

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION TO BE COMPLETED AND SUBMITTED TO:

**Kanawha-Charleston Health Department
108 Lee Street, East
PO Box 927
Charleston, West Virginia 25323
Phone: (304) 348-8050**

:

The permit applicant must submit plans and specifications at least 45 days prior to the start of construction, conversion or remodeling. A plan review fee of \$150.00 must also be submitted.

IMPORTANT: This information must be accompanied with the following documents

1. A floor plan drawn to scale indicating the location of all food service equipment including toilet rooms, dining areas, and fixtures provided therein.
2. A list of all food service equipment including manufacturer and model numbers.
3. Proposed menu

**FAILURE TO PROVIDE ALL OF THE ABOVE DOCUMENTS
WILL RESULT IN THE DELAY OF REVIEW AND/OR
APPROVAL OF PLANS.**

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

_____NEW _____REMODEL _____CONVERSION

The Food Code states "The permit applicant shall submit plans and specifications to the Director at least 45 days prior to the start of construction, conversion or remodeling."

Check here if your submission does not meet the above 45 days prior requirement and explain on reverse side the present construction progress of the establishment.

PLEASE PRINT OR TYPE

Name of Establishment: _____

Address: _____

Phone if available: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Applicant's Name: _____

Mailing Address: _____

Telephone: _____

Title (owner, manager, architect, etc.): _____

Projected Date for Start of Construction: _____

Hours of Operation:	Sun _____	Thurs _____
	Mon _____	Fri _____
	Tues _____	Sat _____
	Wed _____	

Number of Seats: _____

Number of Staff: _____
(Maximum per shift)

Total Square Feet of Facility: _____

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

Type of Service: Sit Down Meals _____ Caterer _____
 (check all that apply) Take Out _____ Other _____

GENERAL

FLOORS

1. List type of floor material or covering:

Food preparation areas _____
 Food storage areas _____
 Utensil washing areas _____
 Dressing/locker rooms _____
 Toilet rooms and vestibules _____

2. Yes ___ No ___ Floor drains provided in floors that are water flushed for cleaning or receive fluid wastes from equipment or in areas where pressure spray cleaning methods are used?
 Yes ___ No ___ Floors graded to drain?
 Yes ___ No ___ Floor/wall junctures sealed and coved?
3. Yes ___ No ___ Floor/wall juncture seams not greater than 1/32 inch in all other areas?
4. Yes ___ No ___ Exposed horizontal utility lines and pipes on the floor?

WALLS & CEILINGS

1. List type of materials:

	<u>Walls</u>	<u>Ceilings</u>
Food preparation areas	_____	_____
Equipment/utensil washing areas	_____	_____
Walk-in refrigeration units	_____	_____
Toilet rooms and vestibules	_____	_____

2. Yes ___ No ___ Are the above materials light colored, smooth, nonabsorbent, and easily cleanable?
3. Yes ___ No ___ Studs, joists and rafters exposed in walk-in refrigeration units, food preparation areas, and equipment/utensil washing areas?
4. Yes ___ No ___ Utility service lines and pipes unnecessarily exposed on walls or ceilings?
5. Yes ___ No ___ Exposed utility service lines and pipes installed in such a way that does not obstruct or prevent cleaning of walls and ceilings?
6. Yes ___ No ___ Exposed overhead sewer lines?

If answer to 3,4, or 6 above is yes, explain on reverse side.

WATER SUPPLY

1. Yes No Served by public system? Name _____
2. Yes No Served by individual water system approved by health department?
Date approved _____
3. Yes No Water pressure at least 20 psi in all areas?

SEWAGE & LIQUID WASTE DISPOSAL

1. Yes No Served by public sewerage system? Name _____
2. Yes No Served by individual sewerage system?
Yes No System approved by health department?
Date approved _____
3. Yes No Utility sink or curbed cleaning facility with a floor drain provided for cleaning of mops and disposal of mop water?

NOTE: If facility is not served by public sewer, applicant must contact West Virginia Division of Environmental Protection (WVDEP) to apply for a UIC permit. Phone number is 304-925-0495.

PLUMBING

1. Yes No Backflow prevention devices (vacuum breakers) installed on all fixtures and equipment where an air gap at least twice the diameter of the water supply inlet is not provided between the inlet and the fixture's flood level rim? (Enclosed water filled equipment like disposals, coffee urns, potato peelers, dishwashing machines, etc.)
2. Yes No Direct connection between the sewer system and enclosed equipment having waste drainlines such as ice makers, ice bins, dishwashing machine, etc.
3. Yes No Safety "pop off" valve installed on water heaters, etc.?
4. Yes No N/A Floor drain provided for disposition of condensate water, etc., from walk-in refrigeration units?
5. Yes No N/A Running water dipper well provided for ice cream dippers?
6. Yes No N/A All plastic potable water lines NSF approved or equivalent?
7. Yes No All plumbing complies with applicable local ordinances or state and/or national plumbing code?
8. Yes No Piping of nonpotable water system, such as air conditioning or fire protection, durably identified so that it is readily distinguishable from potable water piping?
9. Yes No Backflow prevention devices installed on all faucets to which a hose will be attached?
10. Yes No Grease trap provided?
11. Liquid capacity of grease trap _____ gal.
Attach a letter from the Sanitary Board or Public Service District approving/accepting size of grease trap or stating that a grease trap will not be required.

TOILET FACILITIES

1. Yes ___ No ___ Are separate employee toilet rooms provided?
Number of flush toilets _____ Number of urinals _____ Number of lavatories _____
2. Yes ___ No ___ Are public toilets provided for each sex?

	Male	Female
Number of flush toilets	_____	_____
Number of urinals	_____	_____
Number of lavatories	_____	_____
3. Yes ___ No ___ Do toilet rooms open to the outside of establishment?
4. Yes ___ No ___ Toilet rooms completely enclosed and doors self closing?
5. Toilet room doors solid or louvered to makeup air? (Please circle type)
6. Yes ___ No ___ N/A ___ Louvered doors covered with 16 mesh screen or equal?
7. Yes ___ No ___ Toilet rooms vented to outside air by mechanical exhaust?

HANDWASHING FACILITIES

1. Yes ___ No ___ Lavatory provided in or within 20 feet of each food preparation, utensil washing, and food dispensing or serving area?
2. Yes ___ No ___ Lavatories provided with hot and cold water tempered by means of a mixing valve or combination faucet?
3. Yes ___ No ___ Are any lavatory faucets self closing, slow or metered?
Yes ___ No ___ Designed to provide water flow for at least 15 seconds without reactivation?
4. Yes ___ No ___ Soap dispenser with paper towels or air dryer?

GARBAGE & REFUSE STORAGE & DISPOSAL

1. Yes ___ No ___ Storage room provided?
2. Yes ___ No ___ Outdoor storage on metal rack or smooth, nonabsorbent surface such as concrete or machine-laid asphalt?
3. Yes ___ No ___ Solid waste container washing facilities including hot and cold water with vacuum breaker and drain to sewer provided?
Location? _____ Protected from freezing? Yes ___ No ___
4. Yes ___ No ___ Refuse to be incinerated on premises?
Yes ___ No ___ Incinerator meets standards established by Air Pollution Control Commission and State Health Department (approved certificate on file with local health department)?

INSECT & RODENT CONTROL

1. Yes ___ No ___ All outer openings protected against entry of insects and rodents by use of doors, screens, fans or equivalent?
2. Yes ___ No ___ All outer doors self closing?

3. Yes ___ No ___ Openings in floors, walls, ceilings for pipes, cables and conduits properly caulked or otherwise protected?

LIGHTING

1. Yes ___ No ___ Minimum ~~50~~ footcandles artificial light provided on all food preparation surfaces and at utensil and equipment washing levels?
2. Yes ___ No ___ Minimum 20 footcandles artificial light provided 30 inches above floor level in utensil and equipment storage areas and in lavatory and toilet areas?
3. Yes ___ No ___ Minimum 10 footcandles artificial light provided 30 inches above floor level in walk-in refrigeration units, dry food storage areas, and all other areas (including dining areas during cleaning operations)?
4. Yes ___ No ___ Artificial light fixtures shielded or shatterproof in food preparation, service, and display areas, and utensil and equipment washing and storage areas?

VENTILATION

1. Yes ___ No ___ All combustion type heating devices, except those used for cooking purposes, properly vented to outside (water heaters, area heaters, furnaces, etc.)?
2. Yes ___ No ___ Hoods provided on all cooking units having four or more burners?
3. Yes ___ No ___ Stove hoods constructed of durable, easily cleanable materials?
4. Yes ___ No ___ Hood exhaust rate not less than one hundred cfm over the face of the hood area, when three sides of hood are open; four sides open, minimum of one hundred fifty cfm?
5. Yes ___ No ___ All exhaust ducts at least 6" in diameter or equivalent area?
6. Yes ___ No ___ One exhaust duct provided for every six feet or fraction thereof of hood length?
7. Yes ___ No ___ No point under hood area more than three feet vertical distance from duct vent unless exhaust fan rating compensates for any change made in distance?
8. Yes ___ No ___ Exhaust system equipped with filters?
Yes ___ No ___ Filters removable and installed 45 - 60° angle?
9. Yes ___ No ___ Exhaust fans outer opening protected by self closing louvers or screens against entry of flying insects?
10. Yes ___ No ___ Ventilation system complies with State Fire Marshal's and local fire prevention requirements or standards?
11. Yes ___ No ___ Ventilation system exhaust and exhaust fans installed in such a manner so as not to create a nuisance or health problem at point of discharge?

DRESSING & LOCKER ROOMS

1. Yes ___ No ___ Will employees routinely change clothes within the establishment?
2. Yes ___ No ___ Lockers or other suitable facilities provided for storage of employee clothing and other belongings? Location _____

STORAGE FACILITIES

1. Yes ___ No ___ Facilities (racks, shelves) provided for the storage of food, single service articles, and clean utensils and equipment a minimum of six (6) inches above the floor?
2. Yes ___ No ___ Separate cabinet storage facilities provided for storage of poisonous and toxic materials?

LAUNDRY

1. Yes ___ No ___ Nonabsorbent containers or washable laundry bags provided for storage of soiled clothes and linens?
2. Yes ___ No ___ Soiled linens, cloths, uniforms, and aprons to be cleaned on the premises? If yes, electric or gas dryer provided? Yes ___ No ___
Location of washing and drying facilities? _____
3. Location of storage area for clean clothes and linens? _____

EXTERIOR AREAS

1. Walking and driving surfaces constructed of _____ material.
2. Yes ___ No ___ Walking and driving areas graded to drain?

EQUIPMENT

1. Yes ___ No ___ List of all equipment, manufacturer name and model numbers accompanying plans?
2. Yes ___ No ___ Shop drawings of fabricated food service equipment accompanying plans?
3. Yes ___ No ___ Is nonportable table mounted equipment sealed to table or counter or elevated on legs 4 inches above table or counter?
4. Yes ___ No ___ Is floor mounted equipment, unless readily movable, sealed to the floor; elevated on legs 6 inches above floor; or installed on a raised platform of concrete or smooth masonry?
5. Yes ___ No ___ Is sufficient space provided to facilitate easy, cleaning between, behind and above each unit of fixed equipment OR the space between it and adjoining equipment units and adjacent walls or ceilings not more than 1/32 inch?
6. Yes ___ No ___ Is equipment exposed to seepage sealed to adjoining equipment or adjacent walls and ceilings?
7. Yes ___ No ___ Sneezeguards and other protection devices provided where food is exposed to the public?
8. Yes ___ No ___ Three compartment stainless steel sink with drainboards on both right and left sides provided? Type sanitizer _____
 1. Will the 3-compartment sink be used for any type of other purpose aside from warewashing, food preparation (i.e. washing of produce, thawing of product etc.)?
9. Yes ___ No ___ Mechanical dishwasher provided? Type: Chemical ___ Hot water ___ Manufacturer and model number _____
Booster heater manufacturer and model number _____

Minimum temperature at which domestic hot water will be supplied to dishwasher booster heater? _____
Yes ___ No ___ 1/4 inch IPS valve provided immediately upstream from the final rinse control valve to permit checking the flow pressure of the final rinse water?
If answer to both 8 and 9 is no, please explain on reverse.

REFRIGERATION

1. Refrigerated food storage capacity provided? _____ cubic feet
2. Frozen food storage capacity provided? _____ cubic feet
3. Yes ___ No ___ Thermometers provided in each refrigeration unit graduated in 2° increments?

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 this approval.

Signature(s) _____

Owner(s) or responsible representative(s) _____

Phone Number _____

Date: _____

Approval of these plans and specifications by this Health 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 local and state laws governing food service establishments.

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