



## PRELIMINARY FOOD FACILITY CHECKLIST- PROCESSOR

Complete this form and submit it to Environmental Health Services (EHS) with the proposed plans. If the form is incomplete, the submitted plans are returned to the applicant and will delay processing.

### FACILITY INFORMATION

Name of Facility:	Contact Name:
Address:	Phone Number:
<input type="checkbox"/> Unincorporated Area (County*) <input type="checkbox"/> Incorporated Area (City) *If unincorporated provide proof of plan submittal with Building and Safety (i.e. a receipt).	
<input type="checkbox"/> Existing Structure* <input type="checkbox"/> New Structure *If submitting plans for a remodel all items must be completed regardless of new or existing structure.	

### ELECTRONIC PLANS

Initial:	Requirement:
	Plan sheets have been submitted to EHS in a single portable document format (PDF) file via email (max. file size 20MB) or a file sharing service.
	Plans are saved at full-size and to-scale, the scale is indicated on <u>all</u> sheets and any drawing layers or comments were flattened in the computer-aided design (CAD) program before PDF was created.
	All plan sheets are legible and in proper orientation face up ( <u>not</u> sideways or upside down).
	All sheets are labeled with sheet number and title (i.e. P1.0 Plumbing Schedule).
	Plans are not locked or password protected.
	Specification sheets are submitted separately in a single PDF file for all food related equipment.

### VERIFICATION

Complete the verification requirements checklist below. (Must include Sheet Number unless N/A.)

Yes	N/A	Requirement:	Sheet Number:
<input type="checkbox"/>	<input type="checkbox"/>	Three identical sets of complete paper plans or one set of complete digital plans.	
<input type="checkbox"/>	<input type="checkbox"/>	Name of facility, site address, owner or contractor's mailing address, email and contact phone number is listed on the plans.	
<input type="checkbox"/>	<input type="checkbox"/>	A complete list of food manufactured at the facility.	
<input type="checkbox"/>	<input type="checkbox"/>	Site plan includes a trash enclosure or dumpster location.	
<input type="checkbox"/>	<input type="checkbox"/>	Indicate method of sewage disposal: <input type="checkbox"/> Sewer Sewer company name ( <i>required</i> ): _____ <input type="checkbox"/> Septic: <ul style="list-style-type: none"> <li>• <b>Existing Septic Systems:</b> Existing septic systems in unincorporated areas must submit an <a href="#">Onsite Wastewater Treatment System (OWTS) Certification</a> to the EHS Wastewater program.</li> <li>• <b>New Septic Systems:</b> New septic systems in unincorporated areas must submit an <a href="#">Application for Onsite Wastewater Treatment (OWTS) Review</a> to the EHS Wastewater program.</li> <li>• <b>Septic Systems in Incorporated Cities:</b> Contact local City for requirements.</li> </ul> <p><b>NOTE: SEPTIC APPROVAL IN UNINCORPORATED AREAS IS REQUIRED PRIOR TO PLAN APPROVAL. CONTACT THE EHS WASTEWATER PROGRAM FOR ADDITIONAL INFORMATION.</b></p>	

**VERIFICATION** *continued*

Yes	N/A	Requirement:	Sheet Number:																																																
<input type="checkbox"/>	<input type="checkbox"/>	Indicate source of water supply: <input type="checkbox"/> Municipal Water Water company name ( <i>required</i> ): _____  <input type="checkbox"/> Well/Water System  <b>NOTE: A TECHNICAL, MANAGERIAL AND FINANCIAL (TMF) ASSESSMENT IS REQUIRED FOR A CHANGE OF OWNERSHIP OR A NEW WELL/WATER SYSTEM.</b>  <b>ADDITIONAL INFORMATION - AVAILABLE BY CALLING THE EHS OR AT THE <a href="#">State Water Resources Control Board Drinking Water Program</a>.</b>																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Floor plans show all equipment, are drawn to a minimum scale of ¼" = 1' and include sneeze guard locations if applicable.																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Schedule includes make, manufacturer and model number of all equipment, all food equipment listed is American National Standards Institute/ National Sanitation Foundation (ANSI/NSF) approved for sanitation and all equipment is shown on the floor plan. <b>NOTE: Or third party certified by Electrical Testing Laboratory (ETL) or NSF</b>																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Specification Sheets provide manufacturer specification sheets numbered with the corresponding number on the equipment schedule for all proposed food equipment which indicates an approved ANSI/NSF sanitation listing. <b>NOTE: EQUIPMENT MUST BE ABLE TO SUPPORT PROPOSED PRODUCT LIST.</b>																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Finish Schedule:</b> List the type of finish used for each area of the food facility. (Finish schedule <u>must</u> be provided on the plans.)  <table border="1" data-bbox="289 898 1271 1518"> <thead> <tr> <th></th> <th>Floor</th> <th>Integral Coved Base</th> <th>4' Wainscot</th> <th>Walls</th> <th>Ceiling</th> </tr> </thead> <tbody> <tr> <td></td> <td><i>Sealed Concrete</i></td> <td><i>Topset tile Base cove with 3/8' radius keyed into ceramic tile</i></td> <td><i>Fiber-Reinforced Polymer (FBR)</i></td> <td><i>Drywall/ Painted semi-gloss above tile</i></td> <td><i>Vinyl faced T-bar panels-</i></td> </tr> <tr> <td><b>Food Prep Area</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Dry Storage</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Walk-in Cooler</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Restroom(s)</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Dishwashing Area</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Mop Sink Area</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Floor	Integral Coved Base	4' Wainscot	Walls	Ceiling		<i>Sealed Concrete</i>	<i>Topset tile Base cove with 3/8' radius keyed into ceramic tile</i>	<i>Fiber-Reinforced Polymer (FBR)</i>	<i>Drywall/ Painted semi-gloss above tile</i>	<i>Vinyl faced T-bar panels-</i>	<b>Food Prep Area</b>						<b>Dry Storage</b>						<b>Walk-in Cooler</b>						<b>Restroom(s)</b>						<b>Dishwashing Area</b>						<b>Mop Sink Area</b>						
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<input type="checkbox"/>	<input type="checkbox"/>	Employee restrooms are located inside of the facility and have handwashing sink(s).																																																	
<input type="checkbox"/>	<input type="checkbox"/>	The Mop Sink is provided with a chemical shelf and mop rack nearby.																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Handwashing Sink(s) are accessible and within 25 feet of each open food handling and warewashing area.																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Food preparation sink is provided for facilities that wash, rinse, soak, thaw or similarly prepare foods.																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Three-compartment warewashing sink with dual integral drainboards provided.																																																	

**VERIFICATION** *continued*

Yes	N/A	Requirement:	Sheet Number:
<input type="checkbox"/>	<input type="checkbox"/>	Adequate Warehousing storage.	
<input type="checkbox"/>	<input type="checkbox"/>	Exhaust Hood: Detailed drawings, specifications and calculations. (Completed <a href="#">Mechanical Exhaust Hood Data Sheet</a> is included.)	
<input type="checkbox"/>	<input type="checkbox"/>	Floor sink locations are shown on the plumbing or equipment floor plan. All sheets show consistent floor sink locations.	
<input type="checkbox"/>	<input type="checkbox"/>	Select the applicable option: <input type="checkbox"/> Tanked Water Heater <input type="checkbox"/> Tankless Water Heater Manufacturer Name: _____                      Manufacturer Name: _____ Model Number: _____                      Model Number: _____ BTU: _____                      Gallons per Minute (GPM) at 50°F rise kW: _____                      (70°F rise in mountain regions): _____	
<input type="checkbox"/>	<input type="checkbox"/>	The location of grease trap/interceptor is shown on the plan. If a grease trap/interceptor is not required, provide proof from the local wastewater authority or a written statement that indicates a grease interceptor is not required and which agency was contacted.  <b>NOTE: GREASE INTERCEPTORS MUST NOT BE LOCATED IN ANY FOOD PREPARATION, STORAGE, WAREWASHING OR RESTROOM AREAS.</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Microswitch activated air curtain provided above the delivery door.	
<input type="checkbox"/>	<input type="checkbox"/>	Employee lockers are shown on the plans. If employees change clothing onsite, a dressing room is required.	
<input type="checkbox"/>	<input type="checkbox"/>	Remodels include layout of facility before and after proposed remodel. A remodel is any change to a currently permitted food facility made by the current permit holder.	

**COMMON REASONS FOR REJECTION**

Common reasons for rejection are listed below. Initial in the right column acknowledging you have reviewed these items.	Initial:
Facility not fully enclosed.	
Plan not drawn to scale or inconsistent floor plan/equipment information on different pages.	
Grease trap located in an unapproved location.	
Food preparation sink was incorrectly sized or was not provided when one was required.	
Floor sinks were not provided for equipment producing liquid waste, completely covered by equipment or completely exposed.	
Unapproved or incorrectly sized three-compartment warewashing sink.	
Mop sink was not provided.	
Handsinks are not provided in all food handling areas or are not conveniently located.	
Finish schedule was not provided, or plan proposed unapproved materials.	
Equipment schedule with make and model number was missing, incomplete or inconsistent.	
Unapproved equipment.	
Product list indicates food/beverages will be sold but equipment to prepare them was not provided.	
Restroom is not within the facility.	
Exhaust hood information was not provided or needs correction.	

<b>COMMON REASONS FOR REJECTION</b> <i>continued</i>		<b>Initial:</b>
Equipment proposed requires an exhaust hood and was not provided.		
Septic system was not approved for facilities in unincorporated areas.		
Domestic Water Supply Permit for use of well not obtained or initiated.		
Insufficient storage.		
Insufficient refrigeration.		
<b>Owner/Agent Signature:</b>		<b>Date:</b>
<input type="checkbox"/> Electronic Signature Only: By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.		
<b>FOR OFFICE USE ONLY</b>		
<input type="checkbox"/> Plans accepted for plan check		Service Request (SR) Number:
<input type="checkbox"/> Plans NOT accepted for plan check		
<b>Environmental Health Specialist/Technician Signature:</b>		<b>Date:</b>