

Michigan



Department of
AGRICULTURE
& Rural Development

Michigan Department of Agriculture and Rural Development

Fixed Food Establishment Plan Review **Worksheet**

To be completed by the operator and submitted to the local health department
or the Michigan Department of Agriculture and Rural Development,
(whichever will be conducting the plan review).

Establishment

Name: _____

Address: _____

City, State, Zip: _____

Pages 6-10 ask structural and equipment questions that the operator may wish to have the contractor or architect complete.

Refer to the food establishment plan review manual for technical assistance. The manual is available from your reviewing agency or by visiting www.michigan.gov/mdard, Search: Plan Review.

Information contained in the plans may be referenced and does not have to be repeated in the worksheet (e.g., see plan sheet 3a, #6).

Food Manager Knowledge

Under the Food Law of 2000, as amended, retail food establishments are required to have a person in charge (PIC) during all hours of operation and employee at least managerial employee under a program accredited by American National Standards Institute.

1. Check all that apply

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> A designated person in charge that can demonstrate knowledge of: foodborne disease prevention, application of food safety (HACCP) principles, and the requirements of the Food Code, will be available during all hours of operation. (REQUIRED) | |
| <input type="checkbox"/> Certified Managerial Employees under ANSI Requirements is provided (REQUIRED) | <input type="checkbox"/> A written food safety (HACCP) plan will be provided.* (Only required under certain circumstances) |
| <input type="checkbox"/> Standard operating procedures (SOP) including a policy that excludes or restricts food workers who are ill or have infected cuts or lesions* | <input type="checkbox"/> Animal based foods, such as meat, poultry, fish, shellfish or eggs served raw, or undercooked or not otherwise processed to eliminate pathogens.** |

* Please submit copies of these documents (or an inventory if there are numerous large documents, and training videos)

**If you checked this item, then the customer must be informed by means of a consumer advisory upon ordering, that a particular menu item contains raw or undercooked foods of animal origin. 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 or read the consumer advisory guidance document at <http://www.michigan.gov/mdard>, Search: Updated Food Law/Food Code 2012.

9. Date Marking:

When potentially hazardous food (time/temperature control for safety 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.

A. Will the establishment have food items that must be date marked? ___ Yes ___ No

If yes, describe the date marking system that will be used and provide written standard operating procedures.

10. Catering/Off-Site/Satellite:

Complete if establishment will cater foods to another location or performing any cooking or preparations off-site at other locations.

A. List menu items

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

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

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

E. What types of vehicles will be used to transport food?

F. What types of sneeze guards or food protection devices will be used? (See manual part 4)

Dishwashing

(See manual part 8)

11. Dishwashing methods (check all that apply) ___ Dishmachine ___ Sink

Dishwashing Sinks	Length (inches)	Width (inches)	Depth (inches)
A. Sink 1, Size of compartments			
B. Sink 2, Size of compartments			
C. Sink 3, Size of compartments			

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:

General

12. Will employee dressing rooms be provided? ___ Yes ___ No
 (See manual part 16.)

13. If no, describe how personal belongings will be stored:

14. Check which of the following will be used ___ Washer ___ Dryer
 on-site:

15. Describe what will be laundered on-site: _____

16. What type of mop sink will be provided (e.g., curbed floor drain, mop sink on legs, etc)?
 See manual part 8.

Room Finish Schedules

Fill in materials to be used (See manual part 10)

Area	Floor	Coving*	Wall	Ceiling
17. Preparation				
18. Cooking				
19. Dishwashing				
20. Food Storage				
21. Bar				
22. Dining				
23. Employee Restrooms				
24. Dressing Room				
25. Walk-In Refrigerator				
26. Walk-In Freezer				
27. Garbage Room				
28. Janitor Closet				
29.				
30.				
31.				

*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 manual part 5)

32. Will the water supply be: ___ Municipal ___ Existing on-site ___ New on-site
33. If an on-site water supply is being used, is the local health department in the process of approving? ___ Yes ___ No*

Sewage Disposal

(See manual part 5)

34. Will the sewage disposal be: ___ Municipal ___ Existing on-site ___ New on-site
35. If an on-site sewage system is being used, is the local health department or Michigan Department of Environmental Quality in the process of approving? ___ Yes ___ No*

* It is recommended that you contact your local health department to begin the approval process.

Insect and Rodent Control

(See manual part 13)

36. Will outside doors be self-closing? ___ Yes ___ No
37. Will the facility have a drive-thru or walk-up window? ___ Yes ___ No
38. If 37 is yes, describe how insects will be kept out (e.g., self-closer, air curtains, etc.)

39. Are other openable windows screened? ___ NA ___ Yes ___ No
40. Will openings around pipes, electrical conduits, chases and other wall perforations be sealed? ___ Yes ___ No
41. Will garage-style or loading bay doors be present? ___ Yes ___ No
42. If 41 is yes, how will garage style or loading doors be protected against vermin entry?

Solid Waste Storage

(See manual part 17)

43. 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.

44. Inside Storage

A. Describe how garbage, boxes, etc., will be stored inside:

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

C. Will any compactors or dumpsters be located inside? If yes, show on plans. Yes No

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

E. Describe how waste grease will be handled and stored: _____

F. Describe how and where recyclables will be stored: _____

G. Check the types of materials that will be recycled:

Glass Metal Paper Cardboard Plastic

Plumbing Cross-Connections

(See 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 waste side (e.g., a dishwasher may have an AVB on the water supply and an air-gapped drain).

Fixture	Sewage Disposal			Water Supply					
	Air Gap	Air Break	Direct Connect	AVB	PVB	RPZ	VDC	HB	Air Gap
45. Dishwasher									
46. Glasswasher									
47. Garbage grinder									
48. Ice machines									
49. Ice storage bin									
50. Mop sink faucet									
51. 3 compartment sink									
52. 2 compartment sink									
53. 1 compartment sink									
54. Steam tables									
55. Dipper wells									
56. Hose connections									
57. Refrigeration condensate drain lines									
58. Beverage dispenser with carbonator									
59. Water softener									
60. Potato peeler									
61. Walk-in floor drain									
62. Chinese range									
63. Detergent feeder on faucet									
64. Outside sprinkler or									

irrigation system									
65. Power washer									
66. Retractable hose reel									
67. Toilet									
68. Urinal									
69. Boiler									
70. Bain-marie									
71. Espresso machine									
72. Combi-style oven									
73. Kettle									
74. Rethermalizer									
75. Steamer									
76. Overhead spray rinse									
77. Hot water dispenser									
78.									
79.									
AVB = atmospheric vacuum breaker					HB = hose bib vacuum breaker				
PVB = pressure vacuum breaker					VDC = vented double check valve				
RPZ = reduced pressure principle backflow preventer									

Formula Information

Several calculations are required to determine if there will be adequate hot water, ventilation, dry storage space and refrigerated storage space. The information requested on the following two pages provides the necessary data for performing calculations. See the plan review manual for formulas and directions.

80. Hot Water (see manual part 9)

List each type of plumbing fixture that uses hot water	# fixtures
Handsinks	
Bathroom Sinks	
1 Compartment Sink	
2 Compartment Sink	
3 Compartment Sink	
Vegetable Sink	
Overhead Spray Rinse	
Bar Sink _____ 3 compartment _____ 4 compartment	
Cook Sink	
Hot Water Filling Faucet	
Bain-marie	
Coffee Urn	
Kettle Stand	
Garbage Can Washer	
9 & 12 lb. Clothes Washer	
16 lb. Clothes Washer	
Employee Shower	
Mop Sink	
Dishmachine _____ hot water _____ chemical	
Dishmachine Make & model: _____	
Other:	
Other:	

81. Water Heater #1 Manufacturer: _____ Model number: _____
 A. Hot water heater proposed size: Electric _____ KW
 Gas _____ BTU's Thermal Efficiency: _____ %
 B. Hot water heater storage capacity: _____ gallons
 C. Hot water heater recovery rate: _____ gallons per hour (@100° rise)

Attach information for any additional water heaters. Specify what area each water heater services and whether or not units will be installed in parallel.

82. Do hot water heater(s) serve any non-food equipment areas?
 If yes describe: _____

83. Dishmachine Booster Heater _____ KW _____ BTU Make _____ Model # _____

84. 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.
 A. # meals or people served per day = _____
 B. # days between deliveries = _____ Dry Food _____ Refrigerated Items _____
 C. # meals between deliveries (AxB =) _____ Dry Food _____ Refrigerated Items _____

Please describe any assumptions made in determining the meal quantity estimate:

85. Refrigerated Storage (see manual part 3)

Walk-in Item #	**Interior Usable Height (ft)	Interior Length (ft)	Interior Width (ft)

*Upright Item #	Interior Depth (in)	Interior Width (in)	Interior Height (in)

*Working, preparation and line refrigerators should not be included. Only storage units.

86. Dry Storage (see manual part 7)

Storage Rooms*		
**Usable room height (ft)	Interior Length (ft)	Interior Width (ft)

*Please note the location of any auxiliary storage (i.e outside storage).

**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").

Or, if there is no dry storage room proposed:

For full height shelves

Total Shelving Length (ft)	Shelving Width (ft)

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: _____ Phone: _____ Fax: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Submit to:
Plan Review Specialist
Food Service Sanitation Section
Food & Dairy Division
Michigan Department of Agriculture
PO Box 30017
Lansing, MI. 48909

Fax: 517-373-3333

E-mail: krzyzanowskir@michigan.gov

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



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