



Public Health
Environmental Health Services



Preliminary Food Facility Plan Review Sheet

Facility Information	
Name of facility	Address
Contact Name	Phone number

Status	
<input type="checkbox"/> Plans accepted for plan check	<input type="checkbox"/> SR Number: <input type="checkbox"/> New <input type="checkbox"/> Resub
<input type="checkbox"/> Plans NOT accepted for plan check Resubmit 3 complete sets with a receipt from Building and Safety.	
<input type="checkbox"/> City of:	<input type="checkbox"/> Unincorporated area

Verification																																												
Yes	No	Requirement																																										
		Three identical, complete sets of plans.																																										
		Name of facility, site address, owner or contractor's mailing address, email and contact phone number on plans.																																										
		Complete menu information.																																										
		Indicate source of water supply and method of sewage disposal: <input type="checkbox"/> Sewer <input type="checkbox"/> Septic <input type="checkbox"/> City Water <input type="checkbox"/> Well/Water System If sewage and city water, indicate company name:																																										
		Floor plan drawn to scale of 1/4"=1" showing all equipment.																																										
		Site plan including trash enclosure.																																										
		Equipment schedule: Make, manufacturer and model number of all equipment. All food equipment listed must be NSF approved or equal.																																										
		Finish schedule: Indicate materials and color <table border="1"> <thead> <tr> <th></th> <th>Floor</th> <th>Integral Coved Base</th> <th>4' Wainscot</th> <th>Walls</th> <th>Ceiling</th> </tr> </thead> <tbody> <tr> <td>Food Prep Area</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dry Storage</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Walk-in Box</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Restroom(s)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dressing room</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dishwashing area</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Floor	Integral Coved Base	4' Wainscot	Walls	Ceiling	Food Prep Area						Dry Storage						Walk-in Box						Restroom(s)						Dressing room						Dishwashing area					
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Yes	No	Requirement
<input type="checkbox"/>	<input type="checkbox"/>	Dry storage room: Show minimum of 24 linear feet of at least 4-tier ANSI certified shelving units for full size restaurants (18 linear feet for limited preparation, and 12 linear feet for prepackaged). Based on size and type of operation, additional shelving may be required.
<input type="checkbox"/>	<input type="checkbox"/>	Restroom(s): Where there is on-site dining, a public restroom will be located where consumers do not pass through food preparation, food storage or utensil washing areas.
<input type="checkbox"/>	<input type="checkbox"/>	Dressing room: If over ten employees or more than 100 seats. Lockers are always required.
<input type="checkbox"/>	<input type="checkbox"/>	Exhaust hood: Detailed drawings, specifications and calculations.
<input type="checkbox"/>	<input type="checkbox"/>	Commercial Hood: Mechanical Exhaust Data Information Sheet
<input type="checkbox"/>	<input type="checkbox"/>	Three compartment sink with integral drainboards on both ends.
<input type="checkbox"/>	<input type="checkbox"/>	Food preparation sink: Required for produce preparation and where raw meats are processed.
<input type="checkbox"/>	<input type="checkbox"/>	Handwashing Sink(s): To be accessible in each food preparation and warewashing area.
<input type="checkbox"/>	<input type="checkbox"/>	Mop Sink: Area to store mops, brooms, etc. Cabinet, shelf or secured area to store cleaning agents and poisons.
<input type="checkbox"/>	<input type="checkbox"/>	Energy input of water heater (number of BTUs or KWs).
<input type="checkbox"/>	<input type="checkbox"/>	Location of all floor sinks. Shown on either plumbing sheet or equipment floor plan.
<input type="checkbox"/>	<input type="checkbox"/>	Air curtain above delivery door.
<input type="checkbox"/>	<input type="checkbox"/>	Location of grease trap/interceptor indicated.
Owner/Agent Signature:		Date:
Environmental Health Specialist/Technician Signature:		