <input type="checkbox"/> Manufactured Food – Aseptic |
| <input type="checkbox"/> Food Establishment – Catering | <input type="checkbox"/> Shellfish Distribution | <input type="checkbox"/> Manufactured Food – Low Acid Canned |
| <input type="checkbox"/> Food Establishment – Snack Bar/Concession | <input type="checkbox"/> Food Market – Packaged Foods | <input type="checkbox"/> Manufactured Food – Meat/Poultry |
| <input type="checkbox"/> Food Establishment – Mobile Units | <input type="checkbox"/> Food Market – Deli | <input type="checkbox"/> Manufactured Food – Juice |
| <input type="checkbox"/> Food Establishment – Bed & Breakfast | <input type="checkbox"/> Food Market – Produce | <input type="checkbox"/> Manufactured Food – Supplements |
| <input type="checkbox"/> Food Establishment – Portable Food Unit/Buffer | <input type="checkbox"/> Food Market – Meat | <input type="checkbox"/> Manufactured Food – Warehouse |
| <input type="checkbox"/> Food Establishment – Correctional Facility | <input type="checkbox"/> Food Market – Seafood | <input type="checkbox"/> Manufactured Food – Bottled Water (In-State) |
| <input type="checkbox"/> Food Establishment – School Kitchen | <input type="checkbox"/> Food Market – Bakery | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Food Establishment – Retail Warehouse | <input type="checkbox"/> Manufactured Food – GMP | |
| <input type="checkbox"/> Food Supporting Facilities – Barbeque | | |

NAME OF FOOD FACILITY			
PHYSICAL LOCATION OF FOOD FACILITY			
PHONE			
CONTRACTOR		PHONE	
ADDRESS			
ALTERNATE PHONE		E-MAIL	
CONSULTANT		PHONE	
ADDRESS			
ALTERNATE PHONE		E-MAIL	
ARCHITECT/ENGINEER		PHONE	
ADDRESS			
ALTERNATE PHONE		E-MAIL	

Project Information

Project Start Date: _____	Project End Date: _____
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Facility Information: Applications and/or plans have been submitted to the following regulatory authorities for review:

<input type="checkbox"/> Local Regulatory Authority	<input type="checkbox"/> Public Works	<input type="checkbox"/> Planning/Zoning
<input type="checkbox"/> Building Department	<input type="checkbox"/> Fire Department/State Fire Marshall	<input type="checkbox"/> NV Division of Environmental Protection

Facility Information (Select One)

<input type="checkbox"/> New Construction	<input type="checkbox"/> Remodel	<input type="checkbox"/> Ownership Change
Inside Facility: _____	Number of Seats: _____	Square Feet: _____
Outside Facility: _____	Number of Seats: _____	Square Feet: _____
Staff: Max per shift: _____	Staff: Total Number: _____	Staff: No. who prepare food: _____
Number of floors on which operations are conducted: _____		
Will any equipment be located outdoors?		<input type="checkbox"/> Yes <input type="checkbox"/> No (i.e. outdoor BBQ/cooking area or waitress station)
Meals to be served:		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Beverages Only <input type="checkbox"/> Snack Bar Only

Finish Schedule					
	Floor	Coving	Walls	Ceiling	Shelves
Example: Kitchen	Quarry tile Smooth, Sealed	Quarry tile Smooth, Sealed	FRP, Smooth, White Stainless Steel, Painted Smooth	Vinyl acoustical tile, smooth	Wood, Painted, Smooth & Stainless Steel
Kitchen					
Bar					
Food Storage					
Dry Storage					
Toilet Rooms					
Garbage/Refuse					
Mop Sink Area					
Janitorial Closet					
Dishwashing					
Walk-in Refrigerator					
Walk-in Freezer					
Other					

Insect and Rodent Control					
Area	Air Curtain	Screening/Weather Stripping	Self-Closing	Dock Boots	Pipes/Ventilation Sealed
Customer Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving Doors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Window	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If electric insect devices are being used, indicate location and placement. Number of Units: _____					
Type		Location		Service Provider	

Plumbing Cross Connections						*Water Supply:
Fixture	AVB	PVB	RPZ	VDC	HB	
If yes mark box with an X	Yes (x)	Yes (x)	Yes (x)	Yes (x)	Yes (x)	
Dishwasher						
Glass washer						
Power washer						
Garbage Grinder						
Ice Machine						
Ice storage Bin						
Mop Sink						
3 Compartment Sink						
2 Compartment Sink						
1 Compartment Sink						
Steam Tables						
Dipper Wells						
Hose Connection(s)						
Refrigeration Condensation Lines						
Beverage Dispenser with carbonator						
Beverage Lines (Soda Guns)						
Water Softener						
Walk-in floor drain						
Wok Range						
Detergent feeder on faucet						
Boiler Unit						
Bain-Marie						
Coffee/Espresso Machine						
Kettle						
Rethermalizer						
Overhead Spray Lines (vegetable spray)						
Hot Water Dispenser						
Water Supply from Public Water System						
Fire Sprinkler System						

AVB: Atmospheric vacuum breaker;



PVB: Pressure Vacuum Breaker;



RPZ: Reduced Pressure Principle Backflow Preventer;



HB: Hose Bib Vacuum Breaker;



Carbonation, dual check valve




Garbage and Refuse Areas	
Indicate what types of units will be used	Location
Are you using a disposal service? If so, who?	
<input type="checkbox"/> Standard Containers (Indicate Gal Size) _____	
<input type="checkbox"/> Dumpsters (Indicate Size) _____	
<input type="checkbox"/> Recycle Bins	
<input type="checkbox"/> Compactors	
<input type="checkbox"/> Rendering (Grease) Bins	
Other:	
Other:	

Garbage and Refuse Area						
Indicate What types of garbage facilities will be used:						
Will garbage be stored?	Are lids Provided?	Number	Size	Frequency of Pick Up	Surface Type (i.e., concrete, asphalt)	Service Provider
<input type="checkbox"/> Inside						
<input type="checkbox"/> Outside						

Water Supply		
Indicate		
1. Is water supply		
(a) <input type="checkbox"/> Public? (Community Water System)		
(b) <input type="checkbox"/> Private? (Well)		
If private, has source been approved by NDEP?	Yes	No
If private, is a copy of the NDEP permit attached to this application?	Yes	No
2. Is the hot water heater sufficient for the needs of the establishment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Is there a water softener device?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(a) How will the water softener be inspected and serviced?		
4. Are the locations and types of backflow prevention devices indicated on the plans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Hot Water Supply Information		
Water Heater Information		
Manufacturer:		
Model Number:		
Hot water heater size?	<input type="checkbox"/> Gas (BTUs):	<input type="checkbox"/> Electric (KW):
Hot water storage capacity?	Gallons:	
Hot water heater recovery rate?	Gallons per Hour:	
Is a Dishwasher Booster Heater provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dishwasher Booster Heater	<input type="checkbox"/> Gas (BTUs):	<input type="checkbox"/> Electric (KW):
Manufacturer:		
Model Number:		

Sewage Supply		
Indicate		
1. Is sewage system <input type="checkbox"/> Municipal or a <input type="checkbox"/> Private disposal system? If private, has design been approved by NDEP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Private: Is a copy of the NDEP approval letter attached to this application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d) Municipal: Is a copy ³ of the will serve letter attached to this application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is a grease interceptor or grease trap provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(a) What type?		
(b) Where is it located?		
(c) What is the size?		
(c) Who will the unit be serviced by?		
(e) How frequently will the unit be serviced?		
(d) How will the unit be serviced by?		
<i>Important Note: If trap is not required, verification from sewer authority must be attached.</i>		
3. Are the locations and types of backflow prevention devices indicated on the plans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Plan Review Information

- **APPROVAL of the plans and specifications is required PRIOR to the start of new construction or remodel.**
- **Pre-operational or Final inspection: The Environmental Health Section must be notified of a request for a preoperational or final inspection at least 10 working days before anticipated opening of the establishment.**

When Submitting this plan include the following documents with this plan review application:

- List of Equipment: Manufacturer specification sheets for each piece of equipment shown on the plan. If applicable, all shop drawings of all custom-built equipment. An equipment schedule must link specification sheets to each piece of equipment on the plan.
- Outside Site Plan showing location of business, including alleys, streets; and location of any outside equipment, including but not limited to, storage areas, dumpsters, wells, septic systems etc.
- Floor Plan drawn to scale showing location of equipment, plumbing, electricity services and mechanical ventilation.

Please include the following information on the plot plan of the Food Establishment:

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot to allow for ease in reading plans. Provide the room size, aisle space, space between and behind equipment, and the placement of the equipment on the floor plan.
2. Show seating capacity, inside and outside of the establishment.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Provide the room size, space between equipment, and the placement of the equipment on the floor plan, clearly indicate:
 - a. All hand washing stations, restrooms, food preparation areas, food preparation sinks, ware washing sinks, mop sinks, hot/cold holding equipment. Self-service units with drawings of sneeze guards.
 - b. Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Cabinets for storing toxic chemicals. Dressing rooms, locker areas, and employee rest areas.
4. Provide a color-coded flow chart demonstrating flow patterns for: (1) food - receiving, storage, preparation, service; (2) food and dishes - transport, service; (3) dishes - clean, soiled, cleaning, storage; (4) utensil - storage, use, cleaning; (5) Indoor garbage - service area, holding, and storage.
5. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Locations for storing chemicals or toxins
 - c. Indicate any outdoor cooking, waitress stations or beverage dispensing operations
 - d. Location for the storage of personal items such as dressing rooms, locker areas and employee break areas.
 - e. Complete finish schedules for each room including floors, walls, ceilings and covered juncture bases;
 - f. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment, backflow prevention, and wastewater line connections;
 - g. Lighting and reflected ceiling plan – indicate the types of lights and shielding. Specify ceiling finish.
 - h. Mechanical ventilation – include hoods and exhaust fans.

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the EHS Program may nullify final approval and may delay or prevent timely opening of my establishment.

Signature of Applicant	Print Name	Date