

Food Establishment Operational Assessment

Plans will not be processed and reviewed unless this operational assessment is completed.

This document is intended to assist Southwest Utah Public Health Department authorities responsible for the review of food establishment plans. Food establishment plan review is recognized as an important component of a retail food protection program that:

- Ensures food establishments are built or renovated according to current rules and regulations.
- Enhances food safety and sanitation by promoting efficient layout and flow of food based on the menu and food preparation processes.
- Helps prevent code violations by addressing potential layout and design issues prior to construction.

For more information about plan reviews, please visit the SWUPHD website at www.swuhealth.org.

Please provide all requested information on the following pages. If a particular line item is not applicable to your food establishment, please indicate with “N/A”.

*****Incomplete information may delay plan review approval.*****

NOTE: PHF/TCS in this document stands for *Potentially Hazardous Food / Time Temperature Control for Safety*. This is food that requires temperature or time control to ensure food safety.

Food Supply and Storage

How often will frozen foods be delivered? _____

How often will refrigerated foods be delivered? _____

How often will dry goods be delivered? _____

What types of containers will be used to store bulk food products such as rice, flour, sugar, etc.?

Identify the finished material of countertops, cabinets and shelves:

Food Preparation steps

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

- How the food will arrive (frozen, fresh, raw, pre-cooked, 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

(Attach additional sheets if necessary.)

Produce:

Poultry (chicken, turkey, eggs, etc.):

Meat (beef, pork, lamb, etc.):

Seafood:

Ready to eat food (portion and serve foods such as prepared salads, cold cuts, cheeses):

Thawing Frozen PHF/TCS (Potentially Hazardous Foods/Time Temperature Control for Safety)

Check all that apply and explain where thawing will take place.

- Under Refrigeration: _____
- Running Water: _____
- Microwave (as part of cooking process): _____
- Cooked From Frozen: _____
- Other: _____

Cooking and Reheating

List all foods that will be cooked and served:

List all foods that will be held hot prior to service (i.e. Steam table, warmer):

List all foods that will be cooked and cooled:

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

List all foods that will be heated and served:

Provide a separate written 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

List how hot PHF/TCS foods will be maintained at 135°F or above during holding for service?

Indicate type, number and location of hot holding units:

List how hot PHF/TCS foods will be maintained at 41°F or colder during holding for service?

Indicate type, number and location of cold holding units:

Cooling

Indicate by checking the appropriate boxes how hot PHF/TCS food will be rapidly cooled to 41°F within 6 hours (135°F to 70°F in the first 2 hours; 70°F to 41°F in the next 4 hours).

Cooling Method	*Thick meats	*Thin meats	Beans, rice, potatoes, pasta	Soup, sauce, gravy	Mixed food (casseroles, lasagna, etc.)
Shallow pans in refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce volume or size (divide, slice, chop) and place in refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical rapid chill unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stirring with frozen stir sticks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)					

* Thick meats = more than one 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.

Pest Control

	Yes	No	NA
Will all Outside doors be self-closing and rodent/insect proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will screens be provided on all entrances, openings and vents left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will all openable windows have a minimum #16 mesh screen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will Electrical insect control devices be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will air curtains be used? If yes describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identify how all pipes and electrical conduit will be sealed.

How will the area around the building be kept clear of unnecessary brush, litter, boxes and other harborage?

Identify the pest control operator. _____

How often will building be treated? _____

Refuse, Recyclables and returnables

Will garbage/refuse be stored inside? If so where?

Identify how and where garbage cans and floor mats will be cleaned.

Will a dumpster or a compactor be used? If so describe how many, the size and the frequency of pickup.

Identify location of grease storage containers.

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

Water Supply

Is the water supply Public or Private?

If private, has the source been approved? Yes No

Is ice made on premises or purchased commercially?

What is the capacity of the water heater? _____

What is the BTU/kW rating of the water heater? _____

Sewage Disposal

Is the sewage system public sewer or private septic?

If private septic, has the system been approved? Yes No

Will grease traps/interceptors be provided? Yes No

If yes, describe where? _____

Backflow Prevention- Indicate type(s) of backflow prevention or all plumbing fixtures.

	Air Gap	Air Break	Vacuum Breaker	Other Device
1. Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Garbage grinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ice machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ice storage bin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. 3 compartment sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Steam tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Dipper wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Refrigeration condensate drain line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Hose bibb connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Beverage Dispenser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Mop Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Prep Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dishwashing Facilities

Manual Dishwashing

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

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

If no, describe procedure to manually clean and sanitize those items:

Describe size, location and type (drainboards, shelves, stationary or portable racks) for air drying space for dishes, utensils, equipment, etc.:

What type of sanitizer will be used when washing dishes and equipment in the 3 compartment sink?
Chlorine Quaternary Ammonia

Mechanical Dishwashing (if applicable)

Identify the make and model of the mechanical dishwasher: _____

What type of sanitizer will be used? Chemical Hot Water

Will ventilation be provided? Yes No

Other

Will dressing rooms be provided Yes No

Describe storage facilities for employees' personal belongings:

Identify the location for the storage of poisonous or toxic materials (cleaning chemicals, etc.)

Will cleaning and sanitizing solutions be stored at the workstation? Yes No

If yes how will these items be separated from food and food contact surfaces?

Will linens be laundered on site? Yes No

If yes where?

If no, how and where will linens be cleaned? _____

Identify location of clean and dirty linen storage:

How often will linens be delivered and picked up?

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Southwest Utah Public Health Department may nullify final approval.

Signature: _____

Owner or representative

Printed Name: _____

Date: ____/____/____

Approval of these plans and specifications by the Southwest Utah Public Health Department 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 regulations governing food service establishments.