



Fixed Food Establishment Plan Review Worksheet

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 here;

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 the 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.

Please check all that apply:

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

*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

SOP's and HACCP

It is REQUIRED to provide a full set of Standard Operating Procedures (SOP's). 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 this department if you plan to wholesale products (i.e., sell to another retail or food service operation).

Facility performing a specialized food process:

YES* NO

*If YES, HACCP plan submitted:

YES NO

Facility making products to wholesale:

YES NO

****Submission of a HACCP plan, during the plan review process, does not mean the submitted HACCP plan is automatically approved. A further review of your submitted HACCP plan will be conducted and communicated with you.**

FOOD PREPARTION REVIEW

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

Thawing Method	Food less than 1" thick	Food more than 1" thick
Refrigeration:		
Running water (less than 70°F):		
Microwave as part of cooking process:		
Cook from frozen:		
Other (please describe):		

Equipment for Cooking and Reheating: List all cooking and reheating equipment and mark all applicable boxes for the listed equipment.

Equipment Name	Cooking	Reheating	New	Used	NSF Certified or Equivalent

Cooking: Indicate how all raw TCS foods will be cooked and how temperatures will be monitored. *Note: Please mark foods that are cooked to order (i.e., served undercooked or raw) with an * and include a copy of the Consumer Advisory.*

Food	Cooking Method	Final Cooking Temperature
Method for monitoring:		

Cooling: 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 (e.g., 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, freezer):	
Ice paddles:	
Other (describe method as well as listing foods):	

Reheating for Hot Holding: Indicate all foods that will be reheated, the type of reheating proposed (individual serving or in bulk), the equipment used to reheat, the reheat temperature, reheating time, and method for monitoring.

Food	Individual (I) or Bulk (B)	Equipment Used (e.g., microwave)	Temperature
Method for Monitoring:			

Equipment for Hot and Cold Holding: 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

Ice as Refrigerant: 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.

Time as Public Health Control: Will time as a public health control be used instead of temperature control?

YES* NO

*If YES, list the foods involved and explain the procedure for this process.

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: _____

Produce: Will the produce be cleaned on-site? YES* NO**

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

**If NO, the facility must use pre-washed produce.

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, explain how the items will be date marked and provide an example.

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

List of menu items to be served off-site:

Maximum number of meals served per day at off-site location:

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

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

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

What types of food shields or food protection devices will be used at the off-site location?

FACILITY REVIEW

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):			

What are the dimensions of the largest item that will be washed in the sink? List all dimensions (length, width, and depth/height).

Equipment Item	Length (inches)	Width (inches)	Depth (inches)	Height (inches)

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

Dish Machine/Glasswasher	Make	Model #	Sanitizing Method
1 st Unit:			
2 nd Unit:			

Dish Machine Booster Heater	Make	Model #	KW or BTUs
1 st Unit:			
2 nd Unit:			

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

Personal Items: Will employee dressing rooms be provided? YES NO*

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

Laundry: 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: Utilizing the diagram below numerically describe the floor, coving, wall, and ceiling materials that will be used in each of the listed areas.

Area	Floor	Coving	Wall	Ceiling
Preparation:				
Cooking:				
Dishwashing:				
Dry Storage:				
Bar:				
Dining:				
Public and/or Employee Restrooms:				
Walk-in Cooler:				
Walk-in Freezer:				
Garbage Room:				
Janitor Closet/Mop Sink Room:				

Recommended Interior Finishes:

1. Enamel coated steel (or other corrosion resistant surface)	9. Stainless steel
2. <i>Sealed</i> concrete blocks or bricks	10. Aluminum
3. Commercial grade vinyl composition tile	11. Ceramic tile
4. Commercial grade sheet vinyl (no felt backing)	12. Painted drywall
5. Fiberglass reinforced plastic (FRP) panel	13. Epoxy, enamel, latex painted or glazed drywall
6. Vinyl clad acoustic tile	14. Plastic laminate
7. Poured seamless <i>sealed</i> concrete or poured synthetic	15. Acoustic tile
8. <i>Sealed</i> concrete	16. Quarry tile

Water Supply: Water must be supplied from an approved source that has completed state or local sampling requirements. Mark the water supply type: Municipal Existing Well* New Well*

*If using a well, is this department in the process of approving? YES NO**

**It is required that you contact this department to begin the approval process.

Sewage Disposal: Sewage disposal system must be constructed in an approved manner that meets the requirements needed by the facility. Mark the sewage disposal type: Municipal Existing System* New System*

*If using an on-site septic system, is this department in the process of approving? YES NO**

**It is required that you contact this department to begin the approval process.

Insect and Rodent Control: Will outside doors be self-closing? YES NO

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.).

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

Outside Solid Waste/Refuse Storage: Mark the storage that will be used: Compactor* Dumpster* Grease*

*Remember to show details on site plan, including each containers location.

Describe the type of surface that will be under each of the outdoor waste storage containers.

What is the anticipated minimum pick-up frequency?

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

Inside Solid Waste/Refuse Storage: Describe any inside solid waste storage (garbage, boxes, etc.) or solid waste container cleaning area (e.g., garbage can cleaning area).

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.

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

Describe how waste grease from equipment will be handled and where it will be stored.

Describe how and where returnable / recyclable items will be stored.

Mark the types of materials that will be recycled: Glass Metal Paper Cardboard Plastic

Plumbing Cross-Connections: Please mark the box for all the proposed plumbing fixtures for the facility. On the right of each listed fixture is the required plumbing cross-connection protection. 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



Proposed Facility Fixtures	Fixture	Sewage Disposal			Water Supply					
		Air Gap	Air Break	Direct Connect	AVB	PVB	RPZ	Hose Bibb	DC w/AV	Air Gap
	Dishwasher	X	X		X					X
	Glasswasher	X	X		X					X
	Garbage grinder			X	X	X				X
	Ice machine	X								
	Ice storage bin	X								
	Mop sink			X	X					X
	3-compartment sink	X	X	X						X
	Food preparation sink	X	X							X
	Other sinks, except handsinks, (1 or 2 compartments)	X	X	X						X
	Steam tables/Bain-marie	X	X		X					X
	Dipper wells	X	X							X
	Hose connections				X	X		X		
	Refrigeration condensate drain lines	X	X							
	Beverage dispenser with carbonator								X	
	Water softener drain	X	X							
	Walk-in floor drain	X	X							
	Wok range	X	X		X	X	X			
	Chemical dispenser				X	X				X
	Outside sprinkler or irrigation system				X	X	X			
	Power washer					X	X			
	Retractable hose reel					X	X			X
	Toilet			X	Anti-siphon ballcock					
	Urinal			X	X					
	Boiler						X		X	
	Espresso machine	X	X				X		X	
	Combi-style oven	X	X				X		X	
	Kettle	X	X		X	X	X			X
	Rethermalizer	X	X		X	X	X			X
	Steamer	X	X			X	X			X
	Overhead spray rinse					X				X
	Hot water dispenser				X				X	X
	Coffee machines, juice dispensers or other non-carbonated beverage dispensers								X	X
	Other (describe):									

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

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

Open Dining, Exposed Food Preparation Areas & Outdoor Cooking Operations: 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.).

Will there be an outdoor food preparation or cooking area at the facility? YES* NO
*If YES, answer the following questions:

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

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

Outdoor Equipment	Portable	Permanent

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

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

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

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

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

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

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

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

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

FORMULA INFORMATION

Hot Water Fixtures: List the total for each of the plumbing fixtures that has a hot water supply line. Each fixture should only be listed once.

Fixture List	Total #
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):	

Water Heater Specifications:

Hot Water Heater	Manufacturer	Model #	Capacity (Gal.)	KW	BTUs
Unit # 1					
Unit # 2					

Tank units: Water heater recovery rate @100°F: _____

Tankless units: Gallons per minute @ 70°F rise: _____ Gallons per minute @ 100°F rise: _____

Refrigerated and Dry Food Storage: 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.

meal/customers estimated to be served per day: _____

days between deliveries: Dry food _____ Refrigerated food _____

meals/customers between deliveries (meals x delivery =): Dry Food _____ Refrigerated food _____

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

Refrigerated/Freezer Storage:

Walk-In Units

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 Units

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?

Dry Storage:

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?

***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%).