

**ALLEGHENY COUNTY HEALTH DEPARTMENT
FOOD SAFETY PROGRAM**

PLAN REVIEW CHECKLIST

Anticipated Start of Construction Date: _____

Anticipated Completion Date: _____

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

Facility Name	Phone	Fax/email
Facility Address	Zip	Municipality/Twp/Boro/Ward
Owner's Name (Corporate Name and President)	Phone	
Mailing Address	Zip	Municipality/Twp Boro/Ward
Contact Person/Title	Phone	Fax/email

Business Description: (Check one)

Facility Space: (Complete one)

<input type="checkbox"/> Restaurant w/o bar	# of seats =	
<input type="checkbox"/> Restaurant w/bar	# of seats (exclude bar stools) =	
<input type="checkbox"/> Social Club (refer to LCB Licensing)	<i>Not Applicable</i>	
<input type="checkbox"/> Public Service / School	# of sq. ft. =	
<input type="checkbox"/> Boarding Home/ Nursing Home	# of rooms =	
<input type="checkbox"/> Food Processor	# of sq. ft. =	
<input type="checkbox"/> Caterer	# of sq. ft. =	
<input type="checkbox"/> Wholesale Warehouse	# of sq. ft. =	
<input type="checkbox"/> Wholesale – prepackaged, non-potentially hazardous foods only	# of sq. ft. =	
<input type="checkbox"/> Retail Sales	# of sq. ft. =	
<input type="checkbox"/> Retail Sales – prepackaged, non-potentially hazardous foods only	# of sq. ft. =	
<input type="checkbox"/> Mobile Food Unit	# of vehicles =	
<input type="checkbox"/> w/Commissary	# of sq. ft. =	

PLAN REVIEW FEE \$ _____ (See Schedule – Make Check Payable to the *Treasurer of Allegheny County*)

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

Signature/Title

WATER SUPPLY

a) Source of Water Supply: Municipal Private Well^①

^① 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.

b) Water heater capacity: _____ gallons.

c) Hot water temperature: _____ °F.

SEWAGE DISPOSAL

a) Type of Sewage Disposal: Municipal Private System

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

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

Please be advised that no health permit will be issued unless an approved water source and an approved means of sewage disposal are provided.

PLUMBING

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

Submit plumber's name: _____

TOILET ROOMS

a) Type of Food Service: Sit-down Take-Out

b) Are public toilet rooms provided for each sex? Yes No

c) Are separate and dedicated employee toilet rooms provided? Yes No

d) Specify total number of fixtures in toilet rooms:

Toilets _____ Urinals _____ Lavatory hand sinks _____

e) Is adequate ventilation provided for in all toilet rooms through screened windows or by exhaust fans? Yes No

f) Are toilet room doors self-closing? Yes No

g) Are covered refuse containers provided? Yes No

HANDWASHING FACILITIES

Are hand washing facilities provided in each food preparation, food dispensing and ware-washing area? Yes No

- *All sinks must be equipped with hot & cold running water supplied through a mixing valve or combination faucet.*
- *Hand washing sinks must be installed in a manner to prevent splash from contaminating food and food zones.*

UTENSILS AND EQUIPMENT

All equipment must conform to current National Sanitation Foundation (NSF) Standards.

a) Will any equipment be custom-built? (Submit design specifications with drawing). Yes No

b) Will equipment be installed according to NSF guidelines? Yes No

UTENSIL WASHING

a) Type of utensils used: Single Service Multi-use

b) Method of cleaning and sanitizing:

Three compartment sink Dishwasher Other (Specify): _____

c) Sinks: Will drain boards be provided? Yes No Number _____

d) Mechanical Dishwasher: Manufacturer: _____ Model Number: _____

• Method of mechanical dishwasher sanitization: hot water^② chemical

Booster Heater: _____ Manufacturer: _____ Model Number: _____

^② *Proper ventilation should be provided.*

- Insure soiled and clean utensils are held on separate shelves or drain boards.

e) Where will pots and pans be washed? Specify: _____

STORAGE

a) Is sufficient space provided for the storage of food, equipment, utensils and single service articles? Yes No

- Designate location and type of shelving: _____

b) Will a running water dipper well be provided? Yes No

- Does the dipper well have an indirect waste line? Yes No

VENTILATION

a) Type of ventilation system: Canopy Ventilator (updraft)

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

c) Is the interior of the hood surface painted? Yes No

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

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

f) Filters: No. _____ Design _____ Size _____

g) Ducts: No. _____ Length _____ Size _____

h) Submit catalog cut sheet of fan with identifying model number.

i) Exit for exhausted air: roof side of building^③

j) Source of make-up air: within hood automatic louvered fan
passive louvered vent other

- If **other**, explain: _____

^③ Exhaust should not create a public nuisance

REFRIGERATION

a) Are adequate NSF standard refrigeration facilities provided? Yes No

- Specify total capacity: _____ cu. ft.

b) Will thermometers (accurate to $\pm 2^\circ$ F) be provided? Yes No

c) Will potentially hazardous foods be refrigerated while on display? Yes No

HOT HOLDING

Will facilities be provided for hot holding of potentially hazardous foods? Yes No

• If **yes**, are these facilities NSF approved? Yes No

• Specify type: _____

FOOD PREPARATION

a) Will a separate food preparation sink be installed? Yes No ^④

^④ If **no**, designate on the floor plan which sink will be utilized.

b) Will a metal-stemmed dial-type thermometer be provided? (0° F to 220° F) Yes No

c) Does your menu include raw or undercooked foods of animal origin, like hamburgers cooked-to-order, Caesar salad, eggs or other similar foods? Yes No

d) Will modified atmosphere packaging (i.e. vacuum packaging) be conducted? Yes ^⑤ No

^⑤ If **yes**, information on developing a HACCP plan may be obtained by contacting the Food Safety Program at (412) 578-8044, or you may e-mail the program at foodsafety@achd.net.

CERTIFIED FOOD PROTECTION MANAGERS

a) Will full-time Certified Food Protection Managers be employed? Yes No

b) What are the proposed hours of operation? _____

• Contact the Food Safety Program at (412) 578-8044 or by e-mail at foodsafety@achd.net for information on Food Certification.

FOOD TRANSPORT

How will temperatures of potentially hazardous foods be maintained during transport?

• Specify type of facilities/equipment: _____

SNEEZE GUARDS

a) Will a buffet or salad bar be a part of your operation? Yes No

b) Will sneeze guards be provided on all serving lines or salad bars? Yes No

c) Do sneeze guards adequately protect food from contamination? Yes No

• Provide a **scaled drawing** (side elevation or cross-section view) of all areas requiring sneeze guards. Include dimensions of sneeze guard and counters, height from floor, and identify location of food.

REFUSE

- a) Identify location of refuse storage area: _____
- b) Specify the surface on which the container is to be stored (i.e. concrete, asphalt): _____
- c) Circle type, and indicate capacity of containers to be used:
dumpster _____ compactor _____ cans _____
- d) Specify name of waste hauler: _____
- e) Will equipment and facilities be provided for cleaning of refuse containers? Yes No

GENERAL PREMISES

- a) Is a mop sink provided for filling and emptying mop buckets? Yes No
• Designate location _____
- b) Will laundry facilities be provided on the premises? Yes No
• Designate location _____

DRESSING ROOM

Is adequate closet or locker space provided for employees' personal belongings? Yes No

LIGHTING

- a) Type of bulbs: fluorescent incandescent
- b) Are lights shielded over food storage, preparation, display and service? Yes No
- c) Are lights shielded over utensil cleaning and storage areas? Yes No

DOORS / WINDOWS

Are all exterior openings properly screened or otherwise protected against the entrance of vermin? Yes No

PLAN REVIEW CHECKLIST

		Food Preparation or Handling Areas	Utensil Washing Areas	Storage Areas	Toilet Rooms	
					Employee	Public
F L O O R S	Material (i.e., vinyl, ceramic, concrete)					
	Coved-base molding (i.e., vinyl, ceramic)					
	Floor drains (number and location) [Ⓢ]					
W A L L S	Material (i.e., drywall, concrete, FRP)					
	Finish (i.e., paint, plaster)					
	Color					
C E I L I N G	Material (i.e., drywall, suspended)					
	Finish					
	Color					

[Ⓢ] Information to be provided for all rooms where floors are flushed or receive discharges of fluid, or where pressure spray methods for cleaning are utilized.