



Fixed Food Establishment Plan Review Application

Meets the Food Law requirement for a transmittal letter to be submitted with the plans.

Establishment Name: _____

Address, City, Zip: _____

Establishment Phone: _____

Location Information: Between _____ & _____ street

Prior Establishment Name: _____

<p>Owner</p> <p>Name _____</p> <p>Address _____</p> <p>City, State _____</p> <p>Zip _____ Phone # _____</p> <p>Fax # _____ E-Mail _____</p>	<p>Food Service Equipment Supply Co.</p> <p>Name _____</p> <p>Address _____</p> <p>City, State _____</p> <p>Zip _____ Phone # _____</p> <p>Fax # _____ E-Mail _____</p>
<p>Architect</p> <p>Name _____</p> <p>Address _____</p> <p>City, State _____</p> <p>Zip _____ Phone # _____</p> <p>Fax # _____ E-Mail _____</p>	<p>General Contractor</p> <p>Name _____</p> <p>Address _____</p> <p>City, State _____</p> <p>Zip _____ Phone # _____</p> <p>Fax # _____ E-Mail _____</p>

Which of the above will serve as the primary contact? _____

Which of the above should all correspondence be mailed to? _____

Proposed construction start date: _____ Proposed opening date: _____

For reviewing agency use only:

Fee \$: _____

Check #: _____

Date: _____

Receipt #: _____

Plan Review #: _____

Assigned to: _____

Remarks: _____

www.michigan.gov/mdard, keyword: Food Plan Review - Industry

General Information

Hours of Operation: _____

Seating Capacity (include bar): _____ Facility Size (square feet): _____

Minimum staff per shift: _____ Maximum staff per shift: _____

These plans are for a: New establishment Remodeling Conversion

What describes the establishment better?
 On-site Preparation Serving Site

Will part of the operation be outdoors (e.g., bar, dining, storage, cooking, etc.)? Yes No

If yes, explain: _____

Type of Operation (check all that apply)

A. Restaurant Related

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Sit down meals | <input type="checkbox"/> Commissary | <input type="checkbox"/> Buffet or salad bar |
| <input type="checkbox"/> Counter | <input type="checkbox"/> Church | <input type="checkbox"/> Tableside / display cooking |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Takeout menu | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Fast food | <input type="checkbox"/> Catering | <input type="checkbox"/> Bottling alcoholic beverages |
| <input type="checkbox"/> Bar with food prep | | |

B. Grocery Related

- | | | |
|---|---|---|
| <input type="checkbox"/> Grocery store | <input type="checkbox"/> Produce processing | <input type="checkbox"/> Wholesale foods |
| <input type="checkbox"/> Fresh Meat | <input type="checkbox"/> Smoked fish | <input type="checkbox"/> Repackage / processor of: |
| <input type="checkbox"/> Seafood / fish | <input type="checkbox"/> Bakery | _____ |
| <input type="checkbox"/> Deli | <input type="checkbox"/> Commissary | <input type="checkbox"/> Water bottling |
| <input type="checkbox"/> Ice production / packaging | <input type="checkbox"/> Self-service bulk items | <input type="checkbox"/> Bottling alcoholic beverages |
| <input type="checkbox"/> Produce | <input type="checkbox"/> Self-service baked goods | |

Please summarize the proposed project.

I certify that the plan review application package submitted is accurate to the best of my knowledge.

Signature of owner or representative _____ Date _____

Please print name and title here _____



By initialing this box, the operator indicates they have reviewed the checklist and all items marked are provided to the licensing agency.

Do NOT start work without official approval

MARK IF ITEM IS PROVIDED	ITEM TO SUBMIT	ITEM DESCRIPTION
<input type="checkbox"/>	Application Form	Include contact information (i.e. address, email, or phone number) of the individual designated to answer questions or make changes to plans when they arise.
<input type="checkbox"/>	Fee	The Plan Review fee must be submitted with all plan review materials. The license fee is a separate fee and is due before the opening of the establishment.
<input type="checkbox"/>	Proposed Menu	Menu must be submitted to allow the licensing agency to determine the processes and type of operation the establishment will need to accommodate. The menu may be a rough draft of foods served at the establishment. Consumer advisories must be placed on the menu for foods that will be served undercooked.
<input type="checkbox"/>	Site Plan	Plan must indicate the exterior dimensions of the building, outside garbage storage area and containers, and exterior storage areas. On-site water well and on-site sewage disposal data must be provided.
<input type="checkbox"/>	Scaled Drawings	A plan of all food service areas must be provided with dimensions or scale. The dimensions or scale must be indicated on the floor plan. Drawings must be submitted on paper, not electronically. Drawings must be large enough to be legible.
<input type="checkbox"/>	Floor Plan	This plan must indicate the layout of equipment.
<input type="checkbox"/>	Hand Sinks	Hand sinks must be within 25 unobstructed feet of all food service work areas. Hand sinks must be labeled on the floor plan.
<input type="checkbox"/>	Other Sinks	All sinks must be labeled for their intended use on the floor plan. This includes but is not limited to: dish washing, food preparation, dump, utility and mop sinks.
<input type="checkbox"/>	Mechanical Plan	Plans must indicate the location of make-up air systems, ventilation hoods (including hood, duct, and exhaust fans). Ensure the local mechanical inspection authority has been contacted in regards to the proposed project.
<input type="checkbox"/>	Plumbing Plan	All sinks, hot and cold water outlets, hot water equipment, water heater, sewer drains, grease traps, and floor drains/sinks must be indicated on the plumbing plan. Backflow prevention must also be indicated on the plumbing plan.
<input type="checkbox"/>	Water Heater	Contact the local licensing agency for assistance in determining the size and capacity needed for the establishment's water heater. A specification sheet must be provided for the proposed or existing water heater. All existing and future fixtures must be indicated on the MDARD Worksheet.
<input type="checkbox"/>	Lighting Plan	This plan must detail the location of lighting and how lights will be protected from shattering.
<input type="checkbox"/>	Room Finish Schedule	Materials, finishes, and paint type of the floors, walls, and ceilings, for all interior rooms must be provided. The MDARD Plan Review Worksheet provides a schedule that may be used if a plan is not provided.
<input type="checkbox"/>	Specification Sheets	Specification sheets indicating the make, model number, and equipment materials must be provided for all equipment (i.e. prep tables, cooking equipment, shelving, sinks, etc.). Construction materials for custom made equipment must be provided.
<input type="checkbox"/>	MDARD Plan Review Worksheet	The Worksheet must be filled out completely. Items in the worksheet not part of the establishment's operation may be marked as not applicable.
<input type="checkbox"/>	Meal Estimates	A proposed estimate of the number of meals to be served daily helps in determining if the amount of storage space proposed will be sufficient.
<input type="checkbox"/>	Standard Operating Procedures	Procedures must be submitted detailing how food safety practices will be followed. HACCP plans must be provided and approved for any special processes (only required under certain circumstances, such as reduced oxygen packaging, curing meats, etc.) Refer to the Standard Operating Procedure checklist for guidance.
<input type="checkbox"/>	Certified Manager	Unless specifically exempted by this Department, a certified manager must be hired with the establishment by the time of the pre-opening inspection. Provide a copy of a certificate and mark in the Worksheet a Certified Manager will be employed.



Michigan Department of Agriculture and Rural Development

Fixed Food Establishment Plan Review **Worksheet**

To be completed by the operator and submitted to the local health department
or the Michigan Department of Agriculture and Rural Development,
(whichever will be conducting the plan review).

Establishment

Name: _____

Address: _____

City, State, Zip: _____

Pages 6-10 ask structural and equipment questions that the operator may wish to have the contractor or architect complete.

Refer to the food establishment plan review manual for technical assistance. The manual is available from your reviewing agency or by visiting www.michigan.gov/mdard, Search: Plan Review.

Information contained in the plans may be referenced and does not have to be repeated in the worksheet (e.g., see plan sheet 3a, #6).

Food Manager Knowledge

Under the Food Law of 2000, as amended, retail food establishments are required to have a person in charge (PIC) during all hours of operation and employee at least managerial employee under a program accredited by American National Standards Institute.

1. Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> A designated person in charge that can demonstrate knowledge of: foodborne disease prevention, application of food safety (HACCP) principles, and the requirements of the Food Code, will be available during all hours of operation. (REQUIRED) | <input type="checkbox"/> A written food safety (HACCP) plan will be provided.* (Only required under certain circumstances) |
| <input type="checkbox"/> Certified Managerial Employees under ANSI Requirements is provided (REQUIRED) | <input type="checkbox"/> Animal based foods, such as meat, poultry, fish, shellfish or eggs served raw, or undercooked or not otherwise processed to eliminate pathogens.** |
| <input type="checkbox"/> Standard operating procedures (SOP) including a policy that excludes or restricts food workers who are ill or have infected cuts or lesions* | |

* Please submit copies of these documents (or an inventory if there are numerous large documents, and training videos)

**If you checked this item, then the customer must be informed by means of a consumer advisory upon ordering, that a particular menu item contains raw or undercooked foods of animal origin. The consumer advisory must be made whether the food is normally prepared undercooked or is prepared undercooked only at the customer's order. Submit a copy of the menu for review. For further clarification please contact your reviewing health agency or read the consumer advisory guidance document at <http://www.michigan.gov/mdard>, Search: Updated Food Law/Food Code 2012.

5. Will ice be used as a refrigerant for potentially hazardous foods (time/temperature control for safety food)? Yes No
If yes, describe which foods will be held on ice, for how long, where this will occur and the source of the ice.

6. Will time be used for bacterial growth control, instead of hot or cold holding? Yes No
If yes, submit a list of the foods involved and the standard operating procedures that will be used to monitor the use of time as a control.

7. Cooling Potentially Hazardous Food: List foods that will be cooled using each of the following methods. Foods must be cooled from 135°F to 70°F in 2 hours or less and with a total of 6 hours from 135°F to 41°F or less.

A. Shallow pans in refrigerator: _____

B. Ice baths: _____

C. Volume reduction (e.g., quartering a large roast): _____

D. Rapid chill devices (e.g., blast freezers): _____

E. Ice paddles: _____

F. Other: _____

8. Food Preparation

A. List foods that will be prepared a day or more in advance of service or sale.

B. How will employees avoid bare-hand contact with ready-to-eat foods? (Check all that apply)

Disposable gloves

Suitable utensils

Deli tissue

Other: _____

C. Will produce be cleaned on-site? Yes No

D. If C is yes, describe which sink(s) will be used for food preparation.

9. **Date Marking:**

When potentially hazardous food (time/temperature control for safety food) is ready-to-eat and will be kept under refrigeration for more than 24 hours after preparation / opening, a date marking system must be utilized. Note: The day of preparation counts as Day 1.

A. Will the establishment have food items that must be date marked? ___ Yes ___ No

If yes, describe the date marking system that will be used and provide written standard operating procedures.

10. **Catering/Off-Site/Satellite:**

Complete if establishment will cater foods to another location or performing any cooking or preparations off-site at other locations.

A. List menu items

B. Maximum number of meals per day taken to or prepared at off-site location

C. How will hot food be held at proper temperature during transportation and at the remote serving location? _____

D. How will cold food be held at proper temperature during transportation and at the remote serving location? _____

E. What types of vehicles will be used to transport food?

F. What types of sneeze guards or food protection devices will be used? (See manual part 4)

Dishwashing

(See manual part 8)

11. Dishwashing methods (check all that apply) ___ Dishmachine ___ Sink

Dishwashing Sinks	Length (inches)	Width (inches)	Depth (inches)
A. Sink 1, Size of compartments			
B. Sink 2, Size of compartments			
C. Sink 3, Size of compartments			

D. What is the largest item that will have to be washed in a sink and its size?

E. List the location of all garbage disposals:

General

12. Will employee dressing rooms be provided? ___ Yes ___ No
 (See manual part 16.)

13. If no, describe how personal belongings will be stored:

14. Check which of the following will be used ___ Washer ___ Dryer
 on-site:

15. Describe what will be laundered on-site: _____

16. What type of mop sink will be provided (e.g., curbed floor drain, mop sink on legs, etc)?
 See manual part 8.

Room Finish Schedules

Fill in materials to be used (See manual part 10)

Area	Floor	Coving*	Wall	Ceiling
17. Preparation				
18. Cooking				
19. Dishwashing				
20. Food Storage				
21. Bar				
22. Dining				
23. Employee Restrooms				
24. Dressing Room				
25. Walk-In Refrigerator				
26. Walk-In Freezer				
27. Garbage Room				
28. Janitor Closet				
29.				
30.				

*List the material that will be used to provide a smooth, rounded and cleanable surface where the floor and wall joins. **Note:** Please explain abbreviations.

Water Supply

(See manual part 5)

31. Will the water supply be: ___Municipal ___Existing on-site ___New on-site
32. If an on-site water supply is being used, is the local health department in the process of approving? ___ Yes ___ No*

Sewage Disposal

(See manual part 5)

33. Will the sewage disposal be: ___ Municipal ___Existing on-site ___ New on-site
34. If an on-site sewage system is being used, is the local health department or Michigan Department of Environmental Quality in the process of approving? ___ Yes ___ No*

* It is recommended that you contact your local health department to begin the approval process.

Insect and Rodent Control

(See manual part 13)

35. Will outside doors be self-closing? ___ Yes ___ No

36. Will the facility have a drive-thru or walk-up window? ___ Yes ___ No

37. If 36 is yes, describe how insects will be kept out (e.g., self-closer, air curtains, etc.)

38. Are other openable windows screened? ___ NA ___ Yes ___ No

39. Will openings around pipes, electrical conduits, chases and other wall perforations be sealed? ___ Yes ___ No

40. Will garage-style or loading bay doors be present? ___ Yes ___ No

41. If 40 is yes, how will garage style or loading doors be protected against vermin entry?

Solid Waste Storage

(See manual part 17)

42. Outside Storage

- A. What type of storage will be used?* ___ Compactor* ___ Dumpster* ___ Cans

- B. What type of surface will be under the container? _____

- C. What is the minimum pick-up frequency? _____

*Remember to show details on site plan, including unit location and slope of surface under the unit.

43. Inside Storage

A. Describe how garbage, boxes, etc., will be stored inside:

B. Describe any inside storage or cleaning area (e.g., garbage can cleaning area):

C. Will any compactors or dumpsters be located inside? If yes, show on plans. Yes No

D. Describe any area where damaged merchandise returned for credit to vendor will be stored:

E. Describe how waste grease will be handled and stored: _____

F. Describe how and where recyclables will be stored: _____

G. Check the types of materials that will be recycled:

Glass Metal Paper Cardboard Plastic

Plumbing Cross-Connections

(See manual part 12)

The following technical information is needed on the proposed plumbing. This section is best completed by a qualified plumber, architect or engineer. Be sure to include all devices, equipment and fixtures that have cross-connection protection. Remember to complete both the water supply and waste side (e.g., a dishwasher may have an AVB on the water supply and an air-gapped drain).

Fixture	Sewage Disposal			Water Supply					
	Air Gap	Air Break	Direct Connect	AVB	PVB	RPZ	VDC	HB	Air Gap
44. Dishwasher									
45. Glasswasher									
46. Garbage grinder									
47. Ice machines									
48. Ice storage bin									
49. Mop sink faucet									
50. 3 compartment sink									
51. 2 compartment sink									
52. 1 compartment sink									
53. Steam tables									
54. Dipper wells									
55. Hose connections									
56. Refrigeration condensate drain lines									
57. Beverage dispenser with carbonator									
58. Water softener									
59. Potato peeler									
60. Walk-in floor drain									
61. Chinese range									
62. Detergent feeder on faucet									

63. Outside sprinkler or irrigation system										
64. Power washer										
65. Retractable hose reel										
66. Toilet										
67. Urinal										
68. Boiler										
69. Bain-marie										
70. Espresso machine										
71. Combi-style oven										
72. Kettle										
73. Rethermalizer										
74. Steamer										
75. Overhead spray rinse										
76. Hot water dispenser										
77.										
78.										
AVB = atmospheric vacuum breaker					HB = hose bib vacuum breaker					
PVB = pressure vacuum breaker					VDC = vented double check valve					
RPZ = reduced pressure principle backflow preventer										

Formula Information

Several calculations are required to determine if there will be adequate hot water, ventilation, dry storage space and refrigerated storage space. The information requested on the following two pages provides the necessary data for performing calculations. See the plan review manual for formulas and directions.

79. Hot Water (see manual part 9)

List each type of plumbing fixture that uses hot water	# fixtures
Handsinks	
Bathroom Sinks	
1 Compartment Sink	
2 Compartment Sink	
3 Compartment Sink	
Vegetable Sink	
Overhead Spray Rinse	
Bar Sink _____ 3 compartment _____ 4 compartment	
Cook Sink	
Hot Water Filling Faucet	
Bain-marie	
Coffee Urn	
Kettle Stand	
Garbage Can Washer	
9 & 12 lb. Clothes Washer	
16 lb. Clothes Washer	
Employee Shower	
Mop Sink	
Dishmachine ___ hot water ___ chemical	
Dishmachine Make & model: _____	
Other:	
Other:	

80. Water Heater #1 Manufacturer: _____ Model number: _____
 A. Hot water heater proposed size: Electric _____ KW
 Gas _____ BTU's Thermal Efficiency: _____ %
 B. Hot water heater storage capacity: _____ gallons
 C. Hot water heater recovery rate: _____ gallons per hour (@100° rise)

Attach information for any additional water heaters. Specify what area each water heater services and whether or not units will be installed in parallel.

81. Do hot water heater(s) serve any non-food equipment areas?
 If yes describe: _____

82. Dishmachine Booster Heater _____ KW _____ BTU Make _____ Model # _____

83. Refrigerated and Dry Food Storage (see manual parts 3 & 7)
 It is essential that a reliable estimate be made of the number of customers that are served or buy food between deliveries, in order to calculate dry and refrigerated storage capacities.

A. # meals or people served per day = _____
 B. # days between deliveries = _____ Dry Food _____ Refrigerated Items _____
 C. # meals between deliveries (AxB =) Dry Food _____ Refrigerated Items _____

Please describe any assumptions made in determining the meal quantity estimate:

84. Refrigerated Storage (see manual part 3)

Walk-in Item #	**Interior Usable Height (ft)	Interior Length (ft)	Interior Width (ft)

*Upright Item #	Interior Depth (in)	Interior Width (in)	Interior Height (in)

*Working, preparation and line refrigerators should not be included. Only storage units.

85. Dry Storage (see manual part 7)

Storage Rooms*

**Usable room height (ft)	Interior Length (ft)	Interior Width (ft)

*Please note the location of any auxiliary storage (i.e outside storage).

**To determine usable height, determine height from floor to ceiling, then subtract height of food off floor (usually 6") and height of food from ceiling (usually 12-18").

Or, if there is no dry storage room proposed:

For full height shelves

Total Shelving Length (ft)	Shelving Width (ft)



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