

Joe Lombardo  
*Governor*

Richard Whitley,  
MS  
*Director*



Cody Phinney,  
MPH  
*Administrator*

Ihsan Azzam,  
Ph.D., M.D.  
*Chief Medical  
Officer*

---

## DIVISION OF PUBLIC & BEHAVIORAL HEALTH

### Plan Review of Food Establishments within Health Facilities

Health facilities are required to obtain a Food Establishment permit from the Division of Public and Behavioral Health, per Nevada Administrative Code (NAC) 449. These facilities must also comply with Nevada Revised Statutes (NRS) 446 and NAC 446. NRS 446.930 and NAC 446.955 require that properly prepared plans and specifications be submitted to the Health Authority for review and approval when a food establishment is newly constructed, extensively remodeled, or if an existing structure is converted into a food establishment before any work has begun.

The plan review application is provided for your use in meeting the statutory requirements. It is the goal of the Division of Public and Behavioral Health to facilitate the plan review process in the most timely and efficient manner. Some of the items on the list may not apply to your specific operation. If they are not relevant, please do not leave them blank. If you do so, it will be assumed that there is information that you have failed to provide. Rather, mark N/A or not applicable to those items that do not apply to your planned operation.

When submitting plans to Public and Behavioral Health, only one set is required. It is suggested that you make a copy of your application for yourself. Plan review fees are due and payable at the time you submit your plans. They are calculated based on your annual permit fee, plus an additional \$498.00 (for new facilities). Plans are reviewed on a first come, first served basis. If your plans are not approved, a reason will be given in writing. Revisions will be needed either in the form of a new set of plans or revised individual sheets. Respond to all plan review questions from Public and Behavioral Health in writing. Plan approval will also be issued in writing.

No changes or revisions in your plans may be made after approval is given without notifying Public and Behavioral Health. It is the applicant's responsibility to inform contractors and sub-contractors about plan changes that may affect construction.

You will need to notify the appropriate Public and Behavioral Health office in advance of the day you wish to open. A final construction inspection must be conducted by Public and Behavioral Health staff to verify construction according to approved plans. You may not operate until you have completed an application for your food establishment health permit, all fees have been paid in full, and the final construction inspection is completed.

We look forward to working with you.

**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

Date: \_\_\_\_\_ NEW \_\_\_ REMODEL \_\_\_ OWNERSHIP CHANGE/CONVERSION \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Previous Name of Establishment if Changing: \_\_\_\_\_

Category: Health Facility Kitchen \_\_\_\_, Restaurant \_\_\_\_, Cafeteria \_\_\_\_, Retail Market \_\_\_\_,  
Other (specify): \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Establishment Telephone (if available): \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner Telephone: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Title (owner, manager, architect, etc.): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicants Telephone: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Secondary Email Contact: \_\_\_\_\_

I have submitted plans/applications to the following authorities on the following dates:

Local Governing Board \_\_\_\_\_ Public Works \_\_\_\_\_ Zoning \_\_\_\_\_ Electric \_\_\_\_\_  
Planning \_\_\_\_\_ Police \_\_\_\_\_ Building \_\_\_\_\_ Fire \_\_\_\_\_ NDEP \_\_\_\_\_ Other \_\_\_\_\_

Establishment's Planned Hours of Operation:

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Number of seats (include outside dining (if any)): \_\_\_\_\_ Total square feet of facility: \_\_\_\_\_

Number of staff (maximum per shift): \_\_\_\_\_ Number of floors where operations are conducted: \_\_\_\_\_

Maximum meals to be served per day (approximate number):

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Projected project start date: \_\_\_\_\_ Projected project completion date: \_\_\_\_\_

Type of Service (check all that apply):

Sit Down Meals \_\_\_ Caterer \_\_\_ Take Out \_\_\_ Mobile Vendor \_\_\_ Other (explain) \_\_\_\_\_

**THE FOLLOWING DOCUMENTS MUST BE SUBMITTED: (Failure to submit all requested material will result in an incomplete application)**

- \_\_\_\_\_ Proposed menu (including seasonal, off-site and banquet menus)
- \_\_\_\_\_ Manufacturer specification sheets for each piece of equipment shown on the plan
- \_\_\_\_\_ Site plan showing location of business, include alleys, streets; and location of any outside equipment (dumpsters, well, septic system if applicable)
- \_\_\_\_\_ Plan drawn to scale of food establishment showing location of all equipment, plumbing, electrical services and mechanical ventilation
- \_\_\_\_\_ Equipment schedule
- \_\_\_\_\_ Shop drawings of all custom-built equipment (IF APPLICABLE)

**CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS**

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.
2. **Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation.**
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. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan, equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Provide the room size, aisle space, space between and behind equipment, and the placement of the equipment on the floor plan.
7. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
8. Include and provide specifications for:
  - a. Entrances, exits, loading/unloading areas and docks;
  - b. Complete finish schedules for each room including floors, walls, ceilings and covered juncture bases;
  - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
  - d. Lighting schedule with protectors;
    - (1) At least 10 foot candles (220 lux) of light at a distance of 75 cm (30 inches) from the floor:
      - (a) In areas used to store equipment and utensils, in sales areas and restrooms.
      - (b) For cleaning in refrigerators, areas used to store dry food and in all other areas, including dining areas.

- (2) At least 50 foot-candles (540 lux) on all surfaces used for preparing food and at work levels used to wash equipment or utensils.
- e. Food equipment schedule to include type, make and model numbers and listing of equipment that is certified to commercial standards
  - f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence of compliance with state and local regulations;
  - g. A color coded flow chart demonstrating flow patterns for:
    - food (receiving, storage, preparation, service);
    - food and dishes (portioning, transport, service);
    - dishes (clean, soiled, cleaning, storage);
    - utensil (storage, use, cleaning);
    - trash and garbage (service area, holding, storage);
  - h. Ventilation schedule for each room;
  - i. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
  - j. Garbage can washing area/facility;
  - k. Cabinets for storing toxic chemicals;
  - l. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required.

**FOOD PREPARATION REVIEW**

Circle the categories of Potentially Hazardous Foods (PHF) to be handled, prepared and served.

- 1. Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets) **YES / NO**
- 2. Thick meats, whole poultry (roast beef, whole turkey, chicken, ham) **YES / NO**
- 3. Cold processed foods (salad, sandwich, vegetable) **YES / NO**
- 4. Hot processed foods (soup, stew, rice, noodles, gravy, casserole) **YES / NO**
- 5. Bakery goods (pies, custards, cream fillings & toppings) **YES / NO**
- 6. Other \_\_\_\_\_

***PLEASE CIRCLE OR ANSWER THE FOLLOWING QUESTIONS***

**FOOD SUPPLIES:**

- 1. Are all food supplies from inspected and approved sources? **YES / NO**  
Please list food supply sources \_\_\_\_\_

2. What are the projected frequencies of deliveries for frozen foods: \_\_\_\_\_  
refrigerated foods: \_\_\_\_\_, and dry goods: \_\_\_\_\_

3. Provide information on the amount of space (in cubic feet) allocated for:  
frozen storage: \_\_\_\_\_, refrigerated storage \_\_\_\_\_

4. How will dry goods be stored off the floor? \_\_\_\_\_

**COLD STORAGE:**

- 1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen and refrigerated foods at 41°F (5°C) and below? **YES / NO**  
Provide the method used to calculate cold storage requirements: \_\_\_\_\_

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? **YES / NO**

If yes, how will cross-contamination be prevented? \_\_\_\_\_

3. Does each refrigerator/freezer have a thermometer? **YES / NO**  
Number of refrigeration units: \_\_\_\_\_ Number of freezer units: \_\_\_\_\_

4. Is there a bulk ice machine available? **YES / NO**

**THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:**

Please indicate by checking the appropriate boxes how frozen PHF in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	Thawing Location of Frozen Foods
Refrigeration	
Running Water Less than 70°F (21°C)	
Microwave (as part of cooking process)	
Cooked from Frozen state	
Other (describe)	

**COOKING:**

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF? **YES / NO**  
 What type of food temperature measuring device will be use: \_\_\_\_\_

**Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:**

Beef roasts	130°F (121 min)	Solid seafood pieces	145°F (15 sec)
Other PHF	145°F (15 sec)	Comminuted meats/fish	155°F (15 sec)
Pork	145°F (15 sec)	Poultry	165°F (15 sec)
Eggs*:		Reheated PHF	165°F (15 sec)
Immediate service	145°F (15 sec)		
Pooled	155°F (15 sec)		

**(\*pasteurized eggs must be served to a highly susceptible population)**

2. Will undercooked food of animal origin be offered ready to eat? **YES / NO**  
 If yes, please provide an example of your consumer advisory:

---



---



---

3. List types of cooking equipment: \_\_\_\_\_

---



---



---



---

**HOT/COLD HOLDING:**

1. How will hot PHF be maintained at 135°F (57°C) or above during holding for service? Indicate type and number of hot holding units.

---

---

---

---

2. How will cold PHF be maintained at 41°F (5°C) or below during holding for service?  
Indicate type and number of cold holding units: \_\_\_\_\_

**COOLING:**

Please indicate by checking the appropriate boxes how PHF will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

<b>COOLING METHOD</b>	<b>MEATS</b>	<b>SOUPS/ GRAVY</b>	<b>RICE/ NOODLES</b>	<b>OTHER:</b> _____
Shallow Pans				
Ice Baths				
Reduce Volume or Size				
Rapid Chill				
Other (Describe)				

**REHEATING:**

1. How will PHF that is cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods.

---

---

---

---

2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

---

---

---

---

**PREPARATION:**

1. Please list categories of foods prepared more than 12 hours in advance of service.

---

---

---

---

---

2. Will food employees be trained in good food sanitation practices? **YES / NO**

Method of training: \_\_\_\_\_

**NOTE:** At least one person in charge (PIC) must be food safety certified by an accredited coursework.

Dates of completion and course name of any training you or your staff already has completed:

---

3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent or minimize handling of ready-to-eat foods? **YES / NO**

What method(s) will be used? \_\_\_\_\_

---

---

4. Is there a written policy to exclude or restrict food workers who are sick or whose immediate family members are sick or to restrict workers who have infected cuts and lesions? **YES / NO**

Please describe briefly or include a written copy of your employee health policy or manual. \_\_\_\_\_

---

---

---

5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: \_\_\_\_\_ Concentration: \_\_\_\_\_ Test Kit: **YES / NO**

6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise, and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? **YES / NO**

If not, how will ready-to-eat foods be cooled to 41°F?

---

---

---

---

---

7. Will all produce be washed on-site prior to use? **YES / NO**

Is there a planned location used for washing produce? **YES / NO**

Describe: \_\_\_\_\_

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

---

---

---



8. Describe the procedure used for minimizing the length of time PHF will be kept in the temperature danger zone (41°F – 135°F) during preparation.

---



---



---

9. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority. More information is available for this requirement in NAC Chapter 446.147.

10. Will the facility be serving food to a highly susceptible population? **YES / NO**  
 If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area? \_\_\_\_\_

**FINISH SCHEDULE**

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

	<b>FLOOR</b>	<b>COVING</b>	<b>WALLS</b>	<b>CEILING</b>
<b>Kitchen</b>				
<b>Bar</b>				
<b>Food Storage</b>				
<b>Other Storage</b>				
<b>Toilet Rooms</b>				
<b>Dressing Rooms</b>				
<b>Garbage &amp; Refuse Storage</b>				
<b>Mop Area</b>				
<b>Ware washing</b>				
<b>Walk-ins</b>				

**INSECT AND RODENT CONTROL**

- 1. Will all outside doors be self-closing and rodent proof? **YES / NO / NA**
- 2. Are screen doors provided on all exterior entrances? **YES / NO / NA**
- 3. Do all windows have a minimum #16 mesh screening? **YES / NO / NA**

4. Is the placement of insect electrocution devices identified on the plan? **YES / NO / NA**
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? **YES / NO / NA**
6. Is area around building clear of unnecessary brush, litter, boxes and other harborage? **YES / NO / NA**
7. Air curtains installed at outside exit doors to kitchen areas? **YES / NO / NA**  
If yes, where? \_\_\_\_\_

**GARBAGE AND REFUSE**

**INSIDE**

1. Do all containers have lids? **YES / NO / NA**
2. Will refuse be stored inside? **YES / NO / NA**  
If yes, where? \_\_\_\_\_
3. Is there an area designated for garbage can or floor mat cleaning? **YES / NO / NA**

**OUTSIDE**

4. Will a dumpster be used? **YES / NO / NA**  
Number \_\_\_\_\_ Size \_\_\_\_\_ Frequency of pickup \_\_\_\_\_ Contractor \_\_\_\_\_
5. Will a compactor be used? **YES / NO / NA**  
Number \_\_\_\_\_ Size \_\_\_\_\_ Frequency of pick up \_\_\_\_\_ Contractor \_\_\_\_\_
6. Will garbage cans be stored outside? **YES / NO / NA**
7. Is the location and surface material (i.e. concrete, asphalt, etc.) where dumpster/compactor/garbage cans are to be stored designate on the plans? **YES / NO / NA**
8. Describe location of grease storage receptacle or rendering bin:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Is there an area to store recycled containers? **YES / NO / NA**  
If yes, where \_\_\_\_\_

Indicate what materials are required to be recycled:

- ( ) Glass ( ) Paper ( ) Plastic  
( ) Metal ( ) Cardboard

10. Is there any area to store returnable damaged goods? **YES / NO / NA**

**DRESSING ROOMS**

1. Are employee dressing rooms provided? YES / NO  
2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, shoes, etc.):
- 
- 

**DRAINAGE OF EQUIPMENT**

Describe the type of drainage you are planning to use for each piece of equipment. **\*FOOD SERVICE EQUIPMENT MUST DRAIN INDIRECTLY BY THE USE OF A FLOOR SINK.** Those items that require a floor sink are delineated by an asterisk below. Use additional sheets as needed and include all equipment. **ALL FLOOR SINKS MUST BE EASILY ACCESSIBLE AND CLEANABLE:**

	<b>Floor Sink (FS) or Direct Connection (DC) - Please Confirm</b>
<b>Dishwasher*</b>	
<b>Garbage Disposal*</b>	
<b>Ice machine(s)*</b>	
<b>Ice storage bin(s)*</b>	
<b>Carbonated beverage dispenser drain line(s)*</b>	
<b>Water glass filler drain in wait staff station*</b>	
<b>Mop or Janitor sink</b>	
<b>Food prep sink(s)*</b>	
<b>Three compartment sink(s) for ware or glass washing*</b>	
<b>Dipper wells*</b>	
<b>Refrigeration condensate/drain lines*</b>	
<b>Salad Bar*</b>	
<b>Hand washing sink(s)</b>	
<b>Other types of equipment:</b>	

**WATER SUPPLY**

1. Is water supply public ( ) or private ( )?

2. If private, has source been approved?

**YES / NO / PENDING**

**If private, please attach copy of written approval and/or permit from Nevada Department of Environmental Protection.**

3. Is ice made on premises ( ) or purchased commercially ( )?

If made on premise, are specifications for the ice machine provided?

**YES / NO**

If made on premise, will iced be bagged for sale?

**YES / NO**

If ice is bagged for sale, is a copy of the label used for ice attached to your application?

**YES / NO**

Describe provision for ice scoop or ice bucket storage: \_\_\_\_\_

Provide location of ice maker or bagging operation: \_\_\_\_\_

4. What is the capacity of the hot water generator? \_\_\_\_\_

5. Is the hot water generator sufficient for the needs of the establishment?

**YES / NO**

Provide calculations for necessary hot water:

6. Is there a water treatment device?

**YES / NO**

If yes, how will the device be inspected & serviced? \_\_\_\_\_

7. Are the locations and type of all backflow prevention devices shown on the plans?

**YES / NO**

8. Describe the type of backflow prevention for each type of equipment or location.

Item	Backflow Device and Location
<b>Soda Guns</b>	
<b>Soda Machines</b>	
<b>Water Supply from Public Water System</b>	
<b>Automatic Detergent/Sanitizer Injection System</b>	
<b>Dishwasher</b>	
<b>Fire Sprinkler System</b>	

**SEWAGE DISPOSAL**

1. Is the building connected to a municipal sewer? YES / NO  
 2. If no, is private disposal system approved? YES / NO / PENDING

**If private, please attach copy of written approval and/or permit from Nevada Department of Environmental Protection.**

3. Grease interceptor provided? YES / NO  
 Location of grease interceptor? \_\_\_\_\_  
 Provide schedule for cleaning & maintenance \_\_\_\_\_

**GENERAL**

1. Are insect/rodenticides stored separately from cleaning & sanitizing agents? YES / NO  
 Indicate location: \_\_\_\_\_

2. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES / NO

3. Are all containers of toxics clearly labeled? YES / NO

4. Will linens be laundered on site? YES / NO

If yes, what will be laundered and where? \_\_\_\_\_

If no, how will linens be cleaned? \_\_\_\_\_

5. Is a laundry dryer available? YES / NO

6. Location of clean linen storage: \_\_\_\_\_

7. Location of dirty linen storage: \_\_\_\_\_

8. Are containers storing bulk food products constructed of safe materials? YES / NO

Indicate type: \_\_\_\_\_

9. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

10. How are each listed ventilation hood systems cleaned? \_\_\_\_\_

**SINKS**

- 1. Mop sink present? **YES / NO**
- 2. Food preparation sink(s) present? **YES / NO**

**DISHWASHING FACILITIES**

- 1. Will sinks or a dishwasher be used for ware washing?  
Dishwasher ( ) Two compartment sink ( ) Three compartment sink ( )
- 2. Dishwasher:  
Type of sanitization used:  
Hot water (temp. provided) \_\_\_\_\_ Booster heater \_\_\_\_\_ Chemical type \_\_\_\_\_
- Is type 2 ventilation over the dishwasher provided? **YES / NO**
- 3. Do all dish machines have templates with operating instructions? **YES / NO**
- 4. Do all dish machines have temperature/pressure gauges as required that are accurately working? **YES / NO**
- 5. Does the largest pot and pan fit into each compartment of the sink? **YES / NO**  
If no, what is the procedure for manual cleaning and sanitizing? \_\_\_\_\_

- 
- 6. Are there attached drain boards on both ends of the three-compartment sink? **YES / NO**
  - 7. What type of sanitizer is used at the three-compartment sink?  
Chlorine ( ) Quaternary ammonium ( ) Hot water ( ) Other ( )
  - 8. Are test kits available for checking sanitizer concentration? **YES / NO**

**HANDWASHING/TOILET FACILITIES**

- 1. Is a hand washing sink in each food preparation and ware washing area? **YES / NO**
- 2. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet? **YES / NO**
- 3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? **YES / NO**
- 4. Is hand cleanser available at all hand-washing sinks? **YES / NO**
- 5. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks? **YES / NO**
- 6. Are covered waste receptacles available in each restroom? **YES / NO**
- 7. Is hot and cold running water under pressure available at each hand washing sink? **YES / NO**
- 8. Are all toilet room doors self-closing? **YES / NO**

9. Are all toilet rooms equipped with adequate ventilation? YES / NO
10. If required, is a hand washing sign posted in each employee restroom? YES / NO

**SMALL EQUIPMENT REQUIREMENTS**

1. Please specify the number, location, and types of each of the following:

Slicers: \_\_\_\_\_

Cutting boards: \_\_\_\_\_

Can opener(s): \_\_\_\_\_

Mixers: \_\_\_\_\_

Floor mats: \_\_\_\_\_

Other: \_\_\_\_\_

\*\*\*\*\*

**STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Division of Public and Behavioral Health may nullify final approval and may delay or prevent timely opening of your establishment.**

Signature(s) \_\_\_\_\_  
 \_\_\_\_\_

Owner(s) or Responsible Representative(s)

Date: \_\_\_\_\_

\*\*\*\*\*

**Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required by federal, state, or local authorities. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.**