



**Prevent. Promote. Protect.**

**CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER**

**Environmental Services**

**1121 Linden Street**

**Cape Girardeau, MO 63703**

**www.capecountyhealth.com**

**Phone (573) 335-7846 ext. 128**

**environmental@capecountyhealth.com**

# ***PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS***

**NEW**

**REMODEL**

**CONVERSION**

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

Type of Food Operation:  
Restaurant

Institution    ☐    Daycare

Retail Food Store    Other \_\_\_\_\_

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

Phone (if available): \_\_\_\_\_

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

Owner's Mailing Address: \_\_\_\_\_

Owner's  
Telephone: \_\_\_\_\_

Owner's  
Email Address: \_\_\_\_\_

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

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

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Telephone: \_\_\_\_\_

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

Hours of Operation:      Sun \_\_\_\_\_      Thurs \_\_\_\_\_  
                                 Mon \_\_\_\_\_      Fri \_\_\_\_\_  
                                 Tues \_\_\_\_\_      Sat \_\_\_\_\_  
                                 Wed \_\_\_\_\_

Number of Indoor Dining Seats: \_\_\_\_\_

Number of Outdoor Dining Seats: \_\_\_\_\_

Number of Staff: \_\_\_\_\_  
(Maximum per shift)

Total Square Feet of Facility: \_\_\_\_\_

Maximum Meals to be Served:	Breakfast	_____
(approximate number)	Lunch	_____
	Dinner	_____

Projected Date for Start of Project: \_\_\_\_\_

Projected Date for Completion of Project: \_\_\_\_\_

Type of Service:	Sit Down Meals
(check all that apply)	Take Out
	Caterer
	Single Use Utensils
	Multi-Use Utensils
	Other

Enclose the following documents:

Proposed Menu or complete list of food and beverages to be offered (including seasonal, off-site and banquet menus)

Plan of food establishment drawn to scale showing location of equipment, plumbing, electrical and mechanical services

Equipment schedule including location, plumbing, drain and electrical connections

Manufacturer specification sheets for each piece of equipment to be used in the establishment

Site plan showing location of food establishment location of building on site including alleys, streets; and location of any outside equipment or facilities (dumpsters, well, septic system - if applicable)

## **CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS.**

Plans at minimum of 11 x 14 inches in size drawn to scale.

Proposed menu, seating capacity, and projected daily meal volume for the food establishment.

Location of all food equipment. Each piece of equipment must be clearly labeled, marked, or identified. Food equipment schedule which includes the make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable) must be submitted. Elevation drawings may be requested by the Regulatory Authority.

Provisions for adequate rapid cooling, including ice baths and refrigeration, and for hot and cold-holding PHF (TCS).

Handwashing sinks

Warewashing sinks

Food preparation sinks

Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation.

Entrances, exits, loading/unloading areas and delivery docks.

Complete finish schedules for each room including floors, walls, ceilings and covered juncture bases.

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.

Location of lighting fixtures.

Source of water and method of sewage disposal.

A color coded flow chart may be requested by the Regulatory Authority demonstrating flow patterns for:

- food (receiving, storage, preparation, service);
- dishes (clean, soiled, cleaning, storage);
- trash and garbage (service area, holding, storage, disposal)

Ventilation schedule if requested by the Regulatory Authority

Service sink or curbed cleaning facility with facilities for hanging wet mops or similar wet cleaning tools and for the disposal of mop water and similar liquid waste.

Storage location of poisonous or toxic materials.

Areas for storage of employee personal care items.

Location of refuse, recyclable, and/or returnable containers.

## **FOOD SUPPLY**

1. How often will frozen foods be delivered? \_\_\_\_\_
2. How often will refrigerated foods be delivered? \_\_\_\_\_
3. How often will dry goods be delivered? \_\_\_\_\_
4. Provide information on the amount of space (in cubic feet) allocated for:  
Dry storage \_\_\_\_\_,  
Refrigerated Storage \_\_\_\_\_, and  
Frozen storage \_\_\_\_\_.
5. Identify the location and containers that will be used to store bulk food products (rice, flour, sugar, etc.)?

## **FOOD PREPARATION**

### **FOOD PREPARATION PROCEDURES**

Explain the following with as much detail as possible. Provide descriptions of the specific areas on the plan where food is prepared.

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

- How the food will arrive (frozen, fresh, 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

READY-TO-EAT FOOD (e.g., salads, cold sandwiches, raw molluscan shellfish)

PRODUCE

POULTRY

MEAT

SEAFOOD

**THAWING FROZEN PHF (TCS) Food:**

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): \_\_\_\_\_

List all foods that will be cooked and served

List all foods that will be hot held prior to service:

List all foods that will be cooked and cooled.

List all foods that will be cooked, cooled and reheated

Provide a 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 PHF(TCS) food will be cooled to 41°F (5°F) within 6 hours (135°F to 70°F in 2 hours).

<b>COOLING METHOD</b>	<b>*THICK MEATS</b>	<b>*THIN MEATS</b>	<b>HOT FOODS</b>	<b>COLD FOODS</b>	<b>OTHER</b>	<b>LOCATION</b>
Shallow Pans in Refrigerator						
Ice Baths						
Reduce Volume or Size 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.

## **FINISH SCHEDULE**

Indicate which materials (quarry tile, stainless steel, Fiberglass Reinforced Panels (FRP), ceramic tile, 4" plastic coved molding, etc.) will be used in the following areas.

<b>AREA</b>	<b>FLOOR</b>	<b>FLOOR/WALL JUNCTURE</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 Service Sink</b>				
<b>Warewashing Area</b>				
<b>Walk-in Refrigerators and Freezers</b>				
<b>Other</b>				
<b>Other</b>				

Identify the finishes of cabinets, countertops, and shelving:

**PEST CONTROL**

	YES	NO	NA
1. Will all outside doors be self-closing and rodent proof ?		( )	( )
2. Will screens be provided on all entrances 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 & electrical conduit chases be sealed.			
7. How will the area around building be kept clear of unnecessary brush, litter, boxes and other harborage?			

**REFUSE, RECYCLABLES, AND RETURNABLES**

1. Will refuse/garbage be stored inside? If so, where?
2. Identify how and where garbage cans and floor mats will be cleaned.
3. Will a dumpster or a compactor be used? \_\_\_\_\_  
Number \_\_\_\_\_ Size \_\_\_\_\_  
Frequency of pickup \_\_\_\_\_
4. Will garbage cans be stored outside? \_\_\_\_\_
5. Describe surface and location where dumpster/compactor/garbage cans will be stored outside the establishment

6. Identify location of grease storage containers

7. Will there be an area to store recyclables? \_\_\_\_\_

If yes, describe

8. Identify the area to store returnable damaged goods.

### **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 and location of the water heater? Provide specifications for the water heater. \_\_\_\_\_

### **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**

	<b>AIR GAP</b>	<b>AIR BREAK</b>	<b>VACUUM BREAKER</b>	<b><u>OTHER</u></b>
<b>1. Dishwasher</b>				
<b>2. Garbage Grinder</b>				
<b>3. Ice machines</b>				
<b>4. Ice storage bin</b>				
<b>5. Sinks</b> a. Mop b. 3 Compartment c. 2 Compartment d. 1 Compartment				
<b>6. Steam tables</b>				
<b>7. Dipper wells</b>				
<b>8. Refrigeration condensate/ drain lines</b>				
<b>9. Hose bibb connection</b>				
<b>10. Potato peeler</b>				
<b>11. Beverage Dispenser w/carbonator</b>				
<b>12. Other</b>				
<b>13. Other</b>				
<b>14. Other</b>				

Identify the locations of all floor drains, if provided.

## **DISHWASHING FACILITIES**

### **Manual Dishwashing**

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

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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:

Square feet of air drying space: \_\_\_\_\_ft<sup>2</sup>

4. What type of sanitizer will be used?

Chemical ( )

Hot water ( )

### **Mechanical Dishwashing**

5. Identify the make and model of the mechanical dishwasher: \_\_\_\_\_

6. What type of sanitizer will be used?

Chemical ( )

Hot water ( )

7. Will ventilation be provided? YES ( ) NO ( )

## **HANDWASHING/TOILET FACILITIES**

Identify the locations of the handwashing sinks and toilet facilities:

## **DRESSING ROOMS**

1. Will dressing rooms be provided? YES ( ) NO ( )
2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

## **OTHER**

1. Identify the location for the storage of poisonous or toxic materials.
2. Where will cleaning and sanitizing solutions be stored at workstations? How will these items be separated from food and food contact surfaces?
3. Will linens be laundered on site?  
If yes, what will be laundered and 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?
6. Indicate all areas where exhaust hoods will be installed:
7. Identify location of the facilities for cleaning of mops and other equipment:

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**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Authority may nullify final approval.

Signature \_\_\_\_\_  
owner or responsible representative

Printed Name: \_\_\_\_\_

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

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**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-- 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 local and state laws governing food service establishments.**