

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



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	
Facility Phone Number	

Owner Name		Phone	
Address			
Alternate Phone		E-Mail	

Other Contact		Phone	
Address			
Alternate Phone		E-Mail	

Other Contact		Phone	
Address			
Alternate Phone		E-Mail	

Project Information

Estimated Date for Pre-Opening Inspection	
--	--

Project Information

Who will be completing Part B: Building Specifications	
---	--

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.**

ESTIMATED NUMBER AND TYPE OF MEALS TO BE SERVED PER DAY					
Breakfast		Lunch		Dinner	
MAXIMUM NUMBER OF KITCHEN STAFF AVAILABLE PER SHIFT					
Breakfast		Lunch		Dinner	
TYPE OF SERVICES:					
<input type="checkbox"/> Sit Down <input type="checkbox"/> Catering <input type="checkbox"/> Take Out <input type="checkbox"/> Mobile <input type="checkbox"/> Food Processing <input type="checkbox"/> Food Service Outside <input type="checkbox"/> Outdoor BBQ <input type="checkbox"/> Outdoor Wait Station					
SERVICE WARE					
<input type="checkbox"/> Single Service Ware (Disposable) <input type="checkbox"/> Reusable (Food Grade, Washable) <input type="checkbox"/> Both					
OTHER QUESTIONS					
Will food be transported to another location as with a catering operation or satellite kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will the facility be bagging ice for retail sales? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will the establishment prepare foods that will be sold to other retail food establishments <input type="checkbox"/> Yes <input type="checkbox"/> No					

RISK CATEGORY: DESCRIBE RISK CATEGORY BASED ON EXAMPLES PROVIDED (SELECT ONE)	
	<p>Low Risk – Category 1 Examples include most convenience store operations, indoor hot dog carts, and coffee shops. Establishments that serve or sell only pre-packaged, non-potentially hazardous foods (non-time/Temperature Control for Safety (TCS) foods). Establishments that prepare only non-potentially hazardous foods (non-TCS foods). Establishments that heat only commercially processed, potentially hazardous foods (TCS foods) for hot holding. No cooling of potentially hazardous foods (TCS foods).</p>
	<p>Moderate Risk – Category 2 Examples may include retail food store operations, schools not serving a highly susceptible population, and quick service operations. Limited menu. Most products are prepared/cooked and served immediately. May involve hot and cold holding of potentially hazardous foods (TCS foods) after preparation or cooking. Complex preparation of potentially hazardous foods (TCS foods) requiring cooking, cooling, and reheating for hot holding is limited to only a few potentially hazardous foods (TCS foods).</p>
	<p>High Risk – Category 3 An example is a full-service restaurant. Extensive menu and handling of raw ingredients. Complex preparation including cooking, cooling, and reheating for hot holding involves many potentially hazardous foods (TCS foods). Variety of processes require hot and cold holding of potentially hazardous food (TCS food).</p>
	<p>Very High Risk – Category 4 Examples include preschools, hospitals, nursing homes, and establishments conducting processing at retail. This category includes establishments serving a highly susceptible population or that conduct specialized processes, e.g., smoking and curing; reduced oxygen packaging for extended shelf-life. Many of these are now regulated by Bureau of Health Care Quality and Compliance (HCQC).</p>

CHECK EQUIPMENT WHICH SHOULD BE INCLUDED IN BUILDING SPECIFICATIONS					
<input type="checkbox"/>	Hand sinks	<input type="checkbox"/>	Dry Storage Areas	<input type="checkbox"/>	Ventilation Hoods
<input type="checkbox"/>	Food Preparation Sinks	<input type="checkbox"/>	Ice Bins/Machines	<input type="checkbox"/>	Chemical Dispensing Units
<input type="checkbox"/>	Utility Mop Sinks	<input type="checkbox"/>	Wait Stations	<input type="checkbox"/>	Chemical Storage Areas
<input type="checkbox"/>	Dump Sinks	<input type="checkbox"/>	Bar Service Areas	<input type="checkbox"/>	Personal Storage Areas
<input type="checkbox"/>	Warewashing Sinks	<input type="checkbox"/>	Water Heater Locations	<input type="checkbox"/>	Garbage/Recyclables Storage
<input type="checkbox"/>	Dish machines	<input type="checkbox"/>	Indoor/Outdoor Seating	<input type="checkbox"/>	Dipper Wells
<input type="checkbox"/>	Toilet Facilities	<input type="checkbox"/>	Outdoor Cooking/Bar/Patio	<input type="checkbox"/>	Grease Interceptor/Grease Trap
<input type="checkbox"/>	Floor Sinks and Floor Drains	<input type="checkbox"/>	Buffet Lines	<input type="checkbox"/>	Laundry Facility Locations

CHECK TYPE OF SERVICE (CHECK THE FOOD SERVICE THAT BEST DESCRIBES YOUR OPERATION)	
<input type="checkbox"/>	Cook and Serve
<input type="checkbox"/>	Cook, Hold Hot and Serve
<input type="checkbox"/>	Cook, Chill, Reheat, Hold Hot and Serve
<input type="checkbox"/>	Hold Cold and Serve
<input type="checkbox"/>	Commercially packaged food only (except beverage)

DESCRIBE TYPE OF SPECIAL PROCESSES	<input type="checkbox"/> This establishment performs no special processes
<input type="checkbox"/> Sous Vide	
<input type="checkbox"/> Reduced Oxygen Packaging	
<input type="checkbox"/> Using Food Additives or Components to improve shelf-life or render foods shelf-stable	
<input type="checkbox"/> Smoking for Preservation	
<input type="checkbox"/> Curing, Drying Meat, Poultry or Fish	
<input type="checkbox"/> Molluscan Shellfish Life Support System Display Tank	
<input type="checkbox"/> Raw Fish: Sashimi, Sushi, Cerviche	
<input type="checkbox"/> Custom Processing of Animals	
<input type="checkbox"/> Juice Processing and Packaging for off-site sale	
<input type="checkbox"/> Fermenting Pickles and Sauerkraut or Sausage	
<input type="checkbox"/> Acidification, Low Acid Canned Food	
<input type="checkbox"/> Sprouting	

Indicate the categories of Potentially Hazardous Foods (TCS/PHF) to be handled, prepared and served		
<input type="checkbox"/> Not applicable – the establishment does not serve Potentially Hazardous Foods.		
Thin meats, poultry, fish, and eggs (Examples – pizza, hamburger, deli sliced meats, fillets)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Thick meats, whole poultry (Examples - roast beef; whole turkey, chicken and pork)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cold processed foods (Examples - Salads: green/potato/slaw, sandwiches)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hot processed foods (Examples - soups, stew, rice, noodles, gravy, casserole)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bakery Items (Examples - pies, custards, cream filling, meringue)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Raw or Partially Raw: Meat, seafood, or poultry cooked (Examples: sushi, steak tartar, or oyster shooters)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fish: Serving fish that requires parasite destruction, processed on site (Example: sushi, lox, ceviche),	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fresh or live shellfish (Oysters, Mussels, Clams, Some Scallops)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Exotic Mushrooms	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Food Delivery Schedules and Storage Capacity	
Projected frequency of delivery:	Storage Capacity (Cubic Feet)
Frozen <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed	
Refrigerated <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed	
Dry Goods <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed	

DESCRIBE ANY SPECIAL SCHEDULES

COLD STORAGE <input type="checkbox"/> Not applicable – this establishment does not cold hold any food items			
Is adequate freezer and refrigeration available to store foods at required temperatures? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Cold Storage Types	Thermometer (e.g. integral, hanging)	Refrigeration # of units	Freezer # of units
Under counter <input type="checkbox"/> 1-Door <input type="checkbox"/> 2-Door <input type="checkbox"/> Multiple			
Reach-In <input type="checkbox"/> 1-Door <input type="checkbox"/> 2-Door <input type="checkbox"/> Multiple			
Walk-in <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Display			
Refrigerated drawers <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Multiple			
Bulk Ice Machines <input type="checkbox"/> Chute <input type="checkbox"/> Reach-in			
Beverage Dispenser <input type="checkbox"/> With Ice <input type="checkbox"/> Without Ice			
Sandwich Prep Table:			
Other:			
Other:			

Will ice be used as a refrigerant for potentially hazardous foods <input type="checkbox"/> Yes <input type="checkbox"/> No			
What Food?	How Long?	Location?	Source of Ice?
<i>Raw fish, crab, oysters</i>	<i>4-hour maximum</i>	<i>Fish counter</i>	<i>On-site ice machine</i>

Will raw meats, poultry and seafood be stored in the same refrigerator or freezer with cooked and ready-to-eat foods? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable – No raw animals' products available, only precooked items available.
Describe how cross contamination will be prevented, below.






NAC 446. 182 "Time as a Public Health Control" *If time only, rather than time in conjunction with temperature, is used as the public health control for a working supply of potentially hazardous food (time/temperature control for safety food) before cooking, or for ready-to-eat potentially hazardous food (time/temperature control for safety food) that is displayed or held for service, written procedures must be prepared in advance, maintained in the food establishment and made available to the health authority upon request.*

Will time alone be used as a public health control? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What Food?	How Long?	Location?	Standard Operating Procedure for monitoring?
<i>Cut Tomato</i>	<i>4 hours</i>	<i>Line 1</i>	<input checked="" type="checkbox"/> I have attached the SOP for this process
			<input type="checkbox"/> I have attached the SOP for this process
			<input type="checkbox"/> I have attached the SOP for this process
			<input type="checkbox"/> I have attached the SOP for this process






Will the establishment have food items that must be date marked? Yes No

Describe Date Marking System:

Food Safety Method: Cooling Methods - Foods must be cooled from 135° F to 70° F in 2 hours or less and from 70° F to 41° F in 4 hours or less (The total from 135° F to 41° F should be no more than 6 hours total) Not applicable

Cooling Method	Shallow pans	Ice Paddles/Sticks	Ice Baths	Rapid Chill Equipment (e.g., Blast freezers)	Volume Reduction (i.e. quartering)
					
<i>Example: Pinto Beans</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solid Food: Roast(s), Turkey, Steaks					
Soft, Thick Foods: Beans, Rice, Gravy, Soups, Sauce,					
Bake /Boiled Potatoes					
Pasta					
Deli Salads (Tuna/Chicken)					

FOOD SAFETY MEASURES: THAWING METHOD - INDICATE (1) HOW FROZEN POTENTIALLY HAZARDOUS FOODS WILL BE THAWED (2) WHAT TYPES FOODS WILL BE THAWED (3) LOCATION NOT APPLICABLE

<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Under running water 70° F	<input type="checkbox"/> Cooked from a frozen state	<input type="checkbox"/> Microwave as part of cooking process	NO THAWING ON COUNTER
				
State Food Types	State Food Types	State Food Types	State Food Types	State Food Types
<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish

Food Safety Method: Cooking Methods –
 Column “Equipment”- Stove Top, Oven, Grill, BBQ, Broiler, Rotisserie, Steamers, Microwave, Other
 Column “Cooking Method”- Baking, Blanching, Boiling, Barbeque, Broiling and Grilling, Curing, Frying, Poaching, Roasting, Smoking, Simmering, Steaming, Moist heat, Dry heat, Other
 Column “Verify Final Cook Temperature”- Logs, Assigned Staff, Random Checks, By SOP, By equipment design, RTE
 (None Required) Not applicable

Cooking Method	Equipment	Cooking Method	How will you verify final cook temperature?
<i>EX: Hamburger</i>	<i>Grill</i>	<i>Barbequing</i>	<i>Log</i>
Eggs			
Fish			
Whole Meat			
Ground Beef			
Pork, Veal, Lamb			
Chicken, Turkey			
Ham			
Stuffed Items			
Reheating			
Plant Food for Hot Holding			
Other Specify: _____			

Food Safety Method: Temperature Maintenance During Preparation – Describe the procedure used for minimizing length of time potentially hazardous foods will be out of approved temperature during preparation.

Not applicable

What Method?	What Foods?
Prep and Store Immediately	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Vegetables
Volume Reduction	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Vegetables
Time-Temp Indicators (TTI)	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Vegetables
Refrigerated Preparation Areas	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Vegetables
Store Food on Ice	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Vegetables

Food Safety Method: Thermometer Use – Check as many as apply
 Column “Calibration Method” (A) Ice Point Method (B) Boiling Point Method (C) Specialized Equipment (D) Specific Date
 Column “Verification Method” (A) Log (B) SOP (C) Assigned Staff, (D) Other, State Method

Thermometer Type	Calibration Method	Verification Method	Responsible PIC
<i>Ex: Analog Thermometer</i>	<i>A&B</i>	<i>A&C</i>	
<input type="checkbox"/> Dial Oven-Safe			
<input type="checkbox"/> Digital Instant Read			
<input type="checkbox"/> Thermocouple			
<input type="checkbox"/> Oven Probe			
<input type="checkbox"/> Liquid-filled (Glass or metal stem)			
<input type="checkbox"/> Refrigerator/Freezer Thermometers (integral)			

Food Safety Method: Produce Washing	<input type="checkbox"/> Not applicable
Will produce be washed on-site prior to use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a designated "food preparation" sink for this purpose <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, describe where produce will be washed?	
Describe the process for cleaning and sanitizing multiple use sinks between uses:	

Food Safety Method: Dishwashing – Check as many as apply		<input type="checkbox"/> Not applicable	
Dishwashing Methods: Check all that apply <input type="checkbox"/> Dish Machine No.: _____ <input type="checkbox"/> Manual Sink(s) No.: _____			
Manual Compartment Units <input type="checkbox"/> Not applicable			
1. Does the largest pot or pan fit into each compartment of the sink?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(a) If no describe cleaning procedure.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. Are there drain boards at both ends of the sink?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. How many compartments are being used for ware washing? <input type="checkbox"/> 2-Compartment <input type="checkbox"/> 3-Compartment			
Dishwashing Machines <input type="checkbox"/> Not applicable			
1. Is a hood required for the machine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. Do all the machines have metal plates with operating instructions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. Do all the machines have temperature and pressure gauges as required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Item To Be Cleaned, State Cleaning Method	Chemical Type (A) Chlorine, (B) Quaternary Ammonium, (C) Hot Water @ 180 °F (D) Other, Specify	Concentration (A) Chlorine @ 50-100 PPM (B) Quaternary Ammonium @ Approved Range	Test Kit
<input type="checkbox"/> Cooking Equipment			Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Dishware			Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Cutting Boards			Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Counter Tops			Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Clean-in-Place Items			Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Food Contact Surfaces			Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Non-Food Contact Surfaces			Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Floors and Walls			Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Ventilation System (Hood)			Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Laundry Facilities			NA NA

General

Indicate Yes or No, then provide an answer or description in the box below:

1. Will employee dressing rooms be provided? Where?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Will facility be serving food to a highly susceptible population? Describe the population?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are commercial pest control services used in this facility? If so, who? How often?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are insect/rodenticide chemicals stored separately from food, cleaning and sanitizing agents? Where?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Are all toxins used on the premises or for retail sale stored away from food preparation or food storage areas? Where?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Are toxins properly labeled? How?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. What materials are used for storing bulk food products? (i.e. Storage in kitchen or customers bulk bins)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Catering and Off-Site Services		<input type="checkbox"/> Not applicable
Complete if establishment will cater foods to another location or perform any cooking or food preparation off-site.		
Will meals be prepared or cooked at offsite locations which are not your depot?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What types of vehicles will be used to transport food? Describe.		
How will <u>HOT</u> food be held at proper temperature during transportation, preparation and serving? Describe.	N/A <input type="checkbox"/>	
How will <u>COLD</u> food be held at proper temperature during transportation, preparation and serving? Describe.	N/A <input type="checkbox"/>	
How will food be protected from contamination during transportation, preparation and serving? Describe.		
List menu items for off-site service.		

Employee Training

Indicate Yes or No, then provide an answer or description in the box below:

1. Do you have a policy for ill employees? Describe or attach your current policy to exclude or restrict food workers who are sick or have cuts and lesions.

Yes

No

2. How will food employees be trained in good food sanitation practices? (Check all that apply)

- Orientation
- A written food safety handbook
- Video
- Classroom training
- Other: _____

Note: Provide an example, if possible

3. Do you have a policy for hand washing? Describe or attach the current policy.

Yes

No

4. Do you enforce handwashing? How do you enforce handwashing requirements?

Yes

No

5. Describe how you will restrict barehand contact with ready-to eat food.

- Disposal gloves
- Suitable utensils
- Food grade deli tissue
- Other (Specify): _____
- For "Special BHC Processes" a Standard Operating Procedure has been provided with the application for approval.

6. Do you have a glove policy? When are staff required to use or change gloves?

Yes

No

7. Are you aware that a “Certified Food Manager” shall be present at all time of operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> I certify that a designated person in charge that can demonstrate knowledge of: Foodborne disease prevention, application of food safety hazards analysis critical control points (HACCP) principles, and the requirements of the food code, will be available on-site during all hours of operations. <input type="checkbox"/> This facility does not handle potentially hazardous foods (TCS) and a Food Protection Manger is not required for this facility type.		
List Name and Title of Certified Food Managers:		
8. Will your establishment require a Consumer Advisory or Disclosure and Reminder Notice? State the consumer advisory language for partially cooked foods. Describe how you will post the advisory or provide an example.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Will product labels be required in your establishment? Describe foods which require labels. Describe.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. (a) Do you have a copy of the Food Establishment Code NRS 446 and NAC 446?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Do you have any questions about the current food code?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

11. I have spoken with my Environmental Health Specialist and the following documentation has been provided in addition to this application as required.

- A written food safety plan
- A written HACCP Plan
- Standard Operating Procedures (SOP's)

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