

**Michigan Department of Agriculture and Rural Development**

Establishment Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

**To be completed by the operator and submitted to:**

**Detroit Health Department**

**Food Safety- Plan Review**

**100 Mack Ave, Room 311**

**Detroit, MI 48201**

**Food & Dairy Division**

Michigan Department of Agriculture

and Rural Development

P.O. Box 30017

Lansing, MI 48909

(800) 292-3939

Fixed Food Establishment

Plan ReviewWorksheet

|  |
| --- |
| **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 from your reviewing agency or by visiting; [http://www.michigan.gov/mdard/0,4610,7-125-50772\_50775\_51203---,00.html](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.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 aperson 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**](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:  If yes, submit invoice for class.  | [ ]  YES | [ ]  NO |

**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 |
| Establishment will 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 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](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.html) . [S](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.html)O[P](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.html)s [should](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.html)  [b](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.html)es[p](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.html)e[c](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.html)i[f](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.html)i[c](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.html) [t](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.html)oy[o](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.html)u[r](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.html) [m](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.html)e[n](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.html)u, food processes,a[n](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.html)de[q](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.html)u[i](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.html)p[m](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.html)e[n](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.html)t[.](http://www.michigan.gov/mdard/0%2C4610%2C7-125-50772_50775_51203---%2C00.html)

|  |  |  |
| --- | --- | --- |
| 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 ☐ NOIf YES, variance application submitted: ☐ YES ☐ NO<https://michiganfoodsafety.com/variance.html> If YES, HACCP plan submitted: ☐ YES ☐ NOFacility 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.** |

### Food Preparation Review

(See Fixed Food Establishment Plan Review Manual Parts 1 and 3)

1. How will time/temperature control for safety (TCS) food be thawed?List food items that apply.

|  |
| --- |
|  |
| Thawing Method | Food less than 1” thick | Food more than 1” thick |
| Refrigeration |  |  |
| Running water (less than 70ºF) |  |  |
| Microwave as part of cooking process |  |  |
| Cook from frozen |  |  |
| Other (please describe): |  |  |

1. Cooking and reheating TCS foods:List all cooking or reheating equipment and mark all applicable boxes for the listed equipment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Equipment Name | Cooking | Reheating | New | Used | NSF Certified or Equivalent |
|  |[ ] [ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ] [ ]
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|  |[ ] [ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ] [ ]

1. 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 |
|  |[ ] [ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ] [ ]
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|  |[ ] [ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ] [ ]

1. 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.

|  |
| --- |
| Click or tap here to enter text. |

1. 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.

|  |
| --- |
| Click or tap here to enter text. |

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

|  |  |
| --- | --- |
| Cooling Method | Food Items |
| Shallow pans under refrigeration | Click or tap here to enter text. |
| Ice bath | Click or tap here to enter text. |
| Volume Reduction (e.g. quartering a large roast) | Click or tap here to enter text. |
| Rapid chill equipment (e.g., blast chillers) | Click or tap here to enter text. |
| Ice paddles | Click or tap here to enter text. |
| Other (describe method as well as listing foods) | Click or tap here to enter text. |

1. 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):  |

1. Will produce be cleaned on-site? [ ]  YES [ ]  NO

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

|  |
| --- |
| Click or tap here to enter text. |

1. 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.

|  |
| --- |
| Click or tap here to enter text. |

1. 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.

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

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

\*\*\*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)

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

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

1. 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).

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

1. 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 |
| 1st Unit |  |  |  |
| 2nd Unit |  |  |  |
| 3rd Unit |  |  |  |

1. 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.

|  |
| --- |
| Click or tap here to enter text. |

**General**

(See Fixed Food Establishment Plan Review Manual Part 16)

1. Will employee dressing rooms be provided? [ ]  YES [ ]  NO

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

|  |
| --- |
| Click or tap here to enter text. |

1. 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.

|  |
| --- |
| Click or tap here to enter text. |

**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 |
| 1. Preparation
 |  |  |  |  |
| 1. Cooking
 |  |  |  |  |
| 1. Dishwashing
 |  |  |  |  |
| 1. Dry Storage
 |  |  |  |  |
| 1. Bar
 |  |  |  |  |
| 1. Dining
 |  |  |  |  |
| 1. Public and/or Employee Restrooms
 |  |  |  |  |
| 1. Dressing Room
 |  |  |  |  |
| 1. Walk-in Cooler
 |  |  |  |  |
| 1. Walk-in Freezer
 |  |  |  |  |
| 1. Garbage Room
 |  |  |  |  |
| 1. 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)

1. Mark the water supply type: [ ]  Municipal [ ]  Existing Well [ ]  New Well
2. 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)

1. Mark the sewage disposal type: [ ]  Municipal [ ]  Existing Septic [ ]  New Septic

 Field Field

1. 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)

1. Will outside doors be self-closing? [ ]  YES [ ]  NO
2. 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.)

|  |
| --- |
| Click or tap here to enter text. |

1. 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)

1. Outside Solid Waste/Refuse Storage
2. What type of storage will be used? [ ]  Compactor\* [ ]  Dumpster\* [ ]  Cans
3. Describe the type of surface that will be under the container.

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

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

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

|  |
| --- |
| Click or tap here to enter text. |

1. 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

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

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

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

[ ]  Glass [ ]  Metal [ ]  Paper [ ]  Cardboard [ ]  Plastic

**Plumbing Cross-Connections**

(See Fixed Food Establishment Plan Review Manual Part 12)

The following technical information is needed on the proposed plumbing. This section is best completed by a qualified plumber, architect or engineer. Be sure to include all devices, equipment and fixtures that have cross-connection protection. Remember to complete both the water supply and sewage disposal sections (e.g., a dishwasher may have an AVB on the water supply and an air-gapped drain). Mark appropriate boxes.

Backflow Prevention Device Abbreviations

**AVB**=atmospheric *vacuum breaker* **PVB**=pressure *vacuum breaker*

**RPZ**=reduced pressure principle *backflow* preventer **DC w/AV**= Double check valve with an atmospheric vent

| **Fixture** | **Sewage Disposal** | **Water Supply** |
| --- | --- | --- |
|  | Air Gap | Air Break | DirectConnect | AVB | PVB | RPZ | Hose Bibb | DC w/AV | Air Gap |
| 38. Dishwasher |[x] [ ]  [ ]  |[ ] [ ] [ ] [ ] [ ] [ ]
| 39. Glasswasher |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 40. Garbage grinder |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 41. Ice machine |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 42. Ice storage bin |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 43. Mop sink  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 44. 3-compartment sink |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 45. Culinary (food preparation)  Sink |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 46. Other sinks, except  handsinks, (1 or 2  compartments) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 47. Steam tables/Bain-marie |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 48. Dipper wells |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 49. Hose connections |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 50. Refrigeration condensate  drain lines |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 51. Beverage dispenser with  carbonator |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 52. Water softener drain |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 53. Walk-in floor drain |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 54. Wok range |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 55. Chemical dispenser |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 56. Outside sprinkler or  irrigation system |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 57. Power washer |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 58. Retractable hose reel |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 59. Toilet |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 60. Urinal |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 61. Boiler |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 62. Espresso machine |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 63. Combi-style oven |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 64. Kettle |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 65. Rethermalizer |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 66. Steamer |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 67. Overhead spray rinse |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 68. Hot water dispenser |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 69. Coffee machines, juice  dispensers or other non- carbonated beverage  dispensers  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 70. Other (describe): |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**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.**

1. 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): |  |

1. Water Heater

Manufacturer: Click or tap here to enter text. Model #: Click or tap here to enter text.

1. Water heater proposed size:

 KW: Click or tap here to enter text. Or BTUs: Click or tap here to enter text.

1. Water heater storage capacity in gallons: Click or tap here to enter text.
2. Water heater recovery rate @100ºF: Click or tap here to enter text.
3. Tankless units: Click or tap here to enter text.

 Gallons per minute @ 70°F rise: Click or tap here to enter text.

 and

 Gallons per minute @ 100°F rise: Click or tap here to enter text.

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

1. Dishmachine Booster Heater:

Manufacturer: Click or tap here to enter text. Model #: Click or tap here to enter text.

Booster heater proposed size:

KW: Click or tap here to enter text. Or BTUs: Click or tap here to enter text.

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.

|  |
| --- |
| 1. # meals/customers estimated to be served per day: Click or tap here to enter text.
 |
| 1. # days between deliveries:
 | Dry food: Enter text | Refrigerated food: Enter text |
| 1. # meal/customers between deliveries (A x B = ):
 | Dry food: Enter text | Refrigerated food: Enter text |

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

|  |
| --- |
| Click or tap here to enter text. |

1. 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?

|  |
| --- |
| Click or tap here to enter text. |

1. 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?

|  |
| --- |
| Click or tap here to enter text. |

**Ventilation**

(See Fixed Food Establishment Plan Review Manual Part 15)

Sufficient ventilation is needed to keep rooms free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke and fumes.

1. List the equipment that will be underneath a ventilation hood or will utilize a ventless system and mark the type of ventilation proposed for that equipment.

|  |  |  |  |
| --- | --- | --- | --- |
| Equipment | Type I Hood | Type II Hood | Ventless |
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
|  |[ ] [ ] [ ]
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**Open Dining, Exposed Food Preparation Areas & Outdoor Cooking Operations**

(See Fixed Food Establishment Plan Review Manual Part 18)

1. 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.).

|  |
| --- |
| Click or tap here to enter text. |

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

If YES, answer the following questions:

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

|  |
| --- |
| Click or tap here to enter text. |

1. 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 |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]

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

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

**Suggestion Sheet**

**Food Establishment Plan Review Worksheet**

Suggestions for changes to this plan review worksheet are welcomed from all users (e.g., food service operators, architects, engineers and regulators, etc.). Revisions to documents are made periodically as needed. Thank you for taking the time to submit your ideas.

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Phone: XXX-XXX-XXXX | Fax: XXXXX |
| Address: Click or tap here to enter text. |
| City, State, Zip: Click or tap here to enter text. |
| E-Mail: Click or tap here to enter text. |

Submit to:

Plan Review Specialist

Food Service Sanitation Section

Food & Dairy Division

Michigan Department of Agriculture

PO Box 30017

Lansing, MI. 48909

E-mail: GarvinA1@michigan.gov

For suggested changes, please indicate the specific location(s) in document. You may list your suggestions below or attach separate sheets. Please be specific and clear.

|  |
| --- |
| Click or tap here to enter text. |