



Santa Cruz County Environmental Health Department

Plan Review Application

Please Include the Following Documents:

- Proposed Menu or Product (Also include seasonal and offsite)
- Plan Drawn to Scale of Food Establishment (Include location of equipment, plumbing, electric and mechanical)
- Manufacturers' Specification sheets for all equipment shown on plan

Date _____ Owners Name: _____

Name of Proposed Establishment: _____

New Establishment Remodel Conversion

Category:

Restaurant Retail Market Institution Wholesale Processor

Address of Establishment: _____
Street City Zip Code

Phone: _____

Hours of Operation:

Sunday ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____

Number of Seats: _____ Total Square Feet: _____

Number of floors to be used in the operation of the business: _____

Number of meals:

Breakfast ____ Lunch ____ Dinner ____

Number of staff per shift: _____

(Persons-In-Charge will need Santa Cruz County Food Handler Certificate, or other accredited Food Safety Manager Program)

Type of Service: (Please check all that apply)

Sit down Meals Take Out Catering Mobile Vendor

Projected Start Date: _____

Have you contacted other agencies? (Please check all that Apply)

Planning and Zoning Fire Department Building Department

Food Preparation Review

Check Categories of Potentially Hazardous Foods (PHF's) to be handled prepared and served

Category	Yes	No
Thin meats, poultry, fish, eggs (Hamburger, Sliced Meats, Filets)		
Thick Meats, Whole Poultry (Roast Beef, Whole Turkey, Chickens, Ham)		
Cold Processed Foods (Salads, Sandwiches, Vegetables)		
Hot Processed Foods (Soups, Stews, Rice/Noodles, Gravy, Chowders, Casseroles)		
Baked Goods (Pies, Custards, Cream Fillings and Toppings)		
Other: Such As		

Food Supplies:

Are all food supplies from an inspected and approved source? Yes No

What are the projected frequencies of deliveries for?

Frozen Foods: _____

Refrigerated Foods: _____

Dry Goods: _____

Provide information on the amount of space (in cubic feet) allocated for:

Dry Storage: _____

Refrigerated Storage: _____

Frozen Storage: _____

How will dry goods be stored off the floor?

Cold Storage

Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods a 41°F (5°C) and below? Yes No

Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked and ready-to-eat foods? Yes No If yes how will cross-contamination be prevented? _____

Does each refrigerator and freezer have a thermometer? Yes No

Number of refrigeration units: _____

Number of freezer units: _____

Is there a bulk ice machine available? Yes No

Thawing Frozen Potentially Hazardous Food:

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	Thick Frozen Foods*	Thin Frozen Foods*
Refrigeration		
Running Water ←70°F (20°C)		
Microwave (As part of the cooking process)		
Cooked from frozen state		
Other (Please describe)		

*Thick frozen foods= more than one inch thick (>1”) Thin frozen foods = one inch or less(~1” or less)

Cooking

Will food product thermometers be used to measure final cooking and reheating temperatures of PHF's? Yes No

Food Type	Cooking Temperature*
Beef Roasts	130°F (121 minutes)
Fish, Pork, Meat, Eggs(<i>for immediate service</i>)	145°F (15 seconds)
Comminuted Meats	155°F (15 seconds)
poultry, wild game animals, stuffed fish, stuffed meat, stuffed pasta, stuffed poultry, stuffed ratites, or stuffing containing fish, meat, poultry, or ratites.	165°F (15 seconds)

*Minimum cooking time and temperatures of products utilizing convection and conduction heating equipment

List types of cooking equipment:

Hot and Cold Holding

How will potentially hazardous foods (PHF's) be maintained at 140°F (60°C) or above during holding for service? Please indicate the type and number of hot holding units.

How will potentially hazardous foods (PHF's) be maintained at 41°F (5°C) or below during holding for service? Please indicate the type and number of hot holding units.

Cooling

Please indicate by checking the appropriate boxes on how potentially hazardous foods (PHF's) will be cooled to 41°F (5°C) within 6 hours (140°F → 70°F in 2 hours and 70°F → 41°F in 4 hours) Also indicate where the cooling will take place.

Cooling Method	Thick Meats	Thin Meats	Thin soups/gravy	Thick soups/gravy	Rice/Noodles
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (Please Explain)					

Reheating

How will potentially hazardous foods that are cooked, cooled and reheated for hold holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods.

How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

Preparation

Please list categories of foods prepared more than 12 hours in advance of service.

Will employees be trained in good food sanitation practices? Yes No

Method of training: _____ Number of Employees: _____ Dates of Completion: _____

What barrier will be used to prevent bare hand contact with ready-to-eat foods? Check all that apply

Disposable Gloves Utensils Food Grade Paper

Is there a written policy to exclude or restrict food service workers who are sick or have infected cuts and lesions? Yes No If no, how will you educate employee's on employee health and personal hygiene?

Will employees have paid sick leave? Yes No

How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: _____ Concentration: _____ Will a test kit be available? Yes No

Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and or assembled? Yes No

If not, how will ready-to-eat foods be cooled to 41°F? _____

Will produce be washed on-site prior to use? Yes No

Is there a planned location used for washing produce? Yes No

Please describe: _____

Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F → 140°F) during preparation.

Will you be preparing foods using specialized processing methods such as reduced oxygen packaging, smoking food as a method of food preservation rather than as a method of flavor enhancement, curing food? Yes No If yes, please provide a Hazard Analysis Critical Control Point Plan (HACCP Plan)

Will the facility be serving food to a highly susceptible population (pregnant women, older adults, children less than 9 years of age)? Yes No If yes, how will the temperature of foods be maintained while being transferred between the kitchen and the service area? _____

Insect and Rodent Control

<i>*Please check appropriate boxes</i>	Yes*	No*	N/A*
Will all outside doors be self-closing and rodent proof?			
Are screen doors provided on all entrances left open to the outside?			
Do all open able windows have a minimum #16 mesh screening?			
Is the placement of electrocution devices identified on the plan?			
Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?			
Is area around building clear of unnecessary brush, liter, boxes and other harborage?			
Will air curtains be used? If yes, where?			

Garbage and Refuse

Inside

Do all containers have lids? Yes No N/A

Will refuse be stored inside? Yes No N/A If so, where? _____

Is there an area designated for garbage can or floor mat cleaning? Yes No N/A

Outside

Will a dumpster be used? Yes No N/A

Number of dumpsters: _____ Size: _____ Frequency of pickup: _____ Contractor: _____

Will a compacter be used? Yes No N/A

Number of compactors: _____ Size: _____ Frequency of pickup: _____ Contractor: _____

Will garbage cans be stored outside? Yes No N/A

Describe the surface and location where dumpster/compacter/garbage cans are to be stored?

Is there a grease trap on the premises? Yes No N/A If so, where is it located?

Is there an area to store recycled containers? Yes No N/A If so, please describe. _____

Indicate what materials will be recycled

Glass Metal Paper Cardboard Plastic

Is there an area to store returnable damaged goods? Yes No N/A

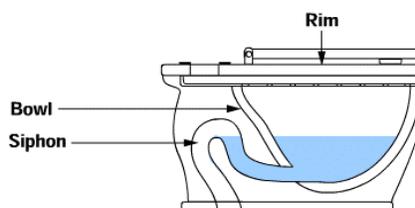
Water and Plumbing

*Trap: A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it.

Integral trap

A trap that is built directly into the fixture, e.g., toilet fixture.

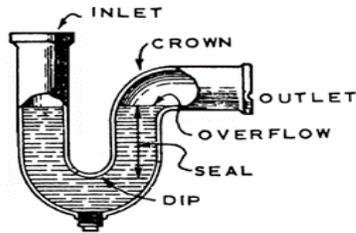
Figure 1: Integral Trap



P Trap

A fixture trap that provides a liquid seal in the shape of the letter "P"

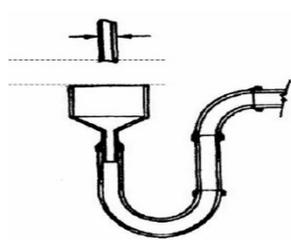
Figure 2: "P" Trap



Air Gap

Is an actual physical separation of the potable water and non-potable water system by an air space. The vertical distance between the supply pipe and the flood level rim of the plumbing fixture, equipment, or nonfood equipment shall be at least twice the diameter of the water supply inlet and may not be less than 25 mm (1 inch)

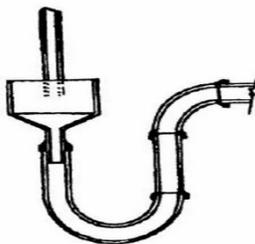
Figure 3: Examples of air gaps.



Air Break

Is an indirect connection of a drain line to the drainage system where the drain line terminates below flood level.

Figure 4: Air Break



Vacuum Breaker/Back flow preventer

Is a device to prevent backflow of wastewater into the potable water system.

There are several types of backflow preventers below are a few examples of commonly used backflow prevention devices such as an atmospheric backflow preventer, pressure back flow preventer, and hose bib.

Figure 5: Atmospheric Backflow preventer



Figure 6: Pressure Backflow Prevention Device

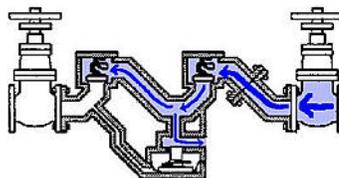


Figure 7: Hose Bib



Condensate Pump/Drain

A drain or pump used to remove condensation buildup in refrigeration units.

Full "S" Traps are **PROHIBITED**

Figure 8: "S" Trap



Are floor drains provided and easily cleanable? Yes No N/A, If so indicate location:

Water Supply

Is water supply Public or Private

If private, has source been approved? Yes No Pending

*Please attach a copy of written approval and or permit.

Is ice made on the premises or purchased commercially?

If ice is made on the premises, are specifications for the ice machine provided? Yes No

Where will ice scoop be stored: _____

If ice purchased commercially provide name and address of ice maker or bagging operation:

What is the capacity of the hot water heater? _____

Is the hot water heater sufficient for the needs of the establishment? Yes No

Is there a water treatment device? Yes No, If yes, how will the device be inspected and serviced?

How are the backflow prevention devices inspected and serviced? _____

Sewage Disposal

Is the building connected to a municipal sewer? Yes No

If no, is private wastewater disposal system approved? Yes No Pending

*Please attach a copy of written approval and/or permit.

Are grease traps provided? Yes No

If so, where is the grease trap located? _____

Provide a schedule for cleaning and maintenance: _____

Handwashing and Toilet Facilities

Is there a handwashing sink in each food preparation and warewashing area? Yes No

Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?

Yes No

Do self-closing maturing faucets provide a flow of water for at least 15 seconds without the need to reactivate faucet? Yes No

Is hand cleanser available at handwashing sinks? Yes No

Which hand drying facilities will be available at all handwashing sinks? Paper Towels Air Blowers

Are covered waste receptacles available in each restroom? Yes No

Is hot and cold running water under pressure available at each handwashing sink? Yes No

Are all toilet rooms doors self closing? Yes No

Are all toilet rooms equipped with adequate ventilaion? Yes No

Is a handwashing sign posted in each employee restroom? Yes No

Sinks

Is a mop sink present Yes No, If so, indicate where it is located. _____

If a menu dictates, is a food preparation sink present? Yes No

Dishwashing Facilities

What kind of equipment will be used for warewashing? *Please check all that apply*

Dishwasher Two Compartment Sink Three Compartment Sink

If a dishwasher will be used please indicate type of sanitization will be used.

Hot Water (temp. provided) Booster Heater Chemical

Is ventilation provided? Yes No

Do all dish machines have templates with operating instructions? Yes No

Do all dish washing machines have temperature/pressure gauges as required that are accurately working? Yes No

Does the largest pot and pan fit into each compartment of the 3 compartment sink? Yes No

If no, what is the procedure for manual cleaning and sanitizing? _____

Are there drain boards on both ends of the three compartment sink? Yes No

What type of sanitizer will be used? *Check all that apply*

Chlorine

Quaternary Ammonium

Iodine

Hot Water (180°F)

Other

Plumbing Connections

Indicate what type of plumbing connection each fixture will have

	Air Gap	Air Break	Integral Trap	"P" Trap	Vacuum Breaker/Backflow Preventer	Condensate Pump
Toilet						
Urinals						
Dishwasher						
Garbage Disposal						
Ice Machines						
Mop Sinks						
Janitor Sinks						
Handwash Sinks						
3 Compartment Sink						
Food Prep Sink						
Steam Tables						
Dipper Wells						
Refrigeration condensate drain lines						
Hose Connection						
Potato Peeler						
Beverage Dispenser with carbonator						
Other						

**plumbing definitions located on pages 6, 7, and 8*

Dressing Rooms

Are there employee dressing rooms provided? Yes No

Will employees have a designated area for storage of personal belongings? Yes No

If so, please describe location: _____

General

Are you planning on storing insecticides and rodenticides on the premises? Yes No

If so, will they be stored separately from cleaning and sanitizing agents? Yes No

Describe location: _____

Are all toxics used for use in the premises or for retail sale (this includes personal medications), stored away from food preparation and storage areas? Yes No

Are all containers of toxics including sanitizing spray bottles clearly labeled? Yes No

Will linens be laundered on site? Yes No

If yes, what will be laundered and where? _____

If no, where will linens be cleaned? _____

Is a laundry dryer available? Yes No

Location of clean linen storage: _____

Location of dirty linen storage: _____

Are containers constructed of safe materials to store bulk food products? Yes No

Indicate what type: _____

Indicate all areas where exhaust hoods are installed:

Location	Filters and/or Extraction Devices	Square Feet	Fire Protection	Air Capacity CFM	Air Makeup CFM

How is each listed ventilation hood system cleaned? _____

Small Equipment Requirements

Please specify the number, location and types of each of the following:

Slicers: _____

Cutting Boards: _____

Can Openers: _____

Mixers: _____

Floor Mats: _____

Other: _____

Finish Schedule

Please indicate the types of materials that will be used in the following areas:

Such as stainless steel, quarry tile, vinyl tile, plastic covered molding, etc.

	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				
Restrooms				
Dressing Room				
Garbage and Refuse Storage				
Mop Service Basin Area				
Wasrewashing Area				
Walk-in Refrigerators and Freezers				