MODEL PLAN REVIEW APPLICATION
FOR FOOD ESTABLISHMENTS

The following application is suggested for use to obtain information about the types and quantities of food to be prepared and served and to adequately evaluate the plans and equipment listings provided by the applicant. This application may be modified to meet the needs of the regulatory authority.

Greenlee County Health Department
P.O. Box 936
Clifton, AZ 85533
Ph: (928) 865-2601  Fax: (928) 865-1929
www.co.greenlee.az.us

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

_____NEW  _____REMODEL  _____CONVERSION

Name of Establishment:__________________________________________

Type of Food Operation: Restaurant____, Institution____, Daycare____,
Retail Food Store____, Other____________________.

Establishment
Address:_____________________________________________________

Phone (if available):___________________________________________

Name of Owner:_______________________________________________

Owner's Mailing Address:_______________________________________

Owner's
Telephone:____________________________________________________
Owner's Email Address:

Applicant's Name:

Title (owner, manager, architect, etc.):

Applicant’s Mailing Address:

Applicant’s Telephone:

Applicant Email Address:

Hours of Operation:  
Sun _____  Thurs _____  
Mon _____  Fri _____  
Tues _____  Sat _____  
Wed _____

Number of Indoor Dining Seats: ________  
Number of Outdoor Dining Seats: ________  
Number of Staff: ________  
(Maximum per shift)

Total Square Feet of Facility: ________

Maximum Meals to be Served:  
Breakfast  _____  
Lunch  _____  
Dinner  _____
(Maximum per shift)

Projected Date for Start of Project: ________

Projected Date for Completion of Project: ________

Type of Service:  
(check all that apply)  
Sit Down Meals  _____  
Take Out  _____  
Caterer  _____  
Single Use Utensils  _____  
Multi-Use Utensils  _____  
Other  _____

Enclose the following documents:  
_____ Proposed Menu or complete list of food and beverages to be offered (including seasonal, off-site and banquet menus)

_____ Plan of food establishment drawn to scale showing location of equipment, plumbing, electrical and mechanical services
Equipment schedule including location, plumbing, drain and electrical connections

Manufacturer specification sheets for each piece of equipment to be used in the establishment

Site plan showing location of food establishment, location of building on site including alleys, streets; and location of any outside equipment or facilities (dumpsters, well, septic system - if applicable)
CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS.

Plans at minimum of 11 x 14 inches in size drawn to scale.

Proposed menu, seating capacity, and projected daily meal volume for the food establishment.

Location of all food equipment. Each piece of equipment must be clearly labeled, marked, or identified. Food equipment schedule which includes the make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable) must be submitted. Elevation drawings may be requested by the Regulatory Authority.

Provisions for adequate rapid cooling, including ice baths and refrigeration, and for hot and cold-holding PHF (TCS).

Handwashing sinks

Warewashing sinks

Food preparation sinks

Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation.

Entrances, exits, loading/unloading areas and delivery docks.

Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases.

Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections.

Location of lighting fixtures.

Source of water and method of sewage disposal.

A color coded flow chart may be requested by the Regulatory Authority demonstrating flow patterns for:
- food (receiving, storage, preparation, service);
- dishes (clean, soiled, cleaning, storage);
- trash and garbage (service area, holding, storage, disposal)
Ventilation schedule if requested by the Regulatory Authority

Service sink or curbed cleaning facility with facilities for hanging wet mops or similar wet cleaning tools and for the disposal of mop water and similar liquid waste.

Storage location of poisonous or toxic materials.

Areas for storage of employee personal care items.

Location of refuse, recyclable, and/or returnable containers.
FOOD SUPPLY

1. How often will frozen foods be delivered?

2. How often will refrigerated foods be delivered?

3. How often will dry goods be delivered?

4. Provide information on the amount of space (in cubic feet) allocated for:
   - Dry storage
   - Refrigerated Storage
   - Frozen storage

5. Identify the location and containers that will be used to store bulk food products (rice, flour, sugar, etc.)?

---

FOOD PREPARATION

FOOD PREPARATION PROCEDURES

Explain the following with as much detail as possible. Provide descriptions of the specific areas on the plan where food is prepared.

Explain the handling/preparation procedures for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (prep table, sink, counter, etc.) the food will be washed, cut, marinated, breaded, cooked, etc.
- When (time of day and frequency/day) food will be handled/prepared

READY-TO-EAT FOOD (e.g., salads, cold sandwiches, raw molluscan shellfish)
THAWING FROZEN PHF (TCS) Food:

Thawing Method(s) (check all that apply and indicate where thawing will take place):

____ Under Refrigeration: __________________________

____ Running Water less than 70°F (21°C): __________________________

____ Microwave (as part of cooking process): __________________________

____ Cooked from frozen state: __________________________

____ Other (describe): __________________________

List all foods that will be cooked and served __________________________

__________________________

List all foods that will be hot held prior to service: __________________________

__________________________

List all foods that will be cooked and cooled. __________________________

__________________________

List all foods that will be cooked, cooled and reheated __________________________

Provide a HACCP plan for specialized processing methods of foods such as Reduced Oxygen Packaging (vacuum packaging, cook-chill, etc.), use of additives to render a food non-PHF (TCS) food, curing and smoking for preservation, and molluscan shellfish tanks.

HOT/COLD HOLDING:

1. How will hot PHF(TCS) food be maintained at 135°F (57°C) or above during holding for service? Indicate type, number and location of hot holding units.
2. How will cold PHF(TCS) food be maintained at 41°F (5°C) or below during holding for service? Indicate type, number and location of cold holding units.

COOLING:

Indicate by checking the appropriate boxes how PHF(TCS) food will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours).

<table>
<thead>
<tr>
<th>COOLING METHOD</th>
<th>*THICK MEATS</th>
<th>*THIN MEATS</th>
<th>HOT FOODS</th>
<th>COLD FOODS</th>
<th>OTHER</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shallow Pans in Refrigerator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ice Baths</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce Volume or Size and place in Refrigerator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mechanical Rapid Chill Unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stirring with Frozen Stir Sticks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (describe)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Thick meats = more than an inch; Thin meats = one inch or less.

REHEATING:

How and where will PHF(TCS) foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds within 2 hours. Indicate type and number of units used for reheating foods.
# Finish Schedule

Indicate which materials (quarry tile, stainless steel, Fiberglass Reinforced Panels (FRP), ceramic tile, 4" plastic coved molding, etc.) will be used in the following areas.

<table>
<thead>
<tr>
<th>AREA</th>
<th>FLOOR</th>
<th>FLOOR/WALL JUNCTURE</th>
<th>WALLS</th>
<th>CEILING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet Rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing Rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garbage &amp; Refuse Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mop Service Sink</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warewashing Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walk-in Refrigerators and Freezers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Identify the finishes of cabinets, countertops, and shelving:
PEST CONTROL

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Will all outside doors be self-closing and rodent proof?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>2. Will screens be provided on all entrances left open to the outside?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>3. Will all openable windows have a minimum #16 mesh screening?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>4. Will electrical insect control devices be used?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>5. Will air curtains be used? If yes, where?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>6. Identify how all pipes &amp; electrical conduit chases be sealed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. How will the area around building be kept clear of unnecessary brush, litter, boxes and other harborage?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REFUSE, RECYCLABLES, AND RETURNABLES

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Will refuse/garbage be stored inside? If so, where?</td>
<td></td>
</tr>
<tr>
<td>2. Identify how and where garbage cans and floor mats will be cleaned.</td>
<td></td>
</tr>
<tr>
<td>3. Will a dumpster or a compactor be used? Number ______ Size ______ Frequency of pickup ________</td>
<td></td>
</tr>
<tr>
<td>4. Will garbage cans be stored outside?</td>
<td></td>
</tr>
<tr>
<td>5. Describe surface and location where dumpster/compactor/garbage cans will be stored outside the establishment</td>
<td></td>
</tr>
</tbody>
</table>
6. Identify location of grease storage containers

7. Will there be an area to store recyclables?
   If yes, describe

8. Identify the area to store returnable damaged goods.

WATER SUPPLY

1. Is the water supply public ( ) or non-public/private ( )?

2. If private, has source been approved? YES ( ) NO ( )
   Attach copy of written approval and/or permit.

3. Is ice made on premises ( ) or purchased commercially ( )?
   Will there be an ice bagging operation? YES ( ) NO ( )

4. What is the capacity and location of the water heater? Provide specifications for the water heater.

SEWAGE DISPOSAL

1. Is the sewage system public ( ) or non-public/private ( )?

2. If private, has sewage system been approved? YES ( ) NO ( )
   Attach copy of written approval and/or permit.

3. Will grease traps/interceptors be provided? YES ( ) NO ( )
   If so, where?
## BACKFLOW PREVENTION

<table>
<thead>
<tr>
<th></th>
<th>AIR GAP</th>
<th>AIR BREAK</th>
<th>VACUUM BREAKER</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Dishwasher</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Garbage Grinder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Ice machines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Ice storage bin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Sinks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Mop</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>3 Compartment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>2 Compartment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>1 Compartment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Steam tables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Dipper wells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Refrigeration condensate/ drain lines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Hose bibb connection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Potato peeler</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Beverage Dispenser w/carbonator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Identify the locations of all floor drains, if provided.
DISHWASHING FACILITIES

Manual Dishwashing

1. Identify the length, width, and depth of the compartments of the 3-compartment sink:

2. Will the largest pot and pan fit into each compartment of the 3-compartment sink?
   YES ( )  NO ( )
   If no, what will be the procedure for manual cleaning and sanitizing of items that will not fit into the sink compartments?

3. Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:

   Square feet of air drying space: ________ ft²

4. What type of sanitizer will be used?
   Chemical ( )
   Hot water ( )

Mechanical Dishwashing

5. Identify the make and model of the mechanical dishwasher:

6. What type of sanitizer will be used?
   Chemical ( )
   Hot water ( )

7. Will ventilation be provided? YES ( ) NO ( )

HANDWASHING/TOILET FACILITIES

Identify the locations of the handwashing sinks and toilet facilities:

DRESSING ROOMS

1. Will dressing rooms be provided? YES ( ) NO ( )
2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.).

OTHER

1. Identify the location for the storage of poisonous or toxic materials.

2. Where will cleaning and sanitizing solutions be stored at workstations? How will these items be separated from food and food contact surfaces?

3. Will linens be laundered on site?
   If yes, what will be laundered and where?
   If no, how and where will linens be cleaned?

4. Identify location of clean and dirty linen storage:

5. How often will linens be delivered and picked up?

6. Indicate all areas where exhaust hoods will be installed:

7. Identify location of the facilities for cleaning of mops and other equipment:
************

**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Authority may nullify final approval.

Signature ____________________________

owner or responsible representative

Printed Name: ____________________________

Date: __________

************

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required—federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Questions?
Haiden LaFoy R.S.
Environmental Health Specialist
(928) 865-2601 ext.177
hlafoyle@greenlee.az.us