

La Paz County PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion Former Name (if applicable) _____		Projected Start Date: _____ Projected Completion Date: _____	
TYPE OF FOOD OPERATION: <input type="checkbox"/> Restaurant <input type="checkbox"/> Institution <input type="checkbox"/> Daycare <input type="checkbox"/> Retail grocery store <input type="checkbox"/> Other _____ Square Footage _____ # of Seats available for customers _____ Type of Service (check all that apply) <input type="checkbox"/> On-site consumption <input type="checkbox"/> Off-site consumption <input type="checkbox"/> Catering			
FOOD ESTABLISHMENT INFORMATION			
Name of Establishment:			
Establishment Address:	City:	State:	ZIP:
OWNERSHIP INFORMATION			
Name of Owner:			
Address:	City:	State:	ZIP:
Email:	Phone Number:		
APPLICANT INFORMATION (e.g., ARCHITECT/ENGINEER)			
Applicant Name:	Contact Person:		
Applicant Mailing Address:	City:	State:	ZIP:
Email:	Phone Number:		
FOOD OPERATION INFORMATION			
Plan Review Fee (check the type of food operation)			
<input type="checkbox"/> Type 1 Limited \$150 Only pre-packaged potentially hazardous foods are available or sold; and/or Potentially hazardous foods served are commercially pre-packaged in an approved food processing facility; and/or Only limited preparation of potentially hazardous foods and beverages; and/or Only serves beverages. <input type="checkbox"/> Type 2 Moderate \$250 Food prepared in the facility from raw ingredients requires minimal assembly; and/or Hot or cold food preparation in the facility is restricted to same day service; and/or Foods requiring preparation in the facility are from approved processing facilities. <input type="checkbox"/> Type 3 Complex \$350 Prepares and holds hot or cold food for more than 12 hours before serving; and/or Cooks and cools a significant number of foods during the food handling process; and/or Prepares food for off-site service; and/or Vacuum packs food or other variance such as smoking food not for immediate consumption and/or Serves a highly susceptible population.			
The following documents must be submitted along with this application:			
<input type="checkbox"/> Proposed menu or complete list of food and beverages to be offered (including seasonal, catering and banquet menus) <input type="checkbox"/> Pages 1-7 of Plan Review Compliance List (attached) <input type="checkbox"/> Plan Review fee (see above) <input type="checkbox"/> Scaled Plans: <input type="checkbox"/> Plans must be clearly drawn to scale (minimum 11 x 14 inches in size) and include these items below: <ul style="list-style-type: none"> • The floor plan must identify: food preparation areas, serving and seating areas, restrooms, office, dry food storage, equipment, warewashing sinks, hand sinks, prep sinks, mop sinks, janitorial and trash area. Include location of any outside equipment or facilities (dumpsters, outside storage, well, septic system-if applicable). • Provide equipment layout and specifications, clearly numbered and cross-keyed with the equipment list. <i>Elevation drawings may be requested by the Regulatory Authority.</i> • Identify handwashing, warewashing and food preparation sinks. • Provide plumbing layout showing the sewer lines, cleanouts, floor drains, floor sinks, vents, grease trap or grease interceptor, hot and cold water lines, and direction of flow to sanitary sewer. • Finish schedule showing floor, coved base, wall and ceilings for each area shown on the plans. 			
Signature:		Date:	
Print Name:		Title:	

Note: Please read **Food Establishment Plan Review Manual** before beginning construction

FOOD PREPARATION PROCEDURES

FOOD DELIVERY

1. How often will frozen foods be delivered? Daily Weekly Other: _____
2. How often will refrigerated foods be delivered? Daily Weekly Other: _____
3. How often will dry foods or supplies be delivered? Daily Weekly Other: _____

FOOD STORAGE* - Identify amount of space (in cubic feet) allocated for:

Dry Storage _____; Refrigerated Storage (41°F) _____; Frozen Storage _____; Utensil Storage _____

* Identify on plans where storage will be located.

INSTRUCTIONS: Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

PROCESS	IDENTIFY FOOD ITEMS	INDICATE LOCATION AND EQUIPMENT	MEETS CRITERIA (LPCHD to circle)
Washing FDA Food Code §3-302.15			YES/NO
Thawing FDA Food Code §3-501.13			YES/NO
Cooking FDA Food Code §3-401			YES/NO
Hot Holding Hot food maintained at 135°F			YES/NO
Cooling Time/Temperature Control for Safety food will be cooled to 41°F within 6 hours; 135°F to 70° in 2 hours			YES/NO
Reheating Food must be reheated to a temperature of 165° for 15 seconds within 2 hours			YES/NO

FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, 4" plastic covered molding, paint, concrete, etc.). Indicate Not Applicable (NA) as appropriate.

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING	MEETS CRITERIA (LPCH to circle and Initial)
Food Preparation/ Cooking					YES/NO
Dry Food Storage					YES/NO
Warewashing Area					YES/NO
Walk-in Refrigerators and Freezers					YES/NO
Service Sink					YES/NO
Refuse Area					YES/NO
Toilet Rooms and Dressing Rooms					YES/NO
Other: Indicate					YES/NO
Identify the finishes of cabinets, countertops, and shelving:					

PHYSICAL FACILITIES

INSTRUCTIONS: Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

TOPIC	MINIMUM CRITERIA	MEETS CRITERIA LPCHD Circle and Initial)
Handwashing facilities	<ul style="list-style-type: none"> • Identify number of the handwashing sinks in food preparation and warewashing areas: ____ Food Preparation ____ Warewashing Area • Type of hand drying device? <input type="checkbox"/> Disposable towels or <input type="checkbox"/> Hand-drying device 	YES/NO
Sinks	<ul style="list-style-type: none"> • Is a prep sink available for washing produce and other food items? <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be food items that need to be washed or rinsed? <input type="checkbox"/> Yes <input type="checkbox"/> No Is a Mop Sink available? <input type="checkbox"/> Yes <input type="checkbox"/> No 	YES/NO
Warewashing Facilities	<p>MANUAL DISHWASHING</p> <ul style="list-style-type: none"> • Identify the length, width, and depth of the compartments of the 3-compartment sink: _____ • Will the largest pot/ pan fit into each compartment of the 3-compartment sink? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments? _____ • Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space: _____ • What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water <p>MECHANICAL DISHWASHING</p> <ul style="list-style-type: none"> • Identify the make and model of the mechanical dishwasher: _____ • What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water • Will ventilation be provided? Yes <input type="checkbox"/> No <input type="checkbox"/> 	YES/NO

Water Supply	<ul style="list-style-type: none"> • Is the water supply public or non-public/private? <input type="checkbox"/> public <input type="checkbox"/> non-public/private* *If private, has source been approved? <input type="checkbox"/> Yes* <input type="checkbox"/> No * Attach copy of written approval and/or permit. • Is ice made on premises or purchased commercially? <input type="checkbox"/> Made on Site <input type="checkbox"/> Purchased • Will there be an ice bagging operation? <input type="checkbox"/> Yes <input type="checkbox"/> No 	YES/NO
Sewage Disposal	<ul style="list-style-type: none"> • Is the sewage system public or non-public/private? <input type="checkbox"/> Public or <input type="checkbox"/> Nonpublic/private* If private, has the sewage system been approved? <input type="checkbox"/> Yes* <input type="checkbox"/> No *Attach copy of written approval and/or permit. • Will grease traps/interceptors be provided? <input type="checkbox"/> Yes* <input type="checkbox"/> No *Identify location on plan. 	YES/NO
Backflow Prevention	<ul style="list-style-type: none"> • Will all potable water sources be protected for backflow? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are all floor drains identified on the submit floor plan? <input type="checkbox"/> Yes <input type="checkbox"/> No 	YES/NO
Toilet Facilities	<ul style="list-style-type: none"> • Identify locations and number of toilet facilities: _____ • Hot and cold water provided? <input type="checkbox"/> Yes <input type="checkbox"/> No 	YES/NO
Refuse	<ul style="list-style-type: none"> • Will refuse/garbage be stored inside? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ • Identify how and where garbage cans and floor mats will be cleaned? • _____ • Will a dumpster or a compactor be used? <input type="checkbox"/> Dumpster <input type="checkbox"/> Compactor • Identify locations of grease storage containers: _____ 	YES/NO
Pest Control	<ul style="list-style-type: none"> • Will all outside doors be self-closing and rodent proof? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will screens be provided on all entrances left open to the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will all openable windows have a minimum #16 mesh screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will insect control devices be used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will air curtains be used? If yes, where? _____ <p>Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.</p>	YES/NO

Poisonous/Cleaning Storage	<ul style="list-style-type: none"> • Identify the location and storage of poisonous or toxic materials _____ • Where will cleaning and sanitizing solutions be stored at workstations? _____ • How will these items be separated from food and food-contact surfaces? _____ 	YES/NO
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DIRECT AND INDIRECT DRAINS

Check where appropriate Write NA if not applicable	Indirect Drain	Direct Drain
Hand Wash Sink	<input type="checkbox"/>	<input type="checkbox"/>
3-Compartment Sink	<input type="checkbox"/>	<input type="checkbox"/>
Food Prep Sink	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machine	<input type="checkbox"/>	<input type="checkbox"/>
Condensation Lines	<input type="checkbox"/>	<input type="checkbox"/>
Steam Table	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Well	<input type="checkbox"/>	<input type="checkbox"/>
Beverage Station	<input type="checkbox"/>	<input type="checkbox"/>

Notes: Attach menu, plans and diagrams, plumbing schematics, equipment schedule here.

Submit application page and pages 1-7 along with any supporting documentation to:

Environmental Health Division, La Paz County Health Department

1112 Joshua Avenue #206, Parker AZ 85344

928-669-1100

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