

STATE OF NEVADA
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 COMMUNITY SERVICES
 ENVIRONMENTAL HEALTH SECTION
www.dpbh.nv.gov



Tracking No: _____
 Date Approved _____
 Expiration Date _____

PLAN REVIEW FOR FOOD ESTABLISHMENT

Food Establishment Type (Check ONLY one :)

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

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

<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:

ESTIMATED NUMBER AND TYPE OF MEALS TO BE SERVED PER DAY

Not applicable

<input type="checkbox"/> Breakfast Number:	<input type="checkbox"/> Lunch Number:	<input type="checkbox"/> Dinner Number:
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		
Service Ware: <input type="checkbox"/> Single Service Ware (Disposable) <input type="checkbox"/> Reusable (Food Grade Washable) <input type="checkbox"/> Both		

COLD STORAGE <input type="checkbox"/> Not applicable			
Is adequate freezer and refrigeration available to store frozen 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:			
Other:			

Will ice be used as a refrigerant for potentially hazardous foods <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
What Food?	How Long?	Location?	Source of Ice

COOKING AND HOT HOLDING <input type="checkbox"/> Not applicable			
	Types	Description	Condition
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stove		<input type="checkbox"/> New <input type="checkbox"/> Used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Oven		<input type="checkbox"/> New <input type="checkbox"/> Used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Convection Oven		<input type="checkbox"/> New <input type="checkbox"/> Used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fryer		<input type="checkbox"/> New <input type="checkbox"/> Used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Flame Grill		<input type="checkbox"/> New <input type="checkbox"/> Used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Griddle		<input type="checkbox"/> New <input type="checkbox"/> Used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Salamander		<input type="checkbox"/> New <input type="checkbox"/> Used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Steamer		<input type="checkbox"/> New <input type="checkbox"/> Used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hot Holding Table		<input type="checkbox"/> New <input type="checkbox"/> Used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Panini Grill		<input type="checkbox"/> New <input type="checkbox"/> Used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Microwave		<input type="checkbox"/> New <input type="checkbox"/> Used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Rotisserie		<input type="checkbox"/> New <input type="checkbox"/> Used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Barbeque		<input type="checkbox"/> New <input type="checkbox"/> Used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Toaster		<input type="checkbox"/> New <input type="checkbox"/> Used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:		<input type="checkbox"/> New <input type="checkbox"/> Used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:		<input type="checkbox"/> New <input type="checkbox"/> Used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:		<input type="checkbox"/> New <input type="checkbox"/> Used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:		<input type="checkbox"/> New <input type="checkbox"/> Used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:		<input type="checkbox"/> New <input type="checkbox"/> Used

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	Foods less than 1" Thick	Foods more than 1" thick	Location
Shallow pans under refrigeration			
Ice Baths			
Volume Reduction (i.e. quartering a roast)			
Rapid Chill Equipment (e.g., Blast freezers)			
Ice Paddles/Sticks			
Other:			

Food Safety Method: Cooking Methods – Indicated common cooking method type (e.g. baking, blanching, boiling, barbecuing, broiling and grilling, curing, frying, poaching, roasting, smoking, simmering, steaming, moist heat, dry heat, etc). How approved cook temperatures will be verified. Not applicable

Cooking Method	Cooking Method	Verification Method	Responsible PIC
Eggs			
Fish			
Whole Meat			
Ground Beef			
Pork, Veal, Lamb			
Chicken, Turkey			
Ham			
Stuffed Items			
Reheating			
Plant Food for Hot Holding			

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. (Examples: Volume reduction, time-temperature indicators (TTI), refrigerated preparation areas, keeping food on ice etc.) Not applicable

Describe how temperature abuse of prepared foods will be prevented:

Food Safety Method: Special Processes – Indicated which special processes will be used in the cooking process.*			
<input type="checkbox"/> Not applicable			
Special Process	Menu Item	Specialized Equipment	Responsible PIC
Smoking			
Curing			
Reduced Oxygen Packaging with 2 Barriers			
Cook Chill or Sous Vide			

*Provide a detailed Process Flow Diagram including all critical control points (CCPs). Diagram must address the general preparation steps of the foods(s) through the special process. Provide a list of all ingredients for each menu item used in the process. Provide specifications for materials used to bag foods in the ROP process.

Food Safety Method: Thermometer Use – Check as many as apply			
Thermometer Type	Calibration Method	Verification Method	Responsible PIC
<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			

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				
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				
(a) If not, what is the procedure for manual cleaning?				
Dishwashing Machines				
1. Is a hood required for the machine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2. Do all the machines have templates 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"/>		
Cleaning Method	Chemical Type (e.g., chlorine, quaternary ammonium, hot water Other, Specify)	Concentration Chlorine (50-100 PPM) Quaternary Ammonium (200-400 PPM)	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, Walls, Ceiling			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			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Other			Yes <input type="checkbox"/>	No <input type="checkbox"/>

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:	

General		
Indicate Yes or No, then provide an answer or description in the box below:		
1. Will employee dressing rooms be provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Where?		
2. Will facility be serving food to a highly susceptible population?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Describe the population?		
3. Are commercial pest control services used in this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, who?		
4. Are insect/rodenticide chemicals stored separately from food, cleaning and sanitizing agents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Where?		
5. Are all toxins used on the premises or for retail sale stored away from food preparation or food storage areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Where?		
6. Are toxins properly labeled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How?		
7. Are containers for storing bulk food products constructed of food safe materials?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Describe:		

Catering And Off-Site Services		<input type="checkbox"/> Not applicable
Complete if establishment will cater foods to another location or performing any cooking or preparations off-site at other locations.		
Will meals be prepared or cooked at offsite locations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How many meals <i>per day</i> will be taken or prepared at offsite location?	No.:	
What types of vehicles will be used to transport food?	Type:	
Will <u>HOT</u> food be held at proper temperature during transportation, preparation and serving?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Describe How:		
Will <u>COLD</u> food be held at proper temperature during transportation, preparation and serving?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Describe how:		
Will food be protected from contamination during transportation, preparation and serving?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Describe how:		
List menu items for off-site service:		

Food Manager Knowledge (Check all that apply)

Under the Nevada Administrative Code (NAC) Chapter 446 retail food establishments are required to have a person in charge (PIC) during all hours of operation. This individual must be a certified Food Protection Manger. Indicate one of these:

- 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 during all hours of operations.
- This facility does not handle potentially hazardous foods (TCS) and a Food Protection Manger is not required for this facility type.

Staff food safety knowledge (Check all that apply)

How will food employees be trained in good food sanitation practices?

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

Official documentation which may be required (Check all that apply)

- A written food safety plan will be provided if required
- A written HACCP Plan will be provided if required.
- Standard Operating Procedures (SOP's) will be provided if required.
- A copy of the employee illness policy has been included that excludes or restricts food workers who are ill or have infected cuts or lesions.
- A Consumer Advisory Notice has been posted on the menu or by other approved means.

How will employees avoid bare-hand contact with ready-to-eat foods? (Check all that apply)

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

Finish Schedule				
	Floor	Coving	Walls	Ceiling
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					
Employee Entry					
Receiving Doors					
Service Window					
If electric insect devices are being used indicate location and placement. Number of Units: _____					
Type	Location			Service Provider	

Hand Washing and Toilet Facilities

Indicate the following:

1. Is a hand washing sink located within 25 ft of each food preparation and dish washing area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do all hand washing sinks have mixing valve or combination faucets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do self-metering faucets provide water flow for at least 15 seconds without reactivation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Is soap available at all hand washing sinks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Are hand drying facilities (paper towels, air-blowers, etc.) available at all sinks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Are covered garbage receptacles available in each restroom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Is hot and cold running water, under pressure, available at each sink?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Are restroom doors self-closing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Are all restrooms equipped with adequate ventilation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Is a hand washing sign posted in each employee restroom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Plumbing Cross Connections

Fixture	Sewage Disposal*			Water Supply*					
	Air Gap	Air Break	Direct Drain	AVB	PVB	RPZ	VDC	HB	Air Gap
Dishwasher	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Glass washer	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Power washer	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Garbage Grinder	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Ice Machine	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Ice storage Bin	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Mop Sink	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
3 Compartment Sink	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
2 Compartment Sink	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
1 Compartment Sink	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Steam Tables	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Dipper Wells	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Hose Connections	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Refrigeration Condensation Lines	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Beverage Dispenser with carbonator	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Beverage Lines (Soda Guns)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Water Softener	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Walk-in floor drain	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Wok Range	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Detergent feeder on faucet	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Boiler Unit	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Bain-Marie	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Coffee/Esspresso Machine	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Kettle	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Rethermalizer	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Overhead Spray Lines (vegetable spray)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Hot Water Dispenser	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Water Supply from Public Water System	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Fire Sprinkler System	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

*Sewage Disposal: **Air Gap**: is the unobstructed vertical space between the water outlet and the flood level of a fixture **Air Break**: is an indirect connection between the drain line which terminates below the flood level of a fixture

*Water Supply: **AVB**: Atmospheric vacuum breaker; **PVB**: Pressure Vacuum Breaker; **RPZ**: Reduced Pressure Principle Backflow Preventer; **HB**: Hose Bib Vacuum Breaker; **VDC**: Vented Double 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:	

Garage 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 <input type="checkbox"/> public or <input type="checkbox"/> private? If private, has source been approved by NDEP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(a) If private, is a copy of the NDEP permit attached to this application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is ice <input type="checkbox"/> made on the premises or <input type="checkbox"/> purchased commercially?		
(a) If made on premise are cleaning instructions available for the machine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) If made on premise will ice be bagged for sale?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) If bagged ice is for sale, is a copy of the label used for ice attached to you application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Is the hot water heater sufficient for the needs of the establishment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Is there a water softener device?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(a) How will the water softener be inspected and serviced?		
5. 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"/>
(b) Private: Is a copy of the NDEP approval letter attached to this application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Municipal: Is a copy of the will serve letter attached to this application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is a grease interceptor 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 service?		
(e) How frequently will the unit be serviced?		
(d) How will the unit be serviced?		
3. Are the locations and types of backflow prevention devices indicated on the plans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please include the following documents with this plan review application:

- Proposed menu - including seasonal, off-site catering and banquet menus.
- 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.
- 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.

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 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.
3. 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.
4. 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 coved juncture bases;
 - c. 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;
 - d. Lighting and reflected ceiling plan – indicate the types of lights and shielding. Specify ceiling finish.
 - e. 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 your establishment.

Signature of Applicant	Print Name	Date