

ALLEGHENY COUNTY HEALTH DEPARTMENT
FOOD SAFETY PROGRAM

PLAN REVIEW CHECKLIST
Transient Caterer / Transient Retail Food Processor

INSTRUCTIONS: Complete all sections of the Plan Review Checklist. (Please Print!) Check all that apply. If any section of the checklist is not applicable, mark "N/A" in question box.

Business Name (DBA)	Phone	Fax
Address of kitchen used for food preparation	Zip	Municipality/Twp/Boro/Ward
Owner's Name (Corporation/LLC legal name and President)	Phone	
Mailing Address (for correspondence)	Zip	Fax
Contact Person/Title	Phone	Email
Base of Operations*	Zip	Municipality/Twp/Boro/Ward

* attach list if more than one

I CERTIFY THAT THE ABOVE INFORMATION CONTAINED IN THIS PLAN REVIEW CHECKLIST IS TRUE,
ACCURATE AND COMPLETE. _____

Signature/Title

BUSINESS DESCRIPTION (✓)

Plan Review fee enclosed – (Make check payable to the *Treasurer of Allegheny County*)

<input type="checkbox"/> Transient Caterer	\$68.00	
<input type="checkbox"/> Transient Food Processor	\$75.50	

List hours/days/frequency of operation: _____

Do you have sole access to the kitchen at your base of operations*? Yes No

Please explain: _____

**Attach copy of agreement with facility owner permitting access to all necessary and required equipment for your operation*

Menu:

Do you have a fixed menu? Yes No

If **no**, explain: _____

Types of food (✓ check all that apply):

TCS Food Non-TCS Food Commercially pre-packaged

Attach menu or list food here: *(Food Processors - Describe method of preparation)*

FOOD OPERATION (✓)

- At least one Certified Food Safety Manager will be present during hours of operation, preparation, service
- At least one probe-type thermometer will be provided to monitor food temperatures (0°F – 220°F)

Caterer

Number of food employees, including self: _____

What is your policy for ill employees? (describe) _____

Average length of event: _____ (hours)

What is furthest catering job from base of operations? _____

Proposed average size of catering job: _____ (number of people)

Will all food be prepared at your base of operations? Yes No

If **no**, attach list of facilities by name and address, with corresponding copy of Health permit/license.

Does your menu include raw or undercooked foods of animal origin, such as hamburgers cooked-to-order, Caesar salad, hollandaise sauce or other similar foods? (See brochure on creating a Consumer Advisory) Yes No

Are banquet facilities available on the premises of your base operations? Yes No

Describe how food will be protected from contamination at outdoor events and self-service buffets:

What is your policy for leftover foods? _____

Do you prepare your own desserts, cakes, cookies? Yes No

If no, list source(s): _____

Do you rent dishes? Yes No

Describe how and where they will be cleaned: _____

Retail Food Processor*

Will all food be prepared at your base of operations? Yes No

Will your sales be direct to the consumer? Yes No

Describe your intended "points of sale" (e.g. – city farmers' market): _____

UTENSILS

Type of utensils, tableware used: Single Service Multi-use Both

Method of cleaning and sanitizing:

Three compartment sink Dishwasher Other (Specify): _____

Method for sanitizing:

Chlorine/bleach QAC Other (Specify): _____

HANDWASHING FACILITIES (✓)

Hand washing facilities are provided in each food preparation, food dispensing and ware-washing area

Adequate hot and cold running water is provided

Hand washing sinks are installed in a manner to prevent contamination from splash

VENTILATION

Type of ventilation system: Ventilator (updraft) Canopy

Size of hood: Length: _____ Width: _____ Overhang: _____

Distance from floor to bottom of hood: (canopy only) _____

Volume of air to be exhausted: _____ CFM (cubic feet per minute)

Source of *fresh* return/make-up air:

within hood automatic louvered fan passive louvered vent other

• Explain: _____

Type of fuel used for cooking (select all that apply): Gas Wood Charcoal

Filters: No. _____ Design _____ Size _____

Ducts: No. _____ Length _____ Size _____

The interior of the hood surface is not painted

STORAGE (✓)

- Thermometers are provided in all refrigeration units
- There is adequate storage to keep all food, utensils, equipment, and single-service and single-use items off of the floor and ground
- All supplies will be protected during transport

GENERAL

Water Supply

Source of Water Supply: Municipal Private Well

If **Municipal**, provide name of Water Authority: _____

If **Private**, please note that the system must be inspected and approved prior to issuance of a Health Permit. Please contact ACHD Public Drinking Water and Waste Management Program at (412) 578-8040.

Sewage Disposal

Type of Sewage Disposal: Municipal Private System

• If **Municipal**, provide name of Sewage Authority: _____

• If **Private**, please contact the Sewage Enforcement Officer at the Allegheny County Health Department's Public Drinking Water and Waste Management Program prior to construction at (412) 578-8040.

If **new construction**, please include a copy of sewage approval.

Plumbing

All plumbing must be completed by a registered Master Plumber and given final approval by the Allegheny County Health Department's Plumbing Program before a health permit can be issued. The registered Master Plumber is responsible for filing plans with the appropriate Plumbing Office. The **facility owner** will be responsible for assuring a final approval has been obtained. Submit plumber's name: _____

Premises (✓)

- Floors, walls and ceilings are smooth, non-absorbent and easily cleaned
- Employee toilet room is provided
- Utility sink is provided
- Adequate space, separate from food operation, is provided for storing personal belongings
- Sufficient, shielded lighting is provided
- Doors and windows are protected against the entrance of pests
- Water-tight garbage and refuse containers are provided and have lids

Method of storage: Dumpster Cans with lids Compactor

Frequency of pickup: _____ Who is responsible: _____

FOOD EQUIPMENT (Provide information on all equipment available for your use at your base of operations. Designate those pieces that are shared. Attach a separate sheet if needed)

EQUIPMENT

List	Yes (✓)	Shared (✓)	NSF (✓)	MANUFACTURER	MODEL NUMBER
SINKS					
3-compartment sink					
2-compartment sink					
Dishwasher					
Hand washing sinks					
Food preparation sink					
Utility sink					
REFRIGERATION					
Walk-in cooler					
Walk-in freezer					
COOKING					
Stove					
Convection oven					
Microwave oven					
Fryer					
TEMPERATURE MAINTENANCE	HOT(✓)	COLD (✓)	NSF (✓)	MANUFACTURER	MODEL NUMBER
TRANSPORT	Insulated containers				
	Refrigerated truck				
	Hot boxes				
	Ice				
SERVICE	Chafing dishes w/ portable fuel (Sterno or other)				
	Heat lamp				
	ice				