

Establishment Plan Review Information

Ashland County Health Department conducts plan review on all new and remodeled food service and retail establishments. Please fill out the following sections of the worksheet as they apply to your establishment. Please feel free to call if you have questions concerning the worksheet, checklist or your plans.

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Facility Owners: Plan review is ALSO required by the Wisconsin Department of Safety & Professional Services (previously known as Dept of Commerce)/agent municipalities for building, plumbing, HVAC, fire safety, ADA and electrical code compliance is independent of the review by the Regulatory Authority. Please consult your regional Safety & Professional Services office for further details.

<http://dsps.wi.gov/sb/SB-CommercialBuildingsInspectorsDistrictsMap.html>

NOTE: Most businesses also require zoning approval from the local zoning authority. Please make sure to check with Ashland County Zoning or the municipality in which the business is located for a zoning application.

ESTABLISHMENT INFORMATION SHEET

Name of Applicant: _____

Address: _____

Contact #: _____

Proposed Facility Name: _____

Proposed Facility

Address: _____

Is this facility currently licensed as a food establishment? YES NO

Type of Facility: Retail Restaurant

Describe the type of business (i.e. Family restaurant, fast food, bar, bakery, gas station, grocery store, catering, mobile food unit,)

Establishment Plan Review Worksheet

1. Food Manager Knowledge

The State of Wisconsin requires all restaurant and retail food establishments to have a person in charge (PIC) during all hours of operation.

NAME of Certified Food Manager: _____

Certificate # _____ Expiration Date: _____

2. In addition to a certified food manager, each facility should have a health policy. A written policy that excludes or restricts food workers who are ill or have infected cuts or lesions.* (Note: a written policy is optional, but a verbal policy must be utilized and explainable to MDA and LHD inspectors)

Describe your health policy:

3. Will you be serving raw or undercooked animal based foods, such as meat, poultry, fish, shellfish or eggs served raw, or undercooked or not otherwise processed to eliminate pathogens?

yes no

If you checked this item, then the customer shall be informed by a publicly available, effective written consumer advisory of the significantly increased risk of consuming such foods by using a disclosure and reminder that meets the WI Food Code. The consumer advisory must be made whether the food is normally prepared undercooked or is prepared undercooked only at the customer's order. Submit a copy of the menu for review. For further clarification please contact your reviewing health agency.

7. Will ice be used as a refrigerant for potentially hazardous foods (time/temperature control for safety food)?

Yes No

If yes, describe which foods will be held on ice, for how long, where this will occur and the source of the ice.

8. Will time be used for bacterial growth control, instead of hot or cold holding? Yes No

If yes, submit written standard operating procedures that will be used to monitor the use of time as a control for each food item that applies.

9. Cooling Potentially Hazardous Food: List foods that will be cooled using each of the following methods. 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.

A. Shallow pans in refrigerator: _____

B. Ice baths: _____

C. Volume reduction (i.e. quartering a large roast): _____

D. Rapid chill devices (i.e. blast freezers): _____

E. Ice paddles: _____

F. Other: _____

G. We will not be cooling potentially hazardous foods. _____

10. Food Preparation

List foods that will be prepared a day or more in advance of service or sale.

11. Date Marking

Describe how you will date mark food products that are prepared and kept for more than 24 hours. All potentially hazardous foods shall be kept for no longer than 7 days after date of prep or opening original container.

13. Bare-hand contact is not allowed with ready-to-eat foods. Please describe how will employees avoid bare-hand contact with ready-to-eat foods? (Check all that apply)

Disposable gloves

Suitable utensils

Deli tissue

Other: _____

14. Will produce be cleaned on-site?

Yes No

If yes, describe which sink(s) will be used for food preparation.

15. Catering/Off-Site/Satellite: complete if establishment will cater foods to another location.

List menu items to be catered:

Maximum number of catered meals per day will be _____

How will hot food be held at proper temperature during transportation and at the remote serving location? _____

How will cold food be held at proper temperature during transportation and at the remote serving location? _____

What types of vehicles will be used to transport food?

What types of sneeze *guards* or *food protection devices* will be used?

16. Dishwashing methods (check all that apply)

Dishmachine Sink

Dishwashing Sinks (a 3 compartment sink is required for all establishments)

A. Sink 1, Size of compartments (Length/width/depth in inches) _____

B. Sink 2, Size of compartments(Length/width/depth in inches) _____

C. Sink 3, Size of compartments(Length/width/depth in inches) _____

D. What is the largest item that will have to be washed in a sink and its size?

E. List the location of all garbage disposals: _____

17. Will employee dressing rooms be provided?

Yes No

If no, describe how personal belongings will be stored:

18. What type of mop sink will be provided (i.e. curbed floor drain, mop sink on legs, etc)?

19. Room Finish Schedules

Fill in type of materials to be used

| Area | Floor | Coving* | Wall | Ceiling |
|-------------|-------|---------|------|---------|
| Preparation | | | | |
| Cooking | | | | |
| Dishwashing | | | | |
| Bar | | | | |
| Dining | | | | |
| Rest Room | | | | |
| Other | | | | |

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

20. Will the water supply be:

Municipal

Existing on-site well

New on-site well

21. Will the sewage disposal be:

Municipal

Existing on-site

New on-site

22. If an on-site sewage system is being used, do you have a permit from the Bayfield Co. Dept of Zoning showing the system has been approved (please attach a copy)? ___ Yes ___ No

23. Will outside doors be self-closing?

___ Yes

___ No

24. Will the facility have a drive-thru or walk-up window?

___ Yes

___ No

25. If 24 is yes, describe how insects will be kept out (i.e. self-closer, air curtains, etc.)

26. Are other openable windows screened?

___ NA

___ Yes

___ No

27. Will openings around pipes, electrical conduits, chases and other wall perforations be sealed?

___ Yes

___ No

28. Will garage-style or loading bay doors be present?

___ Yes

___ No

29. If 28 is yes, how will the loading doors be protected against vermin entry?

30. How will you be storing garbage/refuse?

Outside Storage

A. What type of storage will be used?*

___ Compactor*

___ Dumpster*

___ Cans

B. What type of surface will be under the container? _____

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

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

Inside Storage

A.

Please SHOW locations of trash containers on floor plans and describe how garbage, boxes, etc. will be stored inside: _____

B. Describe any inside storage or cleaning area (i.e. garbage can cleaning area):

Describe any area where damaged merchandise returned for credit to vendor will be stored:

Describe how waste grease will be handled and stored: _____

Describe how and where recyclables will be stored: _____

31. Hot Water

List each type of plumbing fixture that uses hot water

| List each type of plumbing fixture that uses hot water | # of Fixtures |
|--|---------------|
| Handsinks | |
| Bathroom Sinks | |
| 1 Compartment Sink | |
| 3 compartment Sink | |
| Prep Sink | |
| Overhead Spray Rinse | |
| 3 Compartment Bar Sink | |
| Hot water Filling Faucet | |
| Bain-marie | |
| Coffee Urn | |
| Garbage Can Washer | |
| Clothing washer | |
| Employee Shower | |
| Dishmachine (Make/Model) _____ | |
| Other: | |
| Other: | |

32. Water Heater #1

Manufacturer: _____

Model number: _____

Water heater proposed size:

Electric _____ KW

Gas _____ BTU's

Thermal Efficiency: _____ %

Water heater storage capacity: _____ gallons

33. Refrigerated and Dry Food Storage (see manual parts 3 & 7)

It is essential that a reliable estimate be made of the number of customers that are served or buy food between deliveries, in order to calculate dry and refrigerated storage capacities.

How many meals per day _____

List Size of each refrigerator

| Name of Unit & Location | Cu. Feet |
|-------------------------|----------|
| | |
| | |
| | |
| | |
| | |

List Size of each freezer

| Name of Unit & Location | Cu. Feet |
|-------------------------|----------|
| | |
| | |
| | |
| | |
| | |

34. Dry Storage. List Size of Dry Storage Rooms _____

Or if there is no dry storage room proposed list size of shelving provided:

35. Ventilation Air Balance Schedule

Type of hood provided? _____

Fire suppression provided? _____ IF yes what type? _____

Make up air provided? _____

These units must be inspected and have an air balance report.

- **Please submit copies of report and inspection!**