

**MISSISSIPPI STATE DEPT OF HEALTH**

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

**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

\_\_\_\_\_ **NEW**

\_\_\_\_\_ **REMODEL**

\_\_\_\_\_ **CONVERSION**

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

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

Phone: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

\_\_\_\_\_ **Governing Board of Council**

\_\_\_\_\_ **Plumbing**

\_\_\_\_\_ **Zoning**

\_\_\_\_\_ **Electric**

\_\_\_\_\_ **Planning**

\_\_\_\_\_ **Fire**

\_\_\_\_\_ **Building**

\_\_\_\_\_ **Other( \_\_\_\_\_ )**

Hours of Operation:

Sun \_\_\_\_\_

Thurs \_\_\_\_\_

Mon \_\_\_\_\_

Fri \_\_\_\_\_

Tues \_\_\_\_\_

Sat \_\_\_\_\_

Wed \_\_\_\_\_

Number of Seats: \_\_\_\_\_



5. **Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.**
6. **Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.**
7. **On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.**
8. **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;**
    - (1) **At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;**
    - (2) **At least 220 lux (20 foot candles):**
      - (a) **At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or package foods are sold or offered for consumption;**
      - (b) **Inside equipment such as reach-in and under-counter refrigerators;**
      - (c) **At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms; and**
    - (3) **At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.**
  - 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. Provide the location of these facilities and submit evidence that state and local regulations are complied with;
- 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

*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 of deliveries for Frozen foods \_\_\_\_\_  
Refrigerated foods \_\_\_\_\_, and Dry Goods \_\_\_\_\_.
3. Provide information on the amount of space (in cubic feet) allocated for:  
Dry storage \_\_\_\_\_,  
Refrigerated Storage \_\_\_\_\_ and  
Frozen storage \_\_\_\_\_.
4. How will dry goods be stored off the floor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### COLD STORAGE:

5. Is adequate and approved freezer and refrigeration available to store frozen foods and refrigerated foods at 41°F (5°C) and below? YES ( ) NO ( )

6. Does each refrigerator / freezer have a thermometer? YES ( ) NO ( )  
Number of refrigeration units: \_\_\_\_\_  
Number of freezer units: \_\_\_\_\_

7. Is there a bulk ice machine available? YES ( ) NO ( )

**HOT/COLD HOLDING:**

8. How will hot PHF's be maintained at 135°F (57°C) or above during holding for service? Indicate type and number of hot holding units.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. How will cold PHF's be maintained at 41°F (5°C) or below during holding for service? Indicate type and number of cold holding units.

\_\_\_\_\_  
\_\_\_\_\_

**PREPARATION:**

10. Will food employees be trained in good food sanitation practices? YES ( ) NO ( )  
Method of training: \_\_\_\_\_

11. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling ready-to-eat foods? YES ( ) NO ( )

12. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES ( ) NO ( )  
Please describe briefly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. How will cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: \_\_\_\_\_

Concentration: \_\_\_\_\_

Test Kit: YES ( ) NO ( )

14. Will all produce be washed onsite prior to use? YES ( ) NO ( )  
 Is there a planned location used for washing product? YES ( ) NO ( )  
 Describe \_\_\_\_\_

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses. \_\_\_\_\_

**FINISH SCHEDULE:**

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic covered molding, etc.) will be used in the following areas.

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walkin Coolers & Freezers				

**INSECT AND RODENT CONTROL:**

Please check the appropriate boxes.

- |  | YES | NO  | N/A |
|--|-----|-----|-----|
| 15. Will all outside doors be self-closing and rodent proof?   | ( ) | ( ) | ( ) |
| 16. Are screen doors provided on all entrances left open to the outside?                                       | ( ) | ( ) | ( ) |
| 17. Do all openable windows have a minimum #16 mesh screening?   | ( ) | ( ) | ( ) |
| 18. Is the placement of electrocution devices identified on the plan?  | ( ) | ( ) | ( ) |
| 19. Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? | ( ) | ( ) | ( ) |
| 20. Is area around building clear of unnecessary brush, litter, boxes and other harborage?                     | ( ) | ( ) | ( ) |
| 21. Will air curtains be used?<br>If yes, where? _____<br>_____  | ( ) | ( ) | ( ) |

**GARBAGE AND REFUSE:**

Inside

- |  |     |     |     |
|--|-----|-----|-----|
| 22. Do all containers have lids?                                       | ( ) | ( ) | ( ) |
| 23. Will refuse be stored inside?<br>If so, where? _____<br>_____      | ( ) | ( ) | ( ) |
| 24. Is there an area designated for garbage can or floor mat cleaning? | ( ) | ( ) | ( ) |

Outside

- |  |     |     |     |
|--|-----|-----|-----|
| 25. Will a dumpster be used?<br>Number _____ Size _____<br>Frequency of pickup _____<br>_____<br>Company _____ | ( ) | ( ) | ( ) |
|--|-----|-----|-----|

YES

NO

N/A

26. Will a compactor be used?  
Number \_\_\_\_\_ Size \_\_\_\_\_  
Frequency of pickup \_\_\_\_\_  
Contractor \_\_\_\_\_

( )

( )

( )

27. Will garbage can be stored outside?

( )

( )

( )

28. Describe surface and location where dumpster/compactor/garbage cans are to be stored.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Is there an area to store recycled containers? YES ( ) NO ( ) N/A ( )  
Describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Indicate what materials are required to be recycled:

- ( ) Glass ( ) Cardboard  
( ) Metal ( ) Plastic  
( ) Paper

30. Is there any area to store returnable damaged goods? YES ( ) NO ( ) N/A ( )  
Describe this are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLUMBING CONNECTIONS:**

	AIR GAP	AIR BREAK	INTEGRAL TRAP	P TRAP	VACUUM BREAKER	CONDENSATE PUMP
Toilet						
Urinals						
Dishwasher						
Garbage Grinder						
Ice Machine						
Ice Storage Bin						
<u>Sinks:</u> Mop Handwash 3 Compartment 2 Compartment 1 Compartment						
Dipper Wells						
Refrigeration Condensate/ Drain Lines						
Hose Connection						
Beverage Dispenser w/ carbonator						

31. Are floor drains provided & easily cleanable, if so, indicate location: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WATER SUPPLY:**

32. Is water supply public ( ) or private ( )?
33. If private, has source been approved? YES ( ) NO ( ) PENDING ( )  
 Please attach copy of written approval and/or permit.
34. Is ice made on premises ( ) or purchases commercially ( )?  
 If made on premise, are specifications for the ice machine provided? YES ( )  
 NO ( )  
 Describe provision for ice scoop storage: \_\_\_\_\_  
 \_\_\_\_\_  
 Provide location of ice maker or bagging operation : \_\_\_\_\_  
 \_\_\_\_\_
35. What is the capacity of the hot water heater? \_\_\_\_\_

36. Is the hot water generator sufficient for the needs of the establishment?  
YES ( ) NO ( )  
If you are unsure, your local environmentalist has a formula for figuring out your hot water needs.

37. Is there a water treatment device? YES ( ) NO ( )  
If yes, how will the device be inspected and serviced? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

38. How are backflow prevention devices inspected and serviced? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEWAGE DISPOSAL:**

39. Is building connected to a municipal sewer? YES ( ) NO ( )
40. If no, is private disposal system approved? YES ( ) NO ( ) PENDING ( )  
Please attach copy of written approval and/or permit.
41. Are grease traps provided? YES ( ) NO ( )  
Is so, where? \_\_\_\_\_  
Provide schedule for cleaning and maintenance \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DRESSING ROOMS:**

42. Are dressing rooms provided? YES ( ) NO ( )
43. Describe storage facilities for employees' personal belongings (i.e. purse, coats, umbrellas, etc) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL:**

44. Are insecticides/rodenticides stored separately from cleaning and sanitizing agents?  
YES ( ) NO ( )  
Indicate location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
45. Are all toxins for use on the premise (this includes personal medications), stored away from food preparation and storage areas?  
YES ( ) NO ( )

46. Are all containers of toxins including sanitizing spray bottles clearly labeled?  
YES( ) NO ( )

47. Will linens be laundered on site? YES ( ) NO ( )  
If yes, what will be laundered and where? \_\_\_\_\_

\_\_\_\_\_

If no, how will linens be cleaned? \_\_\_\_\_

\_\_\_\_\_

48. Is a laundry dryer available? YES ( ) NO ( )

49. Location of clean linen storage: \_\_\_\_\_

\_\_\_\_\_

50. Location of dirty linen storage: \_\_\_\_\_

\_\_\_\_\_

51. Are containers constructed of safe materials to store bulk food products?

YES ( ) NO( )

Indicate type: \_\_\_\_\_

\_\_\_\_\_

### SINKS:

52. Is a mop sink present? YES ( ) NO ( )

If no, please describe the facility for cleaning mops and other equipment: \_\_\_\_\_

\_\_\_\_\_

### DISHWASHING FACILITIES:

53. Will sinks or a dishwasher be used for warewashing?

Dishwasher ( )

Two Compartment Sink ( )

Three Compartment Sink ( )

54. If you use a dishwasher, what type of sanitization will be used?

Hot Water (temperature provided) \_\_\_\_\_

Booster Heater \_\_\_\_\_

Chemical Type \_\_\_\_\_

Is ventilation ( a hood) provided? YES ( ) NO ( )

55. Do all dishmachines have templates on the outside of the machine with operating instructions? YES ( ) NO ( )
56. Do all dishmachines have temperature/pressure gauges on the outside of the machine that are accurately working? YES ( ) NO ( )
57. Does the largest piece of equipment fit into each compartment of the 3 comp. sink? YES ( ) NO ( )  
If no, what is the procedure for manual cleaning and sanitizing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
58. Are there drain boards on both ends of the 3 comp. sink? YES ( ) NO ( )
59. What type of sanitizer is used?  
Chlorine ( )  
Iodine ( )  
Quaternary ammonia ( )  
Hot Water ( )  
Other ( )
60. Are test papers and/or kits available for checking sanitizer concentration? YES ( ) NO ( )

**HANDWASHING/TOILET FACILITIES:**

61. Is there a handwashing sink in each food preparation and warewashing area? YES ( ) NO ( )
62. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES ( ) NO ( )
63. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES ( ) NO ( )
64. Is hand soap available at all handwashing sinks? YES ( ) NO ( )
65. Are hand drying facilities (paper towels, air blowers, etc) available at all handwashing sinks? YES ( ) NO ( )
66. Are covered waste receptacles available in each restroom? YES ( ) NO ( )
67. Is hot and cold running water under pressure available at each handwashing sink? YES ( ) NO ( )
68. Are all toilet room doors self-closing? YES ( ) NO ( )

69. Are all toilet rooms equipped with adequate ventilation? 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) \_\_\_\_\_

\_\_\_\_\_  
owner(s) or responsible representative(s)

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

\*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.