

PRELIMINARY FOOD FACILITY CHECKLIST- FOOD HANDLING

		form and submit it to Environmental Health Services (EHS) with plans will be returned to the applicant and will delay processing		form is incomplete,			
		FACILITY INFORMATION					
Name							
Address: Phon			Phone Number:				
			A				
	•	ated Area (County) Incorporated Area (City ated provide proof of plan submittal with Building and Safety (i	,				
	isting St						
		plans for a remodel all items must be completed regardless of	new or existing structur	e.			
		ELECTRONIC PLANS					
Initial:	Requi	ement:					
	Plan sl service	neets have been submitted to EHS in a single PDF file via ema	il (max. file size 20MB) o	or a file sharing			
	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 (not sideways or upside down).						
		ets are labeled with sheet number and title (i.e. P1.0 Plumbing	Schedule).				
		are not locked or password protected.					
	Specifi	cation sheets are submitted separately in a single PDF file for a	all food related equipme	nt.			
	-	VERIFICATION					
		erification requirements checklist below. (Must include Sheet N	lumber unless N/A.)	.			
Yes	1	Requirement:		Sheet Number:			
		Three identical sets of complete paper plans or one set of com					
		Name of facility, site address, owner or contractor's mailing ac contact phone number is listed on plans.	ddress, email and				
		A complete list of food and beverages sold at the facility is inc	luded.				
		Site plan includes trash enclosure or dumpster location.					
	□ Indicate method of sewage disposal: □ Sewer						
		Sewer company name (required):					
		□ Septic:					
		Existing Septic Systems: Existing septic systems in					
		must submit an <u>Onsite Wastewater Treatment Syste</u>	m (OWTS) Certification				
		 to the EHS Wastewater program. <u>New Septic Systems</u>: New septic systems in unincomplete the systems in unincomplete	prograted areas must				
		submit an Application for Onsite Wastewater Treatm	-				
		the EHS Wastewater program.					
		Septic Systems in Incorporated Cities: Contact log	cal City for				
		requirements.					
		NOTE: SEPTIC APPROVAL IN UNINCORPORATED AREAS IS PLAN APPROVAL. CONTACT THE EHS WASTEWATER PROG ADDITIONAL INFORMATION.					

VERIFICATION continued								
Yes	N/A	Requirement	:					Sheet Number:
		Indicate source of water supply:						
		Municipal Water						
		Water co	ompany nam	e (required):				
		□ Well/Wa	ter System					
		NOTE: A TECHNICAL, MANAGERIAL AND FINANCIAL (TMF) ASSESSMENT IS REQUIRED FOR A CHANGE OF OWNERSHIP OR A NEW WELL/WATER SYSTEM.						
		ADDITIONAL INFORMATION - AVAILABLE BY CALLING THE EHS OR AT THE State Water Resources Control Board Drinking Water Program.						
		Floor plans show all equipment, are drawn to a minimum scale of 1/4" = 1' and include sneeze guard locations if applicable.						
		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.						
		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.						
		NOTE: EQUIPMENT MUST BE ABLE TO SUPPORT PROPOSED MENU.						
		Finish Schedule : List the type of finish used for each area of the food facility. (Finish schedule <u>must</u> be provided on the plans.)						
			Floor	Integral Coved Base	4' Wainscot	Walls	Ceiling	
		Example:	Sealed Concrete	Topset tile base cove with 3/8" radius keyed into ceramic tile	FRP	Drywall/ painted semi- gloss above tile	Vinyl faced T- bar panels	
		Food Prep						
		Area						
		Dry Storage						
		Walk-in						
		Cooler						
		Restroom(s)						
		Dishwashing Area						
		Mop Sink						
		Area						
		Employee restrooms are located inside or within 200 feet of the facility for food court operations and have handwashing sink(s). Consumer restrooms must be provided when there is on-site dining and must be located where consumers do not pass through food preparation, food storage or utensil washing areas.						
		Mop Sink provided with chemical shelf and mop rack nearby.						
		Handwashing Sink(s) are accessible and within 25 feet of each open food handling and warewashing area.						
		Food preparation sink provided for facilities that wash, rinse, soak, thaw or similarly prepare foods.						
		Three-compartment warewashing sink with dual integral drainboards provided.						

VERIFICATION continued							
Yes	N/A	Requirement:	Shee	et Number:			
		Dry Storage: Racks must be 4-tiers high, and ANSI/NSF certified.					
		Check the applicable food facility operation:					
		□ Full Service- Provide a minimum of 24 linear feet (96 feet total).					
		□ Limited Preparation- Provide a minimum of 18 linear feet (72 feet total).					
		□ Bar - Provide an additional 12 linear feet (48 feet total).					
		NOTE: BASED ON SIZE AND TYPE OF OPERATION ADDITIONAL STORAGE RACKS					
		MAY BE REQUIRED.					
		Exhaust Hood: Detailed drawings, specifications and calculations. (Completed <u>Mechanical Exhaust Hood Data Sheet</u> is included.)					
		Floor sink locations are shown on the plumbing or equipment floor plan. All sheets show consistent floor sink locations.					
		Select the applicable option:					
		Tanked Water Heater 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):					
		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.					
		NOTE: GREASE INTERCEPTORS SHALL NOT BE LOCATED IN ANY FOOD					
		PREPARATION, STORAGE, WAREWASHING OR RESTROOM AREAS.					
		Entrances to food preparation areas are no wider than 3 feet (36 inches).					
		Microswitch activated air curtain provided above the delivery door.					
		Employee lockers are shown on the plans. If employees change clothing onsite, a dressing room is required.					
Image: Constraint of the second sec							
	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 Initial							
Common reasons for rejection are listed below. Initial in the right column acknowledging you have reviewed these items.							
Facility not fully enclosed.							
Plan not drawn to scale or inconsistent floor plan/equipment information on different pages.							
	-	cated in an unapproved location.					
		ion sink was incorrectly sized or was not provided when one was required.					
	inks we etely exp	re not provided for equipment producing liquid waste, completely covered by equipme posed.	ent or				
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.							
Menu indicates food/beverages will be sold but equipment to prepare them was not provided.							
Customer seating is provided without a customer-accessible restroom.							
Restroom is not within the facility or within 200 feet for food court type operations.							
Exhaust hood information was not provided or needs correction.							

COMMON REASONS FOR R	EJECTION continued	Initial:		
Equipment proposed requires an exhaust hood and was n	ot provided.			
Septic system was not approved for facilities in unincorpor	rated areas.			
Domestic Water Supply Permit for use of well not obtained	d or initiated.			
Insufficient storage.				
Insufficient refrigeration.				
Large customer-accessible entrances to food preparation areas.				
Owner/Agent Signature:		Date:		
Electronic Signature Only: By checking this box, I confirm I am submitting this application electronically information on this form is true and correct. I also acknowledge that I have read, understand and accept and conditions of this form.				
For Offic	ce Use Only			
Plans accepted for plan check	SR Number:			
Plans NOT accepted for plan check				
Environmental Health Specialist/Technician Signature:				