



Fixed Food Service Establishment Plan Submission Instructions

Congratulations! You are proposing to build, convert, or remodel a food establishment in Detroit, Michigan. Please submit your plan review package to the Detroit Health Department (DHD)- Food Safety located at 3245 E. Jefferson Ave. Ste.100, Detroit, Michigan 48207. **All of the following items must be completed and compiled into a single package or the plan review may be delayed as additional material is requested.**

Also, contact the Buildings, Safety Engineering and Environmental Department (BSEED)- Plan Review Division for BSEED requirements. BSEED is located at the Coleman A. Young Municipal Center, 2 Woodward Ave. Ste. 401, Detroit, Michigan 48226. Phone: (313)224-3233 Website: <http://detroitmi.gov/bseed>

Construction or installation of new equipment may not begin until a written approval has been received by the Detroit Health Department. Construction prior to approval will be accessed a fee.

1. Plan review application and any necessary plan review fees.

All new or remodeled food service establishments inspected by the Detroit Health Department require a mandatory plan review. If the food service establishment is changing the menu, equipment, or closed for two years or more, a plan review may be required. Contact the Detroit Health Department- Food Safety Unit at (313)876-0135 for the plan review fees. The fee schedule can also be found at: <http://detroitmi.gov/Portals/0/docs/Health/FEE%20SCHEDULE.pdf>

2. Completed Plan Review Worksheet

See the plan review manual if you need assistance completing the plan review worksheet:
http://michigan.gov/documents/MDA_Plan_Review_Manual_28443_7.doc

3. Menu

Provide all menus including: dessert, beverages, children's, banquet, catering, and specials. If your facility does not have a formal, set menu (e.g., school with a rotating menu) submit representative sample menus, or a list of foods offered for sale or service. *Include food item descriptions.

4. One complete set of plans.

Provide scaled plans (1/4" per foot is a normal, easy to read scale). Show:

- Proposed layout, with all equipment, including countertop items identified. Label sinks, shelves, and prep tables with their intended use.
- Site Plan, including: Details of outside garbage storage area and containers, as well as exterior storage areas. On-site water well and sewage disposal system data (if applicable)
- Not required, but helpful: Mechanical plan (e.g., cooking ventilation systems: including hood, duct and exhaust fans); Plumbing plan (e.g., sinks for hand washing, food preparation and dishwashing, dish machines, hot and cold water outlets, hot water equipment, water heater, sewer drains, grease traps and floor drains/sinks); Lighting plan, indicating which lights are shielded.

5. Specifications

Include manufacturer's specifications for each piece of equipment. Minimum information for each piece of equipment includes the following (note: the manufacturer's specification or "cut" sheet typically provides most of this information):

- Type, Manufacturer, Model number, Dimensions, Performance capacity
- Indicate how equipment will be installed (e.g., on leg or wheels, fixed or flexible utility connections)
- Indicate which items are used equipment and what equipment is NSF approved or equivalent
- Sanitation Standard Operating Procedures (SSOPs): Include any available cleaning and maintenance instructions for food processing, cutting and grinding equipment.

6. Standard Operating Procedures (SOPs)

SOPs should be specific to your operation. See the SOP Cover Sheet and the SOP Manual guidance document that is available at:

https://www.michigan.gov/documents/mdard/Fixed_Establishment_SOP_Manual- Form_Fillable_646558_7.docx

7. Certified Manager and Allergen Training Documentation

Most food establishments will be required to employ at least one (1) full time certified manager employee who is certified under the American National Standards Institute accredited certification program (Food Law 2000, as amended, Section 289.2129). Documentation that verifies they meet the certified manager requirements and completed the additional allergen training prior to establishment opening will be required.



DETROIT HEALTH DEPARTMENT

PLAN REVIEW PROCESS

1

New Food Establishment/Remodeling/Conversion Proposed.

Note: *No construction may begin until Health approval is granted. The DHD has the authority to issue a stop work order when construction begins before plans are approved.*

2

The applicant provides the required plan review package and submits the packet along with the plan review fee(s) to the DHD. Contact the DHD for the plan review requirements.

3

The DHD reviews plans on a first come, first served basis. Public Act 92 of the Michigan Food Law allows the DHD 30 business days to review the submitted plans.

4

If needed, the DHD will send a letter requesting for additional information.

Note: *It is the responsibility of the applicant to submit the requested corrections or documentation to the DHD in timely manner to keep the plan review process moving forward.*

5

Once the plan reviewer completes the review, an approval letter granting permission to begin construction of the food establishment will be sent.

Note: *This approval expires one year from the date of issue. Please contact the DHD if more than one year is needed, otherwise the file may be closed and new fees and plans may be needed.*

6

CONSTRUCTION BEGINS

7

The facility must conform to the latest set of approved plans. Any change in the approved plans and specifications must be submitted to the DHD in writing and written approval must be obtained. Any alterations of plans after the plan review process has begun may require a revision fee.

8

Once construction is complete, the applicant submits the food service establishment license application and license fee.

9

The applicant requests a pre-opening inspection by contacting the DHD at least five business days in advance of the desired date.

10

Operational approval is granted during the pre-opening inspection.

Note: *Approval does not negate the applicant's responsibility to obtain all necessary permits and approvals from other agencies.*

3245 E. Jefferson Ave. Ste. 100
Detroit, MI 48207

313.876.0135
www.DetroitMI.gov/Foodsafety



Standard Operating Procedure Cover Sheet

Establishment Name: _____

Address, City: _____

√ or NA	
All Food Establishments:	
	Handwashing
	Personal hygiene, including cuts and sores
	Preventing bare hand contact with ready-to-eat food (gloves, utensils, etc.)
	Employee Illness Policy, including clean-up of vomiting and diarrheal events
	Purchasing food from approved sources, list of food purveyors
	Cleaning and sanitizing food contact surfaces, including frequency
	Emergency Action Plans for: Interruption of electrical service, Interruption of water service, Contaminated water supply (biological), Sewage back-up, Fire, Flood
	Cross-contamination prevention (food/chemicals: during preparation and storage)
	Warewashing (manual and mechanical, if necessary)
When applicable to the establishment:	
	Date-marking ready-to-eat, TCS* food
	Using time only (not time and temperature) as a method to control bacterial growth
	Thawing TCS* food
	Cooking TCS* food
	Cooling TCS* food
	Reheating TCS* food
	Hot holding TCS* food
	Cold holding TCS* food
	Catering, off-site, satellite food service
	Protection of food and equipment with large outer openings/outdoor food preparation/dining (i.e. garage doors, barbeque, bars)
Special transitory food units (STFU's) and Mobile Food Establishments:	
	Menu with descriptions
	Storage of the vehicle, food, and equipment
	Water supply
	Wastewater disposal
	Proposed route and operating hours
	Accessibility to restrooms
	Operating during cold weather months (below 32 degrees F)

*Time/temperature control for safety food means a food that requires time/temperature control for safety (TCS) to limit pathogenic microorganism growth or toxic formation.

The documents noted above were reviewed and found to be technically correct:

Agency Representative/ Date: _____



Fixed Food Establishment Plan Review Application

Meets the Food Law requirement for a transmittal letter to be submitted with the plans.

Establishment Name: _____

Address, City, Zip: _____

Establishment Phone: _____

Location Information: Between _____ & _____

Prior Establishment Name: _____

Owner	Food Service Equipment Supply Co.
Name: _____	Name: _____
Address: _____	Address: _____
City, State: _____	City, State: _____
Zip: _____ Phone #: _____	Zip: _____ Phone #: _____
E-Mail : _____	E-Mail : _____
Architect	General Contractor
Name: _____	Name: _____
Address: _____	Address: _____
City, State: _____	City, State: _____
Zip: _____ Phone #: _____	Zip: _____ Phone #: _____
E-Mail : _____	E-Mail : _____

***Please complete each line of the above sections to enable timely correspondence.**

Which of the above will serve as the primary contact: _____

Which of the above should all correspondence be mailed to: _____

Proposed start date of construction: Building _____ Food preparation/storage areas _____
(e.g. Kitchen)

Proposed opening date: _____

For reviewing agency use only:

Fee \$: _____ Check #: _____

Date: _____ Receipt#: _____

Plan Review #: _____ Assigned to: _____

Remarks: _____

General Information

Hours of Operation: _____

Seating Capacity (include bar & outdoor): _____ Facility Size (square feet): _____

Minimum staff per shift: _____ Maximum staff per shift: _____

These plans are for a (mark one): New Establishment Remodeling Conversion Partial

What describes the establishment better (mark one): On-site Food Preparation Serving Site

Will part of the operation be outdoors (e.g. bar, dining, storage, cooking, etc.): Yes No

If yes, explain: _____

Type of Operation/Food Service (mark all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Sit down meals | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Church | <input type="checkbox"/> Bottling alcoholic beverages
(e.g. beer, wine, hard cider, etc.) |
| <input type="checkbox"/> Full service with bar | <input type="checkbox"/> Catering | <input type="checkbox"/> Takeout menu | <input type="checkbox"/> Repackage (e.g. nuts) |
| <input type="checkbox"/> Bar with food prep. | <input type="checkbox"/> School | <input type="checkbox"/> Commissary | <div style="border: 1px solid black; padding: 5px;">List food:</div> |
| <input type="checkbox"/> Bar with no food prep. | <input type="checkbox"/> Produce | <input type="checkbox"/> Counter service | |
| <input type="checkbox"/> Grocery store | <input type="checkbox"/> Produce processing | <input type="checkbox"/> Buffet or salad bar | <div style="border: 1px solid black; padding: 5px;">List food:</div> |
| <input type="checkbox"/> Fresh meat | <input type="checkbox"/> Hospital | <input type="checkbox"/> Wholesale foods | |
| <input type="checkbox"/> Seafood/fish | <input type="checkbox"/> Smoked fish | <input type="checkbox"/> Tableside/display cooking | <input type="checkbox"/> Processor (e.g. cured meats,
juice, sushi, slaughter, etc.) |
| <input type="checkbox"/> Deli | <input type="checkbox"/> Bakery | <input type="checkbox"/> Ice production/packaging | <div style="border: 1px solid black; padding: 5px;">List food:</div> |
| <input type="checkbox"/> Fast food | <input type="checkbox"/> Brewery | <input type="checkbox"/> Hotel | |
| <input type="checkbox"/> Self-service bulk items | <input type="checkbox"/> Water bottling | <input type="checkbox"/> Kiosk | |
| <input type="checkbox"/> Tasting room | | | |

Please summarize the proposed project including a description of the construction to take place, a description of equipment to be added or removed, and an overview of the proposed operation.

I certify that the plan review application package submitted is accurate to the best of my knowledge.

Signature of owner or representative: _____ Date: _____

Please print name and title here: _____



Michigan Department of Agriculture and Rural Development

Fixed Food Establishment Plan Review Worksheet

To be completed by the operator and submitted to:
Detroit Health Department
Food Safety Plan Review
3245 E. Jefferson Ste. 100
Detroit, Michigan 48207

Establishment Name: _____

Address: _____

City, State, Zip: _____

Pages 9-23 ask structural and equipment questions that the operator may wish to have the contractor or architect assist in completing.

Refer to the Fixed Food Establishment Plan Review Manual for technical assistance in completing this worksheet. This manual is available by visiting;
http://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51203---,00.html

It is important to complete this document in its entirety. Sections that are left blank may cause delays in the plan review of your food establishment. If a section is not pertinent to your operations, writing in NA for not applicable in that section would suffice.

Food Manager Knowledge

Under the Food Law of 2000, as amended, food establishments are REQUIRED to have a person in charge (PIC) during all hours of operation and at least one active managerial employee that has completed and obtained a Certified Food Manager (CFM) certificate under a program accredited by American National Standards Institute (ANSI). A list of ANSI accredited programs can be found at: <https://www.ansi.org/Accreditation/credentialing/personnel-certification/food-protection-manager/ALLdirectoryListing?menuID=8&prgID=8&statusID=4>

A designated person in charge shall demonstrate knowledge of foodborne disease prevention, application of food safety, (HACCP) principles, and the requirements of the Food Code.

Please check all that apply:

Certified Food Manager's (CFM) Certificate submitted: YES NO

Employee currently in or signed up for CFM class: YES NO
If yes, submit invoice for class.

Menu

It is REQUIRED to provide a full menu including all beverages or minimally a list of foods offered. The menu does not have to be the final print version; this will be requested later. It is suggested that a "proof" copy of the menu be submitted for approval prior to final printing. Additionally, it should be noted if the establishment will host guest chefs or "popup" restaurants that may serve food items not listed on the menu.

The customer must be informed by means of a consumer advisory that a menu item contains raw or undercooked foods of animal origin. A guidance document on providing a consumer advisory can be found at: http://www.michigan.gov/documents/mda/MDA_FCConsAdvisMay08_245934_7.pdf

Menu submitted: YES NO

Will establishment host guest chefs or "popup" restaurants: YES NO

Menu items contain raw or undercooked animal-based foods: YES NO

If YES, the menu contains a consumer advisory: YES NO

SOP's, Variance, and HACCP

It is REQUIRED to provide a full set of Standard Operating Procedures (SOP's). A SOP manual can be accessed at: http://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51203---,00.html. SOPs should be specific to your menu, food processes, and equipment.

Standard Operating Procedures (SOP's) submitted: YES NO

Hazard Analysis and Critical Control Points (HACCP) plan is a written document that outlines the formal procedure for specialized food processes such as smoking food for preservation, curing, reduced oxygen packaging, fermentation, and/or packaging raw unpasteurized juice (FDA Food Code 3-404.11, 3-502.11, 3-502.12, 3-801.11). Products produced for wholesale under the Code of Federal Regulations, may also require specific HACCP plans under these regulations. Please consult your regulatory agency if you plan to wholesale products (i.e. sell to another retail or food service operation).

Facility performing a specialized food process:

Reduced Oxygen Packaging (ROP) YES NO

(e.g. vacuum packaging, cook-chill, sous vide, canning, bottling)

TCS to non-TCS with additives YES NO

(e.g. pickling, fermentation, acidification)

Custom processing animals YES NO

Sprouting seeds YES NO

(e.g. mung beans, alfalfa, lentils)

Smoking for preservation YES NO

(e.g. beef jerky)

Packaging juice YES NO

Curing YES NO

(e.g. nitrates/nitrites- DQ 10, prague powder, curing salt)

Live molluscan shellfish tank YES NO

If YES, variance application submitted: YES NO

<https://michiganfoodsafety.com/variance.html>

If YES, HACCP plan submitted: YES NO

Facility making products to wholesale: YES NO

****Submission of a variance application and/or HACCP plan, during the plan review process, does not mean the submitted variance application and/or HACCP plan is automatically approved. Further review of your submitted variance application and/or HACCP plan by the regulatory authority will be conducted and communicated with you.**

****If you wish to conduct any of these specialized food processes in the future, approval must be granted by the Detroit Health Department prior to beginning any special food process.**

3. Hot and cold holding of TCS food: List all hot or cold holding equipment and mark all applicable boxes for listed equipment.

Equipment Name	Hot Hold	Cold Hold	New	Used	NSF Certified or Equivalent

4. Will ice be used as a refrigerant for TCS food? YES NO

If YES, list the types of foods involved. Ensure this process is described within your standard operating procedures.

5. Will time as a public health control be used instead of hot or cold holding? YES NO

If YES, list the types of foods involved. As a reminder, a standard operating procedure must be submitted for this process.

6. Cooling TCS food: List foods that will be cooled using each of the following methods. Hot TCS foods must be cooled from 135°F to 70°F in 2 hours or less and within a total of 6 hours from 135°F to 41°F or less. If prepared from room temperature or pre-chilled ingredients (i.e. tuna salad) then the foods must be cooled from 70°F to 41°F within 4 hours.

Cooling Method	Food Items
Shallow pans under refrigeration	
Ice bath	
Volume Reduction (e.g. quartering a large roast)	
Rapid chill equipment (e.g., blast chillers)	
Ice paddles	
Other (describe method as well as listing foods)	

7. Bare hand contact: How will employees avoid bare hand contact with ready-to-eat foods? Check all that apply.

- Disposable Gloves
- Deli Tissue
- Suitable Utensils
- Other: Describe: _____

8. Will produce be cleaned on-site? YES NO

If YES, describe which sink(s) will be used for food preparation:

9. Date marking: When TCS food is ready-to-eat and will be kept under refrigeration for more than 24 hours after preparation/opening, a date marking system must be utilized. Note: The day of preparation counts as Day 1.

Will the establishment have food items that must be date marked? YES NO

If YES, list the foods or types of foods involved. Ensure a standard operating procedure is submitted for this process.

10. Catering/off-Site/satellite: This section is intended for food that will be served by establishment employees off-site from the planned establishment. This section does not pertain to the delivery of pre-ordered food to a customer (e.g. delivering a pizza).

Complete section A through F, if establishment employees will be serving food off-site at other locations.

A. List of menu items to be served off-site:

B. Maximum number of meals per day taken to or prepared at off-site location:

C. How will hot food be held at proper temperature during transportation and at the off-site location?

D. How will cold food be held at proper temperature during transportation and at the off-site location?

E. What type of vehicle(s) will be used to transport food?

F. What types of food shields or food protection devices will be used at the off-site location? (See plan review manual Part 4)

***Food that is prepared off-site from the planned establishment, would not be covered under the planned establishment's food license and additional food licensure may be needed for this off-site food preparation. Consult with your regulatory agency regarding possible additional food licensing.

Sinks & Warewashing Facilities

(See Fixed Food Establishment Plan Review Manual Part 8)

11. Dishwashing methods, mark all that apply. Dishmachine 3-Compartment Sink(s)

Dishwashing Sinks	Length (inches)	Width (inches)	Depth (inches)
1 st 3-compartment sink, size of compartments (basins)			
2 nd 3-compartment sink, size of compartments (basins)			
3 rd 3-compartment sink, size of compartments (basins)			

A. The 3-compartment sink must accommodate immersion of the largest item needing cleaning. What is the largest item that will have to be washed in a sink and its size? Please list all dimensions (length, width, and depth or height and diameter for a round item).

B. List the location of all garbage disposals (Disposals cannot be in a food preparation sink or the basin of a warewashing sink.)

C. If a dishmachine/glasswasher will be utilized, list the make and model number of unit and how the unit will sanitize (e.g. chemical or high temperature).

Dishmachine/Glasswasher	Make	Model #	Sanitizing Method
1 st Unit			
2 nd Unit			
3 rd Unit			

12. What type of mop (service) sink will be provided (e.g. curbed floor drain, mop sink on legs, etc.)? Ensure location of this sink is indicated on the equipment plan.

General

(See Fixed Food Establishment Plan Review Manual Part 16)

13. Will employee dressing rooms be provided?

YES NO

If NO, describe how and where personal belonging will be stored.

14. Will laundry be done on-site?

YES NO

If YES, mark which of the following will be used on-site.

Washer Dryer

Describe what will be laundered on-site.

Room Finish Schedule

(See Fixed Food Establishment Plan Review Manual Part 10)

Describe the floor, coving, wall, and ceiling materials that will be used in each of the listed areas. See plan review manual Part 10 for a list of possible materials.

Area	Floor	Coving*	Wall	Ceiling
15. Preparation				
16. Cooking				
17. Dishwashing				
18. Dry Storage				
19. Bar				
20. Dining				
21. Public and/or Employee Restrooms				
22. Dressing Room				
23. Walk-in Cooler				
24. Walk-in Freezer				
25. Garbage Room				
26. Janitor Closet/Mop Sink Room				
27.				
28.				

*List the material that will be used to provide a smooth, rounded and cleanable surface where the floor and wall joins.

Note: Please explain abbreviations.

Water Supply

(See Fixed Food Establishment Plan Review Manual Part 5)

29. Mark the water supply type: Municipal Existing Well New Well

30. If using a well, is the local health department in the process of approving? YES NO*

Sewage Disposal

(See Fixed Food Establishment Plan Review Manual Part 5)

31. Mark the sewage disposal type: Municipal Existing Septic Field New Septic Field

32. If using an on-site septic system, is the local health department or Michigan Department of Environmental Quality in the process of approving? YES NO*

*It is required that you contact your local health department to begin the approval process.

Insect and Rodent Control

(See Fixed Food Establishment Plan Review Manual Part 13)

33. Will outside doors be self-closing? YES NO

34. Will the facility have a drive-thru or walk-up window? YES NO

If YES, describe the method of pest entrance prevention (e.g. self-closing unit, air curtains, other effective means, etc.)

35. Will openings around pipes, electrical conduits, chases, and other wall perforations be sealed? YES NO

Solid Waste/Refuse Storage

(See Fixed Food Establishment Plan Review Manual Part 17)

36. Outside Solid Waste/Refuse Storage

A. What type of storage will be used? Compactor* Dumpster* Cans

B. Describe the type of surface that will be under the container.

C. What is the anticipated minimum pick-up frequency?

D. Describe how solid waste/refuse will be transported from the interior of the establishment to the outside waste/refuse storage area.

*Remember to show details on site plan, including unit location and slope of surface under the unit.

37. Inside Storage

A. Describe any inside solid waste storage (garbage, boxes, etc.) or solid waste container cleaning area (e.g. garbage can cleaning area).

B. Will any compactors, garbage rooms, garbage transport carts, or dumpsters be located inside? YES NO

If YES, make sure to show location on site plan

C. Describe the location where damaged merchandise or unacceptable products to be returned will be stored.

D. Describe how and where waste grease from equipment such as fryers will be handled and stored.

E. Describe how and where redeemables/returnables/recyclables will be stored.

F. Mark the types of materials that will be recycled.

Glass Metal Paper Cardboard Plastic

Formula Information

Several calculations are utilized to determine if there will be adequate hot water, dry storage space and refrigerated storage space. This information requested on the following two pages provides the necessary data for performing calculations. See the plan review manual for formulas and directions. **While the following information will be used to provide a good calculated baseline of how much hot water, refrigerated storage, and dry storage space may be needed, your regulatory agency does have the authority to adjust these calculated amounts based upon the specific operations of your facility.**

71. Hot Water

(See Fixed Food Establishment Plan Review Manual Part 12)

List each plumbing fixture that has a hot water supply line. Each fixture should only be listed once.	Fixture Count
Handsinks (not including restroom sinks)	
Restroom Sinks	
Single Compartment Sink	
Double Compartment Sink	
Triple (three) Compartment Sink	
Food Preparation Sink	
Overhead Spray Rinse	
Bar Sink-three compartment	
Bar Sink-four compartment	
Cook Sink	
Hot Water Filling Faucet	
Steam Table/Bain-Marie	
Coffee Urn	
Kettle Stand	
Garbage Can Washer	
9 & 12 lb. Clothes Washer	
16 lb. Clothes Washer	
Shower Heads	
Mop Sink	
Dump Sink	
Dishmachine/Glasswasher	
Other (describe):	
Other (describe):	

72. Water Heater

Manufacturer: _____ Model #: _____

A. Water heater proposed size:

KW: _____ Or BTUs: _____

B. Water heater storage capacity in gallons: _____

C. Water heater recovery rate @100°F: _____

D. Tankless units:

Gallons per minute @ 70°F rise: _____

and

Gallons per minute @ 100°F rise: _____

Attach information for any additional water heaters. Specify what area each water heater services and whether units will be installed in series or parallel.

73. Dishmachine Booster Heater:

Manufacturer: _____ Model #: _____

Booster heater proposed size:

KW: _____ Or BTUs: _____

Refrigerated and Dry Food Storage
(See Fixed Food Establishment Plan Review Manual Parts 3 & 7)

It is essential that a reliable estimate be made of the number of meals/customers that are served between deliveries to calculate dry and refrigerated storage capacities.

A. # meal/customers estimated to be served per day: _____

B. # days between deliveries: Dry food _____ Refrigerated food _____

C. # meals/customers between deliveries (A x B =): Dry Food _____ Refrigerated food _____

Please describe any assumption made in determining the meal quantity estimate.

74. Refrigerated/Freezer Storage
(See Fixed Food Establishment Plan Review Manual Part 3)

Working, preparation or line refrigerators/freezers should not be included in this section. While these types of units may be needed in the operation of your facility, these are not intended for long term cold storage.

Walk-in Item #	**Interior Usable Height (ft)	Interior Length (ft)	Interior Width (ft)

**The usable height within a walk-in is the space available for storage. Food is to be stored 6" from the floor and generally 12" to 18" from the ceiling of the unit.

Reach in Item #	Interior Depth (in)	Interior Width (in)	Interior Height (in)

Will the reported cold storage space be utilized for storage of bulky food items (e.g. boxes of whole produce, kegs, large meat boxes, bottled beverage), storage of any non-food items or for any food preparation processes (e.g. cutting of meat, drying/aging/fermentation of food)? YES NO

If YES, what units, or what percentage of the reported cold storage space, will be used for these purposes?

75. Dry Storage

(See Fixed Food Establishment Plan Review Manual Part 7)

***Storage Rooms**

Usable room height (ft)	Interior Length (ft)	Interior Width (ft)	*% Usable Floor Space

*Please note the location of any auxiliary storage (e.g. outside storage) on site plans.

**To determine usable height, determine height from floor to ceiling, then subtract height of food off floor (usually 6") and height of food from ceiling (usually 12-18"). Average usable height is 4 to 7 feet.

***% Usable Floor Space is the actual percentage of floor space available for storage, this is typically 0.3 to 0.8 (30% to 80%).

Or, if there is no dry storage room proposed, report all dry storage shelf dimensions:

Storage Shelving

Length of Shelf (ft)	Depth of Shelf (ft)	Clearance/Height between Shelves (ft)	# of Shelves per Unit	# of Units Proposed

Will the reported dry storage space be utilized for storage of non-food items such as equipment/utensils, cleaning supplies, maintenance supplies, empty bottles/cans, linens, promotional items, etc.?

YES NO

If YES, what shelving units, or what percentage of the reported dry storage space, will be used for this purpose?

Open Dining, Exposed Food Preparation Areas & Outdoor Cooking Operations

(See Fixed Food Establishment Plan Review Manual Part 18)

77. Will your facility have a dining area that will be exposed to the outdoors by being located directly outdoors OR by having walls, windows, or doors that can be opened, exposing the dining area to the outdoor environment?

YES NO

If YES, explain how you intend to protect your kitchen and any food, utensils, and food equipment located in the dining area from outdoor contamination and pest entry (e.g. using air curtains, screens, tight fitting doors, etc.).

78. Will there be an outdoor food preparation or cooking area at the facility? YES NO

If YES, answer the following questions:

A. What food items are you intending to prepare/cook outdoors?

B. What food equipment will be used for outdoor preparation/cooking and will this equipment be portable or permanently fixed outdoors? Complete following chart and mark appropriate boxes.

Outdoor Equipment	Portable	Permanent

C. How do you intend to transport food between the outdoor preparation/cooking area and the interior of the kitchen?

D. How will handwashing be addressed at the outdoor preparation/cooking area?

E. Where will the outdoor preparation/cooking area be located on the premises? Ensure this is indicated on your site plan.

F. How will the outdoor preparation/cooking area be protected from unauthorized access?

G. What overhead protection will be provided? What materials will be used?

H. Will walls be provided? If so, what materials will be used and what coving material will be provided?

I. What type of floor/ground will be present in the outdoor preparation/cooking area?

J. What type of cooking fuel will be used and how will refuse and waste ash be collected in the outdoor preparation/cooking area?

K. What lighting will be provided in the outdoor preparation/cooking area and how will it be shielded?
