



Food Service Plan Review Application

___ New Construction

___ Remodel

Required fees must accompany this application.

Make checks payable to and mail to:

Marion County Environmental Health

3180 Center St NE, Suite 1101, Salem OR 97301-4592

Name of Establishment: _____

Facility Address: _____

Facility Phone: _____

Owner: _____

Mailing Address: _____

Email Address: _____

Daytime Phone: _____

Contact Person & Title (architect, manager): _____

Mailing Address: _____

Email Address: _____

Daytime Phone: _____

Projected start date: _____ Projected date for completion: _____

When submitting this application, include the following documents:

- Proposed menu(s), including seasonal, off-site and banquet menus
- Site plan - location of building on site, including alleys, streets and outside equipment (dumpsters, well, septic system)
- Plan drawn to scale showing location of equipment, plumbing, electricity services and mechanical ventilation
- List of equipment

I have submitted plans/applications to (or obtained permits from) the necessary or appropriate authorities including zoning, planning, building, plumbing, and fire departments. Yes__ No__

Water Supply: ____ City ____ Private ____ Other

Sewage Disposal: ____ City ____ Private ____ Other

Type of Service (Check the food service that best describes your system):

- Cook and Serve
- Cook, Hold Hot and Serve
- Cook, Chill, Reheat, Hold Hot and Serve
- Hold Cold and Serve
- Commercially prepackaged food only (except beverage)
- Other _____

Will food be transported to another location as with a catering operation or satellite kitchen? Yes__ No__

Days and Hours of Operation: _____

Number of seats: _____

Number of staff (total): _____

Total square feet of facility: _____

Number of floors on which operations are conducted: _____

Submitting incomplete plans will delay the plan review process. Please answer **every** question that applies to your food service operation.

According to OAR 333-150-0000
Required Format and Specifications – Draw Plans to Scale

1. Accurately draw floor plan to a minimum scale of ¼ inch = 1 foot
2. Show seating capacity
3. Locate and label each piece of food equipment with its common name
Include self-service hot and cold holding units with sneeze guards
(Chapter 3 & 4)
 - Indicate if equipment is not newly purchased
 - A direct waste connection may not be used for equipment in which food, or ice is placed (5-402.11)
4. Identify the equipment that will be used for rapid cooling, including ice baths and refrigeration
5. Identify the equipment that will be used for rapid reheating
6. Identify food preparation sinks, including indirect drains
7. Show where raw and ready-to-eat food will be prepared
8. Identify each designated hand sink. This includes hand sinks in the restrooms, food preparation, food service, and dishwashing areas
(Chapter 5)
9. Include:
 - a. Entrances, exits, loading/unloading areas and docks
 - b. Plumbing schedule, including location of floor sinks, overhead wastewater lines, water heater BTU or KW and capacity, grease trap or interceptor (Chapter 4 & 5)
 - c. Source of water supply and method of sewage disposal other than a municipal system – (Systems must meet state regulations)(Chapter 5)
 - d. Mop sink or curbed cleaning facility with facilities for hanging wet mops (5-203.13)
 - e. Location for storing chemicals (7-201.11)
 - f. Location for the storage of personal items such as dressing rooms, locker areas and employee rest areas (6-305.11)
 - g. Dish (warewashing) machine or 3-compartment sink, including indirect drain (Chapter 4)
 - Largest piece of equipment must be able to fit into sink or dish machine (4-301.12)
 - Indicate if dish machine is chemical or high temperature sanitizing
 - h. Indicate surface materials and the location of where the dumpster, compactor, garbage cans, waste oil, and recycling containers are stored (Chapter 5-501 & 6-102)
 - i. Indicate any outdoor cooking and beverage dispensing operations (3-201.18)

Finishes/Surfaces

OAR 333-150-0000, Section 6-101.11A(3)

Use the following chart to indicate all finishes or reference number on plans:

	Floors	Cove Base	Walls	Ceilings	Food Contact Surfaces	Shelving
Kitchen						
Bar						
Storage Rooms						
Toilet rooms						
Garbage & refuse storage						
Mop service area						
Dish washing area						
Walk-in refrigerators & freezers						
Outdoor Cooking Area						
Outdoor Beverage Dispensing Area						

Example:						
Kitchen	Quarry tile Smooth seal	Quarry tile Smooth seal	FRP smooth Stainless steel Painted smooth	Vinyl acoustical tile Smooth	Stainless steel Hardwood cutting surfaces Formica	Wood Painted smooth Stainless steel

Menu & Procedure Review

This section must be filled out by the operator and submitted prior to licensing or with the plan review application. Answer only the questions that apply to your facility. Add documents or pages as needed to describe your operation. The Food Sanitation Rules, OAR 333-150-0000 can be obtained at: www.healthoregon.org/foodsafety

Training & Policies

1. Describe your current policy to exclude or restrict food workers who are sick or have infected cuts and lesions. *Note: Food employees with undiagnosed vomiting or diarrhea must be excluded from the food establishment for 24 hours (2-201.12):*
2. What are employees told about working when ill (2-201.12)?
3. Provide your established hand washing policy (2-301.14, 2-301.13, 2-301.12, 2-301.15):
4. How are employees informed about hand washing requirements (2-103.11(L))?
5. How do you enforce hand washing and ill employee requirements (2-201.12, 2-103.11(D) & (K))?

6. Describe your glove (non-latex only) use policy (3-304.15):

7. Who will be your person(s) in charge (2-101.11)?

8. Are you aware of the rule that requires a “knowledgeable” person to be present at all times of operation (2-102.11)? Yes__ No__

*Note: One way to meet this is to obtain certification in a **Food Safety Program** designed for food managers: www.healthoregon.org/foodsafety*

9. List the types of food probe thermometers (0-220°F) that food handlers will be using and where the thermometers will be kept. *Facilities serving thin foods such as meat patties and fish filets must have a small diameter probe (4-302.12 & 4-203.11):*

10. How do you calibrate your food probe thermometers and how often? Who is responsible for calibrating thermometers (4-502.11(B))?

9a. How do you clean and sanitize your probe thermometer (4-602.11(4))?

10. What type of chemical sanitizer do you use (chlorine, quaternary ammonium, iodine) (4-501.114)?

At what concentration do you use this sanitizer? _____

What type of test kit do you have (4-302.14)? _____

When do you use your test kit (4-501.116)? _____

11. Describe how cutting boards, counter tops, equipment and other food contact surfaces that are too big to be submerged into sinks and too big for the dishwasher are cleaned and sanitized (4-603.15)?

11a. When does cleaning and sanitizing need to occur (4-602.11)?

12. What is done with leftover food (Chapter 3-501)?

13. Will salads such as tuna, egg, chicken, macaroni, pasta and potato be prepared from scratch in your facility? Yes__ No__

If yes, will the ingredients be pre-chilled before being mixed or assembled? Yes__ No__

14. Describe how you will minimize bare hand contact with ready-to-eat food. For example, will you use deli tissues, spatulas, tongs, single-use gloves or dispensing equipment to prepare ready-to-eat food (2-103.11(K), 3-301.11(B))?

15. Describe when and where produce will be washed prior to use (3-302.15 & 5-402.11):

Food Preparation

1. List food from animals that you will serve raw or partially cooked such as burgers and steaks cooked to order, eggs over easy, sushi, steak tartar, and oyster shooters (3-603.11):

1a. Describe your consumer advisory for raw or partially cooked foods (3-603.11):

2. If serving raw fish (sushi, lox, ceviche), will parasite destruction be done on-site or by the supplier (3-402.11 & 3-402.12)?

- On-site Provide your procedure on parasite destruction (*A freezer used for parasite destruction must maintain – 4°F for 7 days. Measure and record temperature of freezer unit daily.*)
- Off-site Supplier: Provide the name of your supplier and documentation to show parasite destruction. (*Each invoice received from the supplier shall state the specific fish by species that have been frozen to meet the parasite destruction requirements under 3-402.11.*)

3. List your food suppliers for the following (Chapter 3, Section 2):

Category	Supplier(s)
Game meats (e.g., emu, ostrich, elk)	
Raw or partially cooked fish products (e.g., lox, ceviche, raw oyster, sushi)	
Fresh or live shellfish	
Wild mushrooms <i>Provide buyer specification form</i>	

4. Describe any special food processing within your facility (smoking or curing meats, reduced oxygen packaging such as sous vide, canning, sprouting beans) (Chapter 3-502):

5. Will you have an outdoor cooking and/or beverage dispensing operation? Yes ___ No ___ If yes, please answer 5a-d (3-201.18).

5a. How will food/beverages be protected from insects, birds, dust, overhead leakage, and other potential sources of contamination?

5b. What type of outdoor cooking equipment will be used?

Note: Outdoor cooking is limited to the use of a barbecue, hearth oven, tandoori oven, barbecue pit or other similar cooking equipment.

***Not allowed** are flat top grills or griddles, woks, steamtables or other cooking, storage or holding devices designed or intended to be used inside of a food service establishmen. (3-201.18).*

5c. How will food service employees monitor outdoor cooking and/or beverage dispensing operations?

5d. When not in operation, how will the cooking and/or beverage operation be designed and secured to protect the food, equipment, utensils, etc. from potential contamination?

6. Do you plan to have open-air dining via unprotected outer openings such as large windows, moveable walls, rollup doors, etc? Yes ___
No ___

If yes, provide your pest control plan to prevent insects, rodents and birds from entering the facility (6-202.15):

Holding Food Temperatures Cold & Hot
(Chapter 3-501)

1. Refrigerated food must be maintained at 41°F or colder. How did you determine the amount of cold storage/holding that you will need for your operation (4-301.11)?

2. How will you ensure that each refrigerator has a working thermometer and that the temperature is maintained at 41°F or colder (4-203.12, 4-204.112, 4-502.11)?

3. Refrigerator Units (4-301.11)

List size, description/manufacturer, and what will be stored in each:

Refrigerator Number	Size/capacity	Manufacturer or Description	Type of food stored inside

Note: Add pages as needed

4. Is an ice machine provided and indirectly drained? Yes ___ No ___
(5-402.11)

5. If ice is purchased, who is your supplier? _____

6. If you will be using ice for keeping food cold such as in a salad bar, how should the food be stored in the ice? Please describe:

7. Will time without temperature control be utilized as a public health control (3-501.19)? Yes ___ No ___

7a. If yes, describe process and monitoring procedures. Written procedures are required to be maintained in the facility:

8. Describe your procedure for date marking of ready-to-eat potentially hazardous food items (3-501.17)?

9. How will you store raw animal food to prevent contamination of ready-to-eat food (3-302.11)?

Note: When storing raw animal products above one another, their storage should be based on the final required cooking temperature of each animal product. The animal product with the lowest cooking temperature must be stored above other raw animal products that require a higher cooking temperature (e.g., raw fish above raw ground beef). This also applies to food storage in freezer units unless the food is stored in commercially processed, unopened packages. (3-302.11)

10. How and where will frozen food be thawed (3-501.13)?

11. What type of equipment will you use for holding food hot? How will you ensure that food is at the required temperature throughout the day?

12. Describe how food temperatures (hot and cold) will be maintained while in transport and at the catered site or satellite kitchen(s)?

Note: Required holding temperatures and cooling requirements are listed in the "Food Safety: Your Self-Training Manual" or in the "Food Sanitation Rules" both can be obtained from your local health department or at this website: www.healthoregon.org/foodsafety

Cooling

1. In the appropriate box, list menu items of food items that will be cooled. *Note: continues onto next page*

Cooling Method	Solid Food (roast, turkey, solid cuts of meat)	Soft, Thick Food (refried beans, rice, potatoes, stews, soups, sauces & chili)	Liquid Food (thin broths)
Shallow Pans*			

Ice Baths**			
Reduce Volume or Size			
Blast Chiller			
Other (Describe)			

* Adequate and appropriate refrigeration is required

** Food-preparation sink and ice machine are required

2. How will food handlers know that the food has cooled from 135°F to 70°F within two hours and then from 70°F to 41°F within 4 hours?

Cooking & Reheating

1. Describe how the food worker will know when raw animal products are fully cooked (3-401.11):

Note: Required cooking temperatures are listed in the "Food Safety: Your Self-Training Manual" or in the "Food Sanitation Rules" both can be obtained from your local health department or at this website: www.healthoregon.org/foodsafety

2. How will the cook know that all parts of the food being reheated has reached at least 165°F for 15 seconds within 2 hours?

3. List type of units used for reheating and hot holding foods.

Self Service

1. Will you provide self-service food to your customers? Yes ___ No ___

2. How will you protect food in self-service areas from customer contamination (3-306.11 & 3-306.13)?

Food Sanitation Rules

OAR 333-150-0000

1. Do you have a copy of the Food Sanitation Rules? Yes ___ No ___

The rules are online at: www.healthoregon.org/foodsafety. If you do not have access to the Internet, you can obtain a copy from the Local Public Health Authority.

2. Do you know how to locate specific information in the rules? Yes ___ No ___

Time Limitation of Application: The plan review application will expire 12 months after the date of submission. At that time, your payment will be forfeited and a new application and payment will be required that meet current code requirements.

Statement: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the Local Public Health Authority may nullify final approval.

Signature(s) of Owner(s) or responsible representative(s):

_____ Date _____

_____ Date _____

_____ Date _____

Approval of these plans and specifications by the Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required -- federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the Food Sanitation Rules (Oregon Administrative Rules Chapter 333).

Pre-opening Checklist for Operators

NOTE: Do Not Submit with Plan Review

Before calling to schedule a pre-opening inspection:

1. Submit a completed restaurant license application and license fee.
2. Obtain all final approvals by other local agencies (Certificate of Occupancy as required).
3. Complete all construction, and be able to answer yes to the following questions:

Handwashing facilities

- | | | |
|--|-----|----|
| 1. Is hot and cold running water available at each handwashing sink? | Yes | No |
| 2. Are mixing valves, combination faucets or metered faucet provided at each handwashing sink? | Yes | No |
| 3. Are metered faucets set for a minimum of 15 seconds? | Yes | No |
| 4. Are hand cleansers provided for all handwashing sinks? | Yes | No |
| 5. Are approved methods for drying hands provided at all handwashing sinks such as paper towels? | Yes | No |
| 6. Are covered waste receptacles available in unisex and women's restrooms? | Yes | No |
| 7. Are all toilet room doors self-closing? | Yes | No |

Dishwashing Facilities

- | | | |
|--|-----|----|
| 1. Do all dish machines have data plates with operating specifications? | Yes | No |
| 2. Do all dish machines have the required temperature and pressure gauges that are accurately working? | Yes | No |
| 3. Is your dish machine reaching 160°F at the tray level or dispensing 50ppm chlorine residual in the final rinse? | Yes | No |
| 4. Do you have a procedure for manual cleaning and sanitizing of fixed equipment? | Yes | No |
| 5. Does the three-compartment sink have a drain board on each end of it? Or alternatives? | Yes | No |

Miscellaneous

- | | | |
|---|-----|----|
| 1. Are all containers of chemicals, including spray bottles, clearly labeled and stored away from food? | Yes | No |
| 2. Will dry product storage be stored 6 inches off the floor? | Yes | No |
| 3. Are all food containers made of food grade materials? | Yes | No |
| 4. Do you have a system for laundering linens or work clothes? | Yes | No |
| 5. Are all food preparation areas free of carpet? | Yes | No |

Insect and Rodent Control

- | | | |
|---|-----|----|
| 1. Are all outside doors self-closing and rodent proof? | Yes | No |
| 2. Are screens provided for doors and windows that will be kept open to the outside or pest management plan provided? | Yes | No |
| 3. Are all pipes & electrical conduit openings sealed? Is the ventilation system (exhaust and intake) protected? | Yes | No |
| 4. Is the area around the building clear of unnecessary brush, litter, boxes and other unnecessary items? | Yes | No |
| 5. Do you have a location and a procedure in place for cleaning garbage cans and floor mats? (Is the drain plumbed to sewer?) | Yes | No |

Refrigeration Units

- | | | |
|---|-----|----|
| 1. Are all refrigeration units operational? | Yes | No |
| 2. Does each refrigeration unit have a working thermometer? | Yes | No |
| 3. Is each refrigerator operating at 41°F or colder? | Yes | No |
| 4. Do you have a procedure for date marking? | Yes | No |