

# **FOOD ESTABLISHMENT PLAN REVIEW APPLICATION TO BE COMPLETED AND SUBMITTED TO:**

**Kanawha-Charleston Health Department  
108 Lee Street, East  
PO Box 927  
Charleston, West Virginia 25323  
Phone: (304) 348-8050**

The permit applicant must submit plans and specifications at least 45 days prior to the start of construction, conversion or remodeling. A plan review fee of \$100.00 must also be submitted.

**IMPORTANT:** This information must be accompanied with the following documents

1. A floor plan drawn to scale indicating the location of all food service equipment including toilet rooms, dining areas, and fixtures provided therein.
2. A list of all food service equipment including manufacturer and model numbers.
3. Proposed menu

**FAILURE TO PROVIDE ALL OF THE ABOVE DOCUMENTS  
WILL RESULT IN THE DELAY OF REVIEW AND/OR  
APPROVAL OF PLANS.**

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

\_\_\_\_\_ NEW \_\_\_\_\_ REMODEL \_\_\_\_\_ CONVERSION

The Food Code states "The permit applicant shall submit plans and specifications to the Director at least 45 days prior to the start of construction, conversion or remodeling."

Check here if your submission does not meet the above 45 days prior requirement and explain on reverse side the present construction progress of the establishment.

PLEASE PRINT OR TYPE

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone if available: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Title (owner, manager, architect, etc.): \_\_\_\_\_

Projected Date for Start of Construction: \_\_\_\_\_

Hours of Operation:	Sun	_____	Thurs	_____
	Mon	_____	Fri	_____
	Tues	_____	Sat	_____
	Wed	_____		

Number of Seats: \_\_\_\_\_

Number of Staff: \_\_\_\_\_  
(Maximum per shift)

Total Square Feet of Facility: \_\_\_\_\_

Maximum Meals to be Served: (approximate number)	Breakfast	_____
	Lunch	_____
	Diner	_____

Type of Service: Sit Down Meals \_\_\_\_\_ Caterer \_\_\_\_\_  
 (check all that apply) Take Out \_\_\_\_\_ Other \_\_\_\_\_

**GENERAL**

**FLOORS**

1. List type of floor material or covering:

Food preparation areas \_\_\_\_\_  
 Food storage areas \_\_\_\_\_  
 Utensil washing areas \_\_\_\_\_  
 Dressing/locker rooms \_\_\_\_\_  
 Toilet rooms and vestibules \_\_\_\_\_

2. Yes \_\_\_ No \_\_\_ Floor drains provided in floors that are water flushed for cleaning or receive fluid wastes from equipment or in areas where pressure spray cleaning methods are used?  
 Yes \_\_\_ No \_\_\_ Floors graded to drain?  
 Yes \_\_\_ No \_\_\_ Floor/wall junctures sealed and covered?
3. Yes \_\_\_ No \_\_\_ Floor/wall juncture seams not greater than 1/32 inch in all other areas?
4. Yes \_\_\_ No \_\_\_ Exposed horizontal utility lines and pipes on the floor?

**WALLS & CEILINGS**

1. List type of materials:

	<u>Walls</u>	<u>Ceilings</u>
Food preparation areas	_____	_____
Equipment/utensil washing areas	_____	_____
Walk-in refrigeration units	_____	_____
Toilet rooms and vestibules	_____	_____

2. Yes \_\_\_ No \_\_\_ Are the above materials light colored, smooth, nonabsorbent, and easily cleanable?
3. Yes \_\_\_ No \_\_\_ Studs, joists and rafters exposed in walk-in refrigeration units, food preparation areas, and equipment/utensil washing areas?
4. Yes \_\_\_ No \_\_\_ Utility service lines and pipes unnecessarily exposed on walls or ceilings?
5. Yes \_\_\_ No \_\_\_ Exposed utility service lines and pipes installed in such a way that does not obstruct or prevent cleaning of walls and ceilings?
6. Yes \_\_\_ No \_\_\_ Exposed overhead sewer lines?

If answer to 3,4, or 6 above is yes, explain on reverse side.

**WATER SUPPLY**

1. Yes  No  Served by public system? Name \_\_\_\_\_
2. Yes  No  Served by individual water system approved by health department?  
Date approved \_\_\_\_\_
3. Yes  No  Water pressure at least 20 psi in all areas?

**SEWAGE & LIQUID WASTE DISPOSAL**

1. Yes  No  Served by public sewerage system? Name \_\_\_\_\_
2. Yes  No  Served by individual sewerage system?  
Yes  No  System approved by health department?  
Date approved \_\_\_\_\_
3. Yes  No  Utility sink or curbed cleaning facility with a floor drain provided for cleaning of mops and disposal of mop water?

**NOTE:** If facility is not served by public sewer, applicant must contact West Virginia Division of Environmental Protection (WVDEP) to apply for a UIC permit. Phone number is 304-925-0495.

**PLUMBING**

1. Yes  No  Backflow prevention devices (vacuum breakers) installed on all fixtures and equipment where an air gap at least twice the diameter of the water supply inlet is not provided between the inlet and the fixture's flood level rim? (Enclosed water filled equipment like disposals, coffee urns, potato peelers, dishwashing machines, etc.)
2. Yes  No  Direct connection between the sewer system and enclosed equipment having waste drainlines such as ice makers, ice bins, dishwashing machine, etc.
3. Yes  No  Safety "pop off" valve installed on water heaters, etc.?
4. Yes  No  N/A  Floor drain provided for disposition of condensate water, etc., from walk-in refrigeration units?
5. Yes  No  N/A  Running water dipper well provided for ice cream dippers?
6. Yes  No  N/A  All plastic potable water lines NSF approved or equivalent?
7. Yes  No  All plumbing complies with applicable local ordinances or state and/or national plumbing code?
8. Yes  No  Piping of nonpotable water system, such as air conditioning or fire protection, durably identified so that it is readily distinguishable from potable water piping?
9. Yes  No  Backflow prevention devices installed on all faucets to which a hose will be attached?
10. Yes  No  Grease trap provided?
11. Liquid capacity of grease trap \_\_\_\_\_ gal.  
Attach a letter from the Sanitary Board or Public Service District approving/accepting size of grease trap or stating that a grease trap will not be required.

**TOILET FACILITIES**

1. Yes \_\_\_ No \_\_\_ Are separate employee toilet rooms provided?  
Number of flush toilets \_\_\_ Number of urinals \_\_\_ Number of lavatories \_\_\_
2. Yes \_\_\_ No \_\_\_ Are public toilets provided for each sex?  

	Male	Female
Number of flush toilets	_____	_____
Number of urinals	_____	_____
Number of lavatories	_____	_____
3. Yes \_\_\_ No \_\_\_ Do toilet rooms open to the outside of establishment?
4. Yes \_\_\_ No \_\_\_ Toilet rooms completely enclosed and doors self closing?
5. Toilet room doors solid or louvered to make up air? (Please circle type)
6. Yes \_\_\_ No \_\_\_ N/A \_\_\_ Louvered doors covered with 16 mesh screen or equal?
7. Yes \_\_\_ No \_\_\_ Toilet rooms vented to outside air by mechanical exhaust?

**HANDWASHING FACILITIES**

1. Yes \_\_\_ No \_\_\_ Lavatory provided in or within 20 feet of each food preparation, utensil washing, and food dispensing or serving area?
2. Yes \_\_\_ No \_\_\_ Lavatories provided with hot and cold water tempered by means of a mixing valve or combination faucet?
3. Yes \_\_\_ No \_\_\_ Are any lavatory faucets self closing, slow or metered?  
Yes \_\_\_ No \_\_\_ Designed to provide water flow for at least 15 seconds without reactivation?
4. Yes \_\_\_ No \_\_\_ Soap dispenser with paper towels or air dryer?

**GARBAGE & REFUSE STORAGE & DISPOSAL**

1. Yes \_\_\_ No \_\_\_ Storage room provided?
2. Yes \_\_\_ No \_\_\_ Outdoor storage on metal rack or smooth, nonabsorbent surface such as concrete or machine-laid asphalt?
3. Yes \_\_\_ No \_\_\_ Solid waste container washing facilities including hot and cold water with vacuum breaker and drain to sewer provided?  
Location? \_\_\_\_\_ Protected from freezing? Yes \_\_\_ No \_\_\_
4. Yes \_\_\_ No \_\_\_ Refuse to be incinerated on premises?  
Yes \_\_\_ No \_\_\_ Incinerator meets standards established by Air Pollution Control Commission and State Health Department (approved certificate on file with local health department)?

**INSECT & RODENT CONTROL**

1. Yes \_\_\_ No \_\_\_ All outer openings protected against entry of insects and rodents by use of doors, screens, fans or equivalent?
2. Yes \_\_\_ No \_\_\_ All outer doors self closing?

3. Yes \_\_\_ No \_\_\_ Openings in floors, walls, ceilings for pipes, cables and conduits properly caulked or otherwise protected?

### LIGHTING

1. Yes \_\_\_ No \_\_\_ Minimum 20 footcandles artificial light provided on all food preparation surfaces and at utensil and equipment washing levels?
2. Yes \_\_\_ No \_\_\_ Minimum 20 footcandles artificial light provided 30 inches above floor level in utensil and equipment storage areas and in lavatory and toilet areas?
3. Yes \_\_\_ No \_\_\_ Minimum 10 footcandles artificial light provided 30 inches above floor level in walk-in refrigeration units, dry food storage areas, and all other areas (including dining areas during cleaning operations)?
4. Yes \_\_\_ No \_\_\_ Artificial light fixtures shielded or shatterproof in food preparation, service, and display areas, and utensil and equipment washing and storage areas?

### VENTILATION

1. Yes \_\_\_ No \_\_\_ All combustion type heating devices, except those used for cooking purposes, properly vented to outside (water heaters, area heaters, furnaces, etc.)?
2. Yes \_\_\_ No \_\_\_ Hoods provided on all cooking units having four or more burners?
3. Yes \_\_\_ No \_\_\_ Stove hoods constructed of durable, easily cleanable materials?
4. Yes \_\_\_ No \_\_\_ Hood exhaust rate not less than one hundred cfm over the face of the hood area, when three sides of hood are open; four sides open, minimum of one hundred fifty cfm?
5. Yes \_\_\_ No \_\_\_ All exhaust ducts at least 6" in diameter or equivalent area?
6. Yes \_\_\_ No \_\_\_ One exhaust duct provided for every six feet or fraction thereof of hood length?
7. Yes \_\_\_ No \_\_\_ No point under hood area more than three feet vertical distance from duct vent unless exhaust fan rating compensates for any change made in distance?
8. Yes \_\_\_ No \_\_\_ Exhaust system equipped with filters?  
Yes \_\_\_ No \_\_\_ Filters removable and installed 45 - 60° angle?
9. Yes \_\_\_ No \_\_\_ Exhaust fans outer opening protected by self closing louvers or screens against entry of flying insects?
10. Yes \_\_\_ No \_\_\_ Ventilation system complies with State Fire Marshal's and local fire prevention requirements or standards?
11. Yes \_\_\_ No \_\_\_ Ventilation system exhaust and exhaust fans installed in such a manner so as not to create a nuisance or health problem at point of discharge?

### DRESSING & LOCKER ROOMS

1. Yes \_\_\_ No \_\_\_ Will employees routinely change clothes within the establishment?
2. Yes \_\_\_ No \_\_\_ Lockers or other suitable facilities provided for storage of employee clothing and other belongings? Location \_\_\_\_\_

**STORAGE FACILITIES**

1. Yes \_\_\_\_ No \_\_\_\_ Facilities (racks, shelves) provided for the storage of food, single service articles, and clean utensils and equipment a minimum of six (6) inches above the floor?
2. Yes \_\_\_\_ No \_\_\_\_ Separate cabinet storage facilities provided for storage of poisonous and toxic materials?

**LAUNDRY**

1. Yes \_\_\_\_ No \_\_\_\_ Nonabsorbent containers or washable laundry bags provided for storage of soiled clothes and linens?
2. Yes \_\_\_\_ No \_\_\_\_ Soiled linens, cloths, uniforms, and aprons to be cleaned on the premises? If yes, electric or gas dryer provided? Yes \_\_\_\_ No \_\_\_\_  
Location of washing and drying facilities? \_\_\_\_\_
3. Location of storage area for clean clothes and linens? \_\_\_\_\_

**EXTERIOR AREAS**

1. Walking and driving surfaces constructed of \_\_\_\_\_ material.
2. Yes \_\_\_\_ No \_\_\_\_ Walking and driving areas graded to drain?

**EQUIPMENT**

1. Yes \_\_\_\_ No \_\_\_\_ List of all equipment, manufacturer name and model numbers accompanying plans?
2. Yes \_\_\_\_ No \_\_\_\_ Shop drawings of fabricated food service equipment accompanying plans?
3. Yes \_\_\_\_ No \_\_\_\_ Is nonportable table mounted equipment sealed to table or counter or elevated on legs 4 inches above table or counter?
4. Yes \_\_\_\_ No \_\_\_\_ Is floor mounted equipment, unless readily movable, sealed to the floor; elevated on legs 6 inches above floor; or installed on a raised platform of concrete or smooth masonry?
5. Yes \_\_\_\_ No \_\_\_\_ Is sufficient space provided to facilitate easy, cleaning between, behind and above each unit of fixed equipment OR the space between it and adjoining equipment units and adjacent walls or ceilings not more than 1/32 inch?
6. Yes \_\_\_\_ No \_\_\_\_ Is equipment exposed to seepage sealed to adjoining equipment or adjacent walls and ceilings?
7. Yes \_\_\_\_ No \_\_\_\_ Sneezeguards and other protection devices provided where food is exposed to the public?
8. Yes \_\_\_\_ No \_\_\_\_ Three compartment stainless steel sink with drainboards on both right and left sides provided? Type sanitizer \_\_\_\_\_
  1. Will the 3-compartment sink be used for any type of other purpose aside from warewashing, food preparation (i.e. washing of produce, thawing of product etc.)?
9. Yes \_\_\_\_ No \_\_\_\_ Mechanical dishwasher provided? Type: Chemical \_\_\_\_ Hot water \_\_\_\_ Manufacturer and model number \_\_\_\_\_  
Booster heater manufacturer and model number \_\_\_\_\_

Minimum temperature at which domestic hot water will be supplied to dishwasher booster heater? \_\_\_\_\_

Yes \_\_\_\_ No \_\_\_\_ 1/4 inch IPS valve provided immediately upstream from the final rinse control valve to permit checking the flow pressure of the final rinse water?

If answer to both 8 and 9 is no, please explain on reverse.

**REFRIGERATION**

- 1. Refrigerated food storage capacity provided? \_\_\_\_\_ cubic feet
- 2. Frozen food storage capacity provided? \_\_\_\_\_ cubic feet
- 3. Yes \_\_\_\_ No \_\_\_\_ Thermometers provided in each refrigeration unit graduated in 2° increments?

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**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify this approval.

Signature(s) \_\_\_\_\_

Owner(s) or responsible representative(s) \_\_\_\_\_

Phone Number \_\_\_\_\_

Date: \_\_\_\_\_

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Approval of these plans and specifications by this Health 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 local and state laws governing food service establishments.

**M E N U**