

Food Establishment Plan Review Application

Food Protection Bureau

788 East Woodoak Lane
Murray, Utah 84107
Phone: 385-468-3845
Fax: 385-468-3846
HealthFood@slco.org



SaltLakeHealth.org/food

07/17

Establishment Name _____	Contact Person _____
Establishment Address _____	Contact Phone () _____ - _____
City _____ Zip _____	Contact Fax () _____ - _____
Owner Name _____	Contact Email _____
Owner Phone () _____ - _____	Architect/Designer _____
Owner Fax () _____ - _____	Phone () _____ - _____
Owner Email _____	

Date Plans Submitted ____ / ____ / ____

Projected Completion Date ____ / ____ / ____

Check One: New Facility Remodel/Modification of an Existing Facility

The following information is required to be submitted prior to review of plans. Plans will not be accepted or reviewed until all items are submitted:

- Proposed Menu, listing all foods served
- Completed Risk & Operational Assessments
- Site Plan (Including Dumpster Area)
- Dimensional Floor Plan (scaled drawing)
- Equipment Layout and Schedules
- Mechanical Schedule
- Finish Schedule (Floors, Walls, Ceiling, Coving)
- Plumbing Schedule

NOTE: For new construction, plans will not be approved until official **Sewer and Water Availability Letters** are received by the Bureau of Food Protection.

Fee Schedule: Fees are based on risk level. A risk assessment must be completed prior to submitting plans. Plans will not be accepted without payment.	Level 1.....\$390.00	Level 2.....\$610.00
	Level 3..... \$850.00	Level 4.....\$1080.00
	Cart, Mobile, Shaved Ice.....\$520.00	

<i>Health Department Use Only</i>		
Date ____ / ____ / ____	Plan Review Fee: \$ _____	
Received By: _____	Invoice # _____	
Assigned To: _____	Est. # _____	Check # _____

***The plan review fee includes up to 2 construction inspections and 1 pre-opening inspection. Additional follow-up inspections may generate a fee of \$100.00 each.**

****Please Note: Prior to commencing food service operations, the owner/operator must apply for a separate food service permit and pass a final inspection.****

Note: 48 hour notice is required for all construction and pre-opening inspections.



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Food Establishment Plan Review Operational Assessment

Plans will not be accepted or processed unless accompanied by this completed Operational Assessment Form.

INTRODUCTION

This document is intended to assist Salt Lake County Health Department authorities responsible for the review of food establishment plans. Food establishment plan review is recognized as an important component of a retail food protection program that:

- Ensures food establishments are built or renovated according to current rules and regulations;
- Enhances food safety and sanitation by promoting efficient layout and flow of food based on the menu and food preparation processes; and
- Helps prevent code violations by addressing potential layout and design issues prior to construction.

For more information about plan reviews, please visit the SLCoHD website at www.saltlakehealth.org/food.

Please provide all requested information on the following pages. If a particular line item is not applicable to your food establishment, please indicate with “N/A”.

*****Incomplete information will delay plan review approval.*****

NOTE: PHF/TCS in this document stands for *Potentially Hazardous Food / Time Temperature Control for Safety*. This is food that requires temperature or time control to ensure food safety.

FOOD SUPPLY & STORAGE

How often will frozen foods be delivered? _____

How often will refrigerated foods be delivered? _____

How often will dry goods be delivered? _____

What type(s) of containers will be used to store bulk food products such as rice, flour, sugar, etc.?

Identify the materials and finishes of cabinets, countertops, and shelving:

FOOD PREPARATION PROCEDURES

Explain the **handling/preparation procedures** for the following categories of food. Describe in detail the processes from receiving to service including:

- How the food will arrive (frozen, fresh, raw, pre-cooked, packaged, etc.)
- Where the food will be stored
- Where (prep table, sink, counter, etc.) the food will be washed, cut, marinated, breaded, cooked, etc.
- When (time of day and frequency/day) food will be handled/prepared

(Attach additional sheets if necessary.)

PRODUCE

POULTRY (chicken, turkey, eggs, etc.)

MEAT (beef, pork, lamb, etc.)

SEAFOOD (fish, shellfish, shrimp, crab, lobster, etc.)

READY-TO-EAT FOOD (Portion & serve foods such as prepared salads, cold cuts, cheeses)

THAWING FROZEN PHF/TCS (Potentially Hazardous Food /Time Temperature Control for Safety):

Thawing Method(s) (check all that apply and indicate where thawing will take place):

Under Refrigeration: _____

Running Water less than 70°F(21°C): _____

Microwave (as part of cooking process): _____

Cooked from frozen state: _____

Other (describe): _____

COOKING & REHEATING

1. List all foods that will be cooked and served

2. List all foods that will be held hot prior to service (i.e. steam table, warmer)

3. List all foods that will be cooked and cooled.

4. List all foods that will be cooked, cooled and reheated.

5. List all foods that will be heated and served.

Provide a separate written [HACCP](#) plan for specialized processing methods of foods such as Reduced Oxygen Packaging (vacuum packaging, cook-chill, etc.), use of additives to render a food non-PHF (TCS) food, curing and smoking for preservation, and molluscan shellfish tanks.

HOT/COLD HOLDING:

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

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

COOLING:

Indicate by checking the appropriate boxes how hot PHF (TCS) food will be rapidly cooled to 41°F within 6 hours (135°F to 70°F in the first 2 hours; 70°F to 41°F in the next 4 hours).

COOLING METHOD	*Thick Meats	*Thin Meats	Beans, Rice, Potatoes, Pasta	Soup, sauce, gravy	Mixed food (casseroles, lasagna, etc.)
Shallow Pans in Refrigerator					
Ice Baths					
Reduce Volume or Size (divide, slice, chop) and place in Refrigerator					
Mechanical Rapid Chill Unit					
Stirring with Frozen Stir Sticks					
Other (describe)					

* Thick meats = more than an inch; Thin meats = one inch or less.

REHEATING:

How and where will PHF (TCS) foods that are 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 within 2 hours. Indicate type and number of units used for reheating foods.

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PEST CONTROL

	YES	NO	NA
1. Will all outside doors be self-closing and rodent proof ?			
2. Will screens be provided on all entrances, openings and vents left open to the outside?			
3. Will all openable windows have a minimum #16 mesh screening?			
4. Will electrical insect control devices be used?			
5. Will air curtains be used? If yes, where?			

6. Identify how all pipes and electrical conduit chases will be sealed.

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7. How will the area around building be kept clear of unnecessary brush, litter, boxes and other harborage?

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REFUSE, RECYCLABLES, AND RETURNABLES

1. Will garbage/refuse be stored inside? Yes No If so, where?

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2. Identify how and where garbage cans and floor mats will be cleaned.

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3. Will a dumpster or a compactor be used? Yes No

Number	Size	Frequency of pickup

4. Identify location of grease storage containers.

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5. Will there be an area to store recyclables? Yes No

If yes, describe:

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WATER SUPPLY

1. Is the water supply public or non-public/private?

2. If private, has source been approved? YES NO
 Attach copy of written approval and/or permit.

3. Is ice made on premises or purchased commercially?
 Will there be an ice bagging operation? YES NO

4. What is the capacity of the water heater? Provide location and specifications for the water heater with plans.

Capacity:

SEWAGE DISPOSAL

1. Is the sewage system public or non-public/private?

2. If private, has sewage system been approved? YES NO
 Attach copy of written approval and/or permit.

3. Will grease traps/interceptors be provided? YES NO If so, where?

BACKFLOW PREVENTION: Indicate type(s) of backflow prevention for all plumbing fixtures.

	AIR GAP	AIR BREAK	VACUUM BREAKER	OTHER DEVICE
1. Dishwasher				
2. Garbage Grinder				
3. Ice machines				
4. Ice storage bin				
5. Sinks a. Mop b. 3 Compartment c. 2 Compartment				
6. Steam tables				
7. Dipper wells				
8. Refrigeration condensate drain lines				
9. Hose bibb connection				
10. Beverage Dispenser w/carbonator				
11. Other				

DISHWASHING FACILITIES

Manual Dishwashing

1. Identify the length, width, and depth of the compartments of the 3-compartment sink:

2. Will the largest pot and pan fit into each compartment of the 3-compartment sink? Yes No

If no, what will be the procedure for manual cleaning and sanitizing of items that will not fit into the sink compartments?

3. Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space for dishes, utensils, equipment, etc:

4. What type of sanitizer will be used when washing dishes & equipment in the 3-compartment sink?

Chlorine Quaternary Ammonia

Mechanical Dishwashing (if applicable)

1. Identify the make and model of the mechanical dishwasher: _____

2. What type of sanitizer will be used?

Chemical
Hot water

3. Will ventilation be provided? YES NO

DRESSING ROOMS

1. Will dressing rooms be provided? YES NO

2. Describe storage facilities for employees' personal belongings (i.e., purse, boots, hats, etc.)

OTHER

1. Identify the location for the storage of poisonous or toxic materials (cleaning chemicals, etc.)

2. Will cleaning and sanitizing solutions be stored at workstations? Yes No
If yes, how will these items be separated from food and food contact surfaces?

3. Will linens be laundered on site? Yes No If yes, where?

If no, how and where will linens be cleaned? _____

4. Identify location of clean and dirty linen storage:

5. How often will linens be delivered and picked up?

Other Processes

Please indicate below any process or service that this establishment will conduct:

- Sushi or other raw or undercooked fish or seafood product

- Catering, delivery, preparation or service of food outside of the listed establishment address on this application

If you checked either of the boxes above, you must submit the appropriate review forms.

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 Salt Lake County Health Department may nullify final approval.

Signature _____

Owner or responsible representative

Printed Name: _____

Date: ____/____/____

Approval of these plans and specifications by the Salt Lake County Health Department does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the regulations governing food service establishments.