CITY OF DE PERE

Health Department

335 South Broadway Street, De Pere, WI 54115 | 920-339-4054 | www.deperewi.gov

FOOD ESTABLISHMENT PLAN REVIEW

Establishment Name	
Establishment Address	City and ZIP
Contact Person	Phone Number

FOOD PREPARATION

Check categories of food to be handled, prepared, and served.

- ☐ Thin meats, poultry, fish, eggs (burgers, sliced meats, filets)
- ☐ Thick meats, whole poultry (roast beef, whole turkey, chicken, ham)
- ☐ Cold processed foods (salads, sandwiches, vegetables)
- ☐ Hot processed foods (soups, stews, rice/noodles, gravy, casserole, chili)
- ☐ Bakery goods (pies, custards, cream fillings & toppings)
- ☐ Other:_____

Preparation

Please list any foods that will be cooked and cooled in advance of service.

Cooling

If cooling foods as indicated above, describe how foods will be cooled. (Note: Foods must be cooled 135°F to 70°F within 2 hours, from 70°F to 41°F within 4 hours, not to exceed a total of 6 hours).

Reheating

1. How will foods be reheated to 165F within 2 hours for hot holding?

Food Handling and Practices

1. Will you be washing produce prior to use? YES/NO
   If so, where will you wash produce? Describe

2. How will you sanitize oversized cooking equipment, cutting boards, counter tops, slicers, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher?

3. Will food employees be trained in food sanitation practices? YES/NO
   Method of training:

4. Will disposable gloves and/or utensils be used to prevent handling of ready-to-eat foods? YES/NO

5. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES/NO
   Please provide a copy of your policy.

6. Will the facility be serving food to a highly susceptible population (i.e. nursing home, hospital patients, daycare)? YES/NO

7. Will the facility include any self-service areas such as buffets or salad bars? YES/NO

8. Check **special processes*** below that will be conducted:
   - ☐ Smoking foods for preservation (not if smoking only for flavor)
   - ☐ Curing foods, such as corned beef, bacon, ham, summer sausage, etc.
   - ☐ Adding ingredients to render a food so that it is not TCS (for example, acidified rice)
   - ☐ Packaging food using reduced oxygen packaging (ROP) method (including cook-chill and sous vide)
   - ☐ Fermentation of foods (ex. Yogurt, kombucha, kimchee)
   - ☐ Sprouting seeds or beans
   - ☐ Operating a molluscan shellfish life support tank
   - ☐ *None*

These activities will require a HACCP Plan and/or Variance.

EQUIPMENT

1. All cold and hot holding units commercial-grade or ANSI approved? YES/NO
2. All equipment and utensils commercial-grade or ANSI approved? YES/NO
3. Does each cooler have a thermometer? YES/NO
4. Is there a bulk ice machine on-site? YES/NO

Cold/Hot Holding

1. List name and type of all cold holding units (include all coolers and freezers).

2. List name and type of all hot holding units.

Cooking

1. Will food thermometers be used to measure final cooking/reheating temperatures of food? YES/NO
2. List name and type of cooking equipment (include all grills, ovens, microwaves, etc).

3. Will food be cooked outside (i.e. smoker, pig roaster, outdoor grill)? YES/NO
4. Will food be served undercooked? YES/NO
5. Will there be a Consumer Advisory on the menu? YES/NO

FACILITY

Plumbing

1. What is the method of dishwashing? (Please mark all that apply)
   - ☐ 3-compartment sink
   - ☐ 4-compartment sink
   - ☐ Mechanical dishwasher

2. Is there a dedicated handwashing sink? (Please mark all locations that apply)
   - ☐ Food prep areas
   - ☐ Food dispensing areas
   - ☐ Warewashing areas
   - ☐ Waitstaff areas
   - ☐ Other _____

   Note: ALL handwashing sinks must be provided with non-hand operated faucet control.

3. Are there activities that require a dump or rinse sink, such as a bar or a coffee station? YES/NO
   - ☐ If yes, where will liquids be dumped or containers rinsed?

     _____

4. Is there a food prep sink present? YES/NO

5. Is there a utility or mop sink present to discard wastewater? YES/NO

6. Is a grease trap or grease interceptor present? YES/NO
   Contact the De Pere Building Inspection Division to determine if one is required:
   920-339-4052 OR dpbldg@deperewi.gov

7. Are public bathrooms available? YES/NO

Construction and Finishes

1. Is extensive remodeling going to take place prior to opening? YES/NO

2. Are the floors constructed of material that is durable, non-absorbent, and easily cleanable? YES/NO

3. Does the floor/wall juncture have a coved base? YES/NO

4. Are the walls smooth, non-absorbent and easily cleanable? YES/NO

Does the Operation Include:

1. Banquet and/or catering activities? YES/NO

2. Drive-thru? YES/NO

3. Alcohol or liquor sales? YES/NO

GENERAL INFORMATION

1. Seating Capacity (including bar and outdoor seating)_____

2. Hours of Operation:_____

3. Certified Food Protection Manager (please provide a copy with application)
    - Name: _____
    - Type of Certification (i.e. ServSafe)_____
    - Expiration: _____

SUMMARY

Additional information REQUIRED to complete plan review includes:

- ☐ *Floor layout or plan drawn to scale (blueprints)*
- ☐ Equipment schedule
- ☐ Finish schedule
- ☐ *Proposed menu*
- ☐ Copy of HACCP Plan for Special Processes indicated above
- ☐ Proposed date of the start of construction or remodel_____
- ☐ *Proposed date of opening*_____

***NOTE: Applications missing any of the above information marked with * will be considered incomplete and will not be processed.**

Signature of Operator Date