**Health Department**

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

**FOOD ESTABLISHMENT PLAN REVIEW**

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| 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.

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**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).

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**Reheating**

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

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**Food Handling and Practices**

1. Will you be washing produce prior to use? YES/NO

If so, where will you wash produce? Describe

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1. 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?

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1. Will food employees be trained in food sanitation practices? YES/NO

Method of training:

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1. Will disposable gloves and/or utensils be used to prevent handling of ready-to-eat foods? YES/NO
2. 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.*

1. Will the facility be serving food to a highly susceptible population (i.e. nursing home, hospital patients, daycare)? YES/NO
2. Will the facility include any self-service areas such as buffets or salad bars? YES/NO
3. 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).

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

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**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).

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1. Will food be cooked outside (i.e. smoker, pig roaster, outdoor grill)? YES/NO
2. Will food be served undercooked? YES/NO
3. 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.***

1. 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is there a food prep sink present? YES/NO
3. Is there a utility or mop sink present to discard wastewater? YES/NO
4. 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

1. 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