Okaloosa County Health Department

Date: ___________________________

FOOD ESTABLISHMENT PLAN REVIEW WORKSHEET

_____ NEW    _____ REMODEL    _____ CONVERSION

Name of Establishment: __________________________________________

Category (check all that apply):

- Adult Day Care
- Mobile Food Unit
- Nursing Home
- ALF
- Fraternal/Civic
- Residential Facility
- Bar/Lounge
- Hospital
- School
- Childcare
- Hospice
- Other
- Detention Facility
- Movie Theater

Is this a Community Based Residential Facility (Group Care)? Yes _________  No _________

If Yes, Number of Licensed Residents/Clients ______________

Will this be a Limited Food Service Operation? Yes _________  No _________

Address: _______________________________________________________

Name of Owner: ___________________________________________________

Mailing Address: ___________________________________________________

Telephone: Business ____________________________  Home _______________________

DEPARTMENT OF HEALTH
FOOD ESTABLISHMENT PLAN REVIEW GUIDE
Applicant’s Name: _____________________________________________

Title (agent, manager, architect, etc.): _______________________________________

Mailing Address: __________________________________________________________

Telephone: Business __________________________  Home _________________________

I have submitted plans/applications to the following authorities on the following dates:

Zoning
Planning
Building
Plumbing
Fire Authority
Other

Hours of Operation

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<th></th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
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<td>Thurs</td>
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<td>Fri</td>
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Total Number of Food Workers: ____________

Maximum Number of Food Workers per Shift: ____________

Total Square Feet of Food Area: ____________ Total Square Feet of Facility: ____________

Number of Food Operations Conducted Onsite: ____________

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

Are Only Single-use/Single-Service Utensils to be Used? Yes ______ No ______

Projected Date for Start of Project: ________________________________

Projected Date for Completion of Project: ___________________________
Type of Service:  Sit Down Meals __________
(check all that apply)  Take Out _______________
Catered ________________
Mobile Food Unit _________
Other __________________

Please enclose the following documents:

__________ Proposed Menu (including seasonal, off-site and banquet menus)

__________ Manufacturer Specification Sheets for each piece of equipment shown on the plan

__________ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system – if applicable)

__________ Floor plan of the food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation

__________ Equipment Schedule
CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. 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. Submit drawings of self-service hot and cold holding units with sneeze guards.

2. Identify all Food Preparation areas and indicate whether they will be used for raw foods and/or ready to eat foods.

3. Designate clearly on the plan equipment for adequate rapid cooling and short-term/long term cold storage (for example, refrigeration, freezers, blast chillers, ice baths, etc.) and for hot-holding (e.g., warmers, steam tables, etc.) of potentially hazardous foods.

4. Label and locate areas used for dry storage.

5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.

6. Label and locate all restrooms and toilet fixtures.

7. Clearly designate all handwashing sinks with each restroom, the food preparation area, and dishwashing area.

8. Identify areas where clean wet and clean dry equipment and utensils will be stored; and where dirty equipment will be stored prior to washing.

9. Locate and identify the dishwashing area. If manual dishwashing, identify location and size of 3-compartment sink and label as wash, rinse, and sanitize; if automatic dishwashing, label and locate machine, indicate method of sanitization, provide any specifications. Identify areas for pre-scraping, pre-flushing, or pre-soaking. Identify areas for drying clean equipment and utensils.

10. Identify auxiliary areas such as dining area, storage rooms, and garage rooms.
11. 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 with capacity and recovery rate, backflow prevention, and wastewater line connections;
   d. Lighting schedule with protectors;
   e. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable);
   f. Source of water supply and method of sewage disposal. If not provided by a municipality, provide the location of these facilities;
   g. Ventilation schedule for each room
   h. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
   i. Garbage can washing area/facility;
   j. Cabinets for storing toxic chemicals;
   k. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required.
**FOOD PREPARATION REVIEW**

Check categories of Potentially Hazardous Foods (PHF’s) to be handled, prepared, and served.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>(YES)</th>
<th>(NO)</th>
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<tbody>
<tr>
<td>1. Thin meats, poultry, fish, eggs (e.g., hamburger, sliced meats, fillets)</td>
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<td>2. Thick meats, whole poultry (roast beef, whole turkey, chicken, hams)</td>
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<td>3. Cold processed foods (salads, sandwiches, vegetables)</td>
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<td>4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)</td>
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<td>5. Bakery goods (e.g., pies, custards, cream fillings &amp; toppings)</td>
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<td>6. Other</td>
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**PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS**

**FOOD SUPPLIES:**

1. Are all food supplies from inspected and approved sources? YES / NO

2. What are the projected frequencies and time of deliveries for
   - Frozen Foods: Frequency ____________  Time ____________
   - Refrigerated Foods Frequency ____________  Time ____________
   - Dry Goods Frequency ____________  Time ____________

3. Provide information on the amount of space (in cubic feet) allocated for
   - Dry Storage ____________________________
   - Refrigerated Storage ____________________________
   - Frozen Storage ____________________________

4. How will dry goods be stored off of the floor?