



**City of De Pere  
Health Department  
335 S Broadway  
De Pere, WI 54115  
920-339-4054**

## Facility Checklist

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, please indicate the methods that will be used for cooling. (Some cooling methods include using shallow pans, ice baths, or reducing volume). Please also indicate where cooling will take place. (i.e. cooler, freezer, prep sink, counter).


***PREVENT** disease and injury, **PROMOTE** wellness, and **PROTECT** the health of the community.*



**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

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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. Check special processes\* below that will be conducted:

- ☐ Smoking foods for preservation
- ☐ Curing foods
- ☐ Adding vinegar or using food additives as methods of preservation (ex. Sushi rice, refrigerator pickles)
- ☐ Packaging food using reduced oxygen packaging (ROP) method (including cook-chill and sous vide)
- ☐ Non-continuous cooking of raw animal food (par-cook)
- ☐ Packaging juice
- ☐ Fermentation of foods (ex. Yogurt, kombucha, kimchee)
- ☐ Sprouting
- ☐ Molluscan shellfish life support tanks
- ☐ None

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

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8. Will the facility include any self-service areas such as buffets or salad bars? YES/NO  
If yes, what method will be used to protect the food? (Examples include sneeze guards, single-service utensils, and covered food containers.)


### **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 If no, please list source. \_\_\_\_\_

### **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).


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3. Is food cooked outside (i.e. smoker, pig roaster, outdoor grill)? YES/NO

4. Will foods be served undercooked? YES/NO

Describe


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 sink, such as a bar or a coffee station? YES/NO

- ☐ If yes, where will liquids be dumped? \_\_\_\_\_

4. Is there a food prep sink present? YES/NO (If yes, an air gap is required)

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

6. Source of water supply (If private well, must submit most recent water test results)

- ☐ Private well
- ☐ Public: List municipal water source \_\_\_\_\_

7. Sewage Service

- ☐ Private sewage system: List Type \_\_\_\_\_
- ☐ Public sewage

8. Grease trap/interceptor (Contact local building inspector to determine if a grease interceptor is required). YES/NO

9. 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

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**Public Health**

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 Manager
  - Name: \_\_\_\_\_
  - Type of Certification (i.e. ServSafe)\_\_\_\_\_
  - Expiration: \_\_\_\_\_

**SUMMARY**

Additional information REQUIRED to complete plan review includes:

- ☐ Floor plan drawn to scale (blueprints)
- ☐ Equipment schedule
- ☐ Finish schedule
- ☐ Proposed menu
- ☐ Proposed date of the start of construction or remodel\_\_\_\_\_
- ☐ Proposed date of opening\_\_\_\_\_

**\*NOTE: Applications will be considered incomplete if the above information is not submitted for review.**

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Signature of Operator

Date