



Food Service Plan Review Application

New__ Remodel __

Name of Establishment: _____

Location Address: _____

Facility Phone: _____ Website _____

Owner: _____

Email: _____

Mailing Address: _____

Daytime/Cell Phone: _____

Contact Person & Title (architect): _____

Email: _____

Mailing Address: _____

Daytime/Cell Phone: _____

Projected start date: _____ Projected date for completion: _____

When submitting this application, include the following documents:

- Proposed menu(s), including seasonal, off-site and banquet menus
- Site plan - location of building on site, including alleys, streets and outside equipment (dumpsters, well, septic system)
- Plan drawn to scale showing location of equipment, plumbing, electricity services and mechanical ventilation
- List of equipment & specifications

I have submitted plans/applications to (or obtained permits from) the necessary or appropriate authorities including zoning, planning, building, plumbing, and fire departments.

Yes__ No__

Type of Service (Check the food service that best describes your operation):

- Cook and Serve
- Cook, Hold Hot and Serve
- Cook, Chill, Reheat, Hold Hot and Serve
- Hold Cold and Serve
- Commercially prepackaged food only (except beverage)
- Other _____

What are your expected number of meals served per day?

What will be the frequency of food delivery?

Will food be transported to another location as with a catering operation or satellite kitchen?

Yes__ No__

Days and Hours of Operation: _____

Number of seats: _____ Inside _____ Outside _____

Number of staff (total): _____

Total square feet of facility: _____

Number of floors on which operations are conducted: _____

Frequency of waste removal?

- Garbage
- Recycling (Oil/grease/fat, Cardboard/paper)
- Composting

Water system source and type of sewage disposal (e.g., on-site, city)

Submitting incomplete plans will delay the plan review process. Please answer every question that applies to your food service operation.

According to OAR 333-150-0000
Required Format and Specifications – Draw Plans to Scale

1. Accurately draw floor plan to a minimum scale of ¼ inch = 1 foot
2. Show seating capacity
3. Locate and label each piece of food equipment with its common name
Include self-service hot and cold holding units with sneeze guards
(Chapter 3 & 4)
 - Indicate if equipment is not newly purchased
 - A direct waste connection may not be used for equipment in which food, or ice is placed (5-402.11)
4. Identify the equipment that will be used for rapid cooling, including ice baths and refrigeration
5. Identify the equipment that will be used for rapid reheating
6. Identify food preparation sinks, including indirect drains
7. Show where raw and ready-to-eat food will be prepared
8. Identify each designated hand sink. This includes hand sinks in the restrooms, food preparation, food service, and dishwashing areas
(Chapter 5)
9. Include:
 - a. Entrances, exits, loading/unloading areas and docks
 - b. Plumbing schedule, including location of floor sinks, overhead wastewater lines, water heater BTU or KW and capacity, grease trap or interceptor (Chapter 4 & 5)
 - c. Source of water supply and method of sewage disposal other than a municipal system – (Systems must meet state regulations) (Chapter 5)
 - d. Mop sink or curbed cleaning facility with facilities for hanging wet mops (5-203.13)
 - e. Location for storing chemicals (7-201.11)
 - f. Location for the storage of personal items such as dressing rooms, locker areas and employee rest areas (6-305.11)
 - g. Dish (warewashing) machine or 3-compartment sink, including indirect drain (Chapter 4)
 - Largest piece of equipment must be able to fit into sink or dish machine (4-301.12)
 - Indicate if dish machine is chemical or high temperature sanitizing
 - h. Indicate surface materials and the location of where the dumpster, compactor, garbage cans, waste oil, and recycling containers are stored (Chapter 5-501 & 6-102)

Interior Finishes/Surfaces
OAR 333-150-0000, Section 6-101.11A(3)

Use the following chart to indicate all interior finishes or reference number on plans:

	Floors	Cove Base	Walls	Ceilings	Food Contact Surfaces	Shelving
Kitchen						
Bar						
Storage Rooms						
Toilet rooms						
Garbage & refuse storage						
Mop service area						
Dish washing area						
Walk-in refrigerators & freezers						

Example:						
Kitchen	Quarry tile Smooth seal	Quarry tile Smooth seal	FRP smooth Stainless steel Painted smooth	Vinyl acoustical tile Smooth	Stainless steel Hardwood cutting surfaces Formica	Wood Painted smooth Stainless steel

Menu & Procedure Review

This section must be filled out by the operator and submitted prior to licensing or with the plan review application. Answer only the questions that apply to your facility. Add documents or pages as needed to describe your operation. The “Food Sanitation Rules,” OAR 333-150-0000 can be obtained at: www.healthoregon.org/foodsafety

Training & Policies

1. Describe your current policy to exclude or restrict food workers who are sick or have infected cuts and lesions (2-201.12):

2. What are employees told about working when ill (2-201.12)?

3. Provide your established hand washing policy (2-301.14, 2-301.13, 2-301.12, 2-301.15):

4. How are employees informed about hand washing requirements (2-103.11(L))?

5. How do you enforce hand washing and ill employee requirements (2-201.12, 2-103.11(D) & (K))?

6. Who will be your people in charge (2-101.11)?

7. Are you aware of the rule that requires a “knowledgeable” person to be present at all times of operation (2-102.11)? Yes__ No__

Note: One way to meet this is to obtain certification in a **Food Safety Program** designed for food managers:
www.healthoregon.org/foodsafety

8. List the types of food probe thermometers (0-220°F) that food handlers will be using and where the thermometers will be kept (4-302.12 & 4-203.11)?

9. How do you calibrate your food probe thermometers and how often? Who is responsible for calibrating thermometers (4-502.11(B))?

9a. How do you clean and sanitize your probe thermometer (4-602.11(4))?

10. What type of chemical sanitizer do you use (chlorine, quaternary ammonium, iodine) (4-501.114)? _____

At what concentration do you use this sanitizer? _____

What type of test kit do you have (4-302.14)? _____

When do you use your test kit (4-501.116)? _____

11. Describe how cutting boards, counter tops, equipment and other food contact surfaces that are too big to be submerged into sinks and too big for the dishwasher are cleaned and sanitized (4-603.15)?

11a. When does cleaning and sanitizing need to occur (4-602.11)?

12. What is done with leftover food (Chapter 3-501)?

13. Will salads such as tuna, egg, chicken, macaroni, pasta and potato be prepared from scratch in your facility? Yes___ No___

If yes, will the ingredients be pre-chilled before being mixed or assembled? Yes___
No___

14. Describe how you will minimize the handling of ready-to-eat food. For example will you use disposable gloves to prepare ready-to-eat food (2- 103.11(K))?

15. Describe when and where produce will be washed prior to use (3-302.15 & 5-402.11):

Food Preparation

1. List food from animals that you will serve raw or partially cooked such as sushi, steak tartar, and oyster shooters (3-603.11):

2. If serving raw fish (sushi, lox, ceviche), will parasite destruction be done on-site or by the supplier (3-402.11 & 3-402.12)?
 - ❑ **On-site** Provide your procedure on parasite destruction (*A freezer used for parasite destruction must maintain – 4°F for 7 days. Measure and record temperature of freezer unit daily.*)

 - ❑ **Supplier** Provide the name of your supplier and documentation to show parasite destruction. (*Each invoice received from the supplier shall state the specific fish by species that have been frozen to meet the parasite destruction requirements under 3-402.11.*)

3. List your food suppliers for the following (Chapter 3, Section 2):

Category	Supplier(s)
Game meats (e.g., emu, ostrich, elk)	
Raw or partially cooked fish products (e.g., lox, ceviche, raw oyster, sushi)	
Fresh or live shellfish	
Wild mushrooms	

4. Describe food processing within your facility (smoking meats, sous vide, canning, specialty processing) (Chapter 3-502):

Holding Food Temperatures Cold & Hot

(Chapter 3-501)

1. Refrigerated food must be maintained at 41°F or colder. How did you determine the amount of cold storage/holding that you will need for your operation (4-301.11)?

2. How will you ensure that each refrigerator has a working thermometer and that the temperature is maintained at 41°F or colder (4-203.12, 4-204.112, 4-502.11)?

3. Refrigerator Units (4-301.11)

List size, description/manufacturer, and what will be stored in each:

Refrigerator Number	Size/capacity	Manufacturer or Description	Type of food stored inside

Note: Add pages as needed

4. Is an ice machine provided and indirectly drained? Yes__ No__
(5-402.11)

5. If ice is purchased, who is your supplier? _____

6. If you will be using ice for keeping food cold such as in a salad bar, how should the food be stored in the ice? Please describe:

7. Describe your procedure for date marking of ready-to-eat potentially hazardous food items?

8. How will you store raw animal food to prevent contamination of ready-to-eat food (3-302.11)?

9. How and where will frozen food be thawed (3-501.13)?

Note: When storing raw animal products above one another, their storage must be based on the final required cooking temperature of each animal product. The animal product with the lowest cooking temperature must be stored above other raw animal products that require a higher cooking temperature (e.g., raw fish above raw ground beef).

10. What type of equipment will you use for holding food hot? How will you ensure that food is at the required temperature throughout the day?

11. Describe how food temperatures (hot and cold) will be maintained while in transport and at the catered site or satellite kitchen(s)?

Note: Required holding temperatures and cooling requirements are listed in the "Food Safety: Your Self-Training Manual" or in the "Food Sanitation Rules" both can be obtained from your local health department or at this website: www.healthoregon.org/foodsafety

Cooling

1. In the appropriate box, list menu items of food items that will be cooled.

Cooling Method	Solid Food (roast, turkey, solid cuts of meat)	Soft, Thick Food (refried beans, rice, potatoes, stews, soups, sauces & chili)	Liquid Food (thin broths)
Shallow Pans*			
Ice Baths**			
Reduce Volume or Size			
Blast Chiller			
Other (Describe)			

* Adequate and appropriate refrigeration is required

** Food-preparation sink and ice machine are required

2. How will food handlers know that the food has cooled from 135°F to 70°F within two hours and then from 70°F to 41°F within 4 hours?

Food Sanitation Rules

OAR 333-150-0000

1. Do you have a copy of the Food Sanitation Rules? Yes___ No___

The rules are online at: www.healthoregon.org/foodsafety If you do not have access to the Internet, you can obtain a copy from the Local Public Health Authority.

2. Do you know how to locate specific information in the rules? Yes___ No___

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 Office may nullify final approval.

Signature(s) of Owner(s) or responsible representative(s):

_____ Date _____

_____ Date _____

_____ Date _____

Approval of these plans and specifications by the 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 pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the Food Sanitation Rules (Oregon Administrative Rules Chapter 333).

Pre-opening Checklist for Operators

Answer yes to each item before scheduling a pre-opening inspection

Hand-washing facilities

1. Is hot and cold running water available at each handwashing sink? Yes No
2. Are mixing valves, combination faucets or metered faucet provided at each hand-washing sink? Yes No
3. Are metered faucets set for a minimum of 15 seconds? Yes No
4. Are hand cleansers provided for all hand-washing sinks? Yes No
5. Are approved methods for drying hands provided at all hand-washing sinks such as paper towels? Yes No
6. Are covered waste receptacles available in unisex and women's restrooms? Yes No
7. Are all toilet room doors self-closing? Yes No

Dishwashing Facilities

1. Do all dish machines have data plates with operating specifications? Yes No
2. Do all dish machines have the required temperature and pressure gauges that are accurately working? Yes No
3. Is your dish machine reaching 160F at the tray level or dispensing 50ppm chlorine residual in the final rinse? Yes No
4. Do you have a procedure for manual cleaning and sanitizing of fixed equipment? Yes No
5. Does the three-compartment sink have a drain board on each end of it? Or alternatives? Yes No

Miscellaneous

- | | | |
|---------------------------------------------------------------------------------------------------------|-----|----|
| 1. Are all containers of chemicals, including spray bottles, clearly labeled and stored away from food? | Yes | No |
| 2. Will dry product storage be stored 6 inches off the floor? | Yes | No |
| 3. Are all food containers made of food grade materials? | Yes | No |
| 4. Do you have a system for laundering linens or work clothes? | Yes | No |
| 5. Are all food preparation areas free of carpet? | Yes | No |

Insect and Rodent Control

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Are all outside doors self-closing and rodent proof? | Yes | No |
| 2. Are screens provided for doors and windows that will be kept open to the outside? | Yes | No |
| 3. Are all pipes & electrical conduit openings sealed? Is the ventilation system (exhaust and intake) protected? | Yes | No |
| 4. Is the area around the building clear of unnecessary brush, litter, boxes and other unnecessary items? | Yes | No |
| 5. Do you have a location and a procedure in place for cleaning garbage cans and floor mats? (Is the drain plumbed to sewer?) | Yes | No |

Refrigeration Units

- | | | |
|-------------------------------------------------------------|-----|----|
| 1. Are all refrigeration units operational? | Yes | No |
| 2. Does each refrigeration unit have a working thermometer? | Yes | No |
| 3. Is each refrigerator operating at 41F or colder? | Yes | No |
| 4. Do you have a procedure for date marking? | Yes | No |