

# Gila County Division of Health & Emergency Management



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## Food Establishment Plan Review Application

NEW  REMODEL  CONVERSION

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

Category (check one):  Restaurant  Institution  Daycare  Retail Market

Food Processor  Other \_\_\_\_\_

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

Establishment Telephone if known: \_\_\_\_\_

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

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

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

Applicant's Name and Title: \_\_\_\_\_

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

Applicant Phone & Email: \_\_\_\_\_

Plans/applications have been submitted to the following authorities on the following dates:

\_\_\_\_\_ Governing Board or Council \_\_\_\_\_ Zoning \_\_\_\_\_ Fire

\_\_\_\_\_ Planning \_\_\_\_\_ Other (specify \_\_\_\_\_)

Plan Review Fee: \$100.00

For official use

Amount Received \_\_\_\_\_

Check Number \_\_\_\_\_

Date of Payment \_\_\_\_\_

Receipt Number \_\_\_\_\_

## Days and Hours of Operation

	Hours of Operation	At what time does someone arrive to prepare food?
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Water Supply:  Public  Semi-Private Well  Non-Community Well

Sewage Disposal:  Public  Private (Septic System)

Does this establishment cater?  Yes  No

## I. General

Projected Opening Date \_\_\_\_\_

Number of Seats \_\_\_\_\_ Number of Staff (*maximum per shift*) \_\_\_\_\_

Total Square Feet of Establishment \_\_\_\_\_

Number of floors on which operations are conducted \_\_\_\_\_

Approximate number of meals to be served:

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Will a highly susceptible population (elderly, young children, and/or immuno-compromised people) be served as the primary consumers?  Yes  No

Will food be transported to another location as with a catering operation or satellite kitchen?  
 Yes  No

If yes, please list all locations food will be transported to on a regular basis: \_\_\_\_\_  
\_\_\_\_\_

Will the establishment be seasonal? (i.e. establishments operate for 8 or fewer months per year)

Yes  No

If yes, please provide the dates of operation: \_\_\_\_\_

## II. Food

Are all food supplies from inspected and approved sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will all shellfish tags and invoices be maintained for 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will canning or use of home-canned goods take place at the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will frozen dairy desserts such as ice cream, gelato, or popsicles be made at the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional written procedures or plans are required to be submitted and approved before beginning operations of any of the following special processes. Contact the Gila County Division of Health & Emergency Services for more information on the documents that must be submitted.

Will any reduced oxygen packaging, such as vacuum packaging, cook/chill packaging, or sous vide take place at the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will smoking of meat for preservation take place at the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any foods be cured or dried at the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the fermentation of sausages or other foods (such as in the making of kimchi, sauerkraut, pickles, yogurt, cheese, kefir, kombucha, miso or soybean paste) occur at the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any sprouting of seeds take place in the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the making of sushi or sushi rice take place in the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Storage:

Is adequate and approved freezer and refrigeration available to store frozen foods at 41°F and below?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does each refrigerator have a thermometer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will raw meats, poultry (including eggs) and seafood be stored in the same refrigerators and freezers with cooked and/or ready-to-eat foods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will dry goods and single use items be stored at least 6 inches off the floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is appropriate storage space provided for, based upon menu, meals, and frequency of deliveries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are containers constructed of safe materials to store bulk food products?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Number of refrigeration units: \_\_\_\_\_ Number of freezer units: \_\_\_\_\_

How will cross-contamination be prevented during storage? \_\_\_\_\_

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**Preparation:**

List all foods prepared more than 12 hours in advance of service (such as coleslaw, dressings, potato salad, etc.)

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Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will all produce be washed on site prior to use? If yes, what sink will be used? (reference the plan)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will disposable gloves and/or utensils be used to prevent bare hand contact with ready-to-eat foods	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**All potentially hazardous foods which have been prepared or opened and will be held under refrigeration for more than 24 hours must be date marked to ensure the product is not held longer than 7 days, including the date of preparation.**

Describe the date marking procedures that will be utilized. \_\_\_\_\_

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Describe the procedure used for minimizing the length of time potentially hazardous foods will be kept in the temperature danger zone (41°-135°F) during preparation. \_\_\_\_\_

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**Thawing:**

Food must be thawed using one of the following methods. Next to the thawing method, list which food items will be thawed using that method.

No foods will be thawed.

Thawing Method	Food Items
Refrigerated	
Under Running Water less than 70°F	
Microwave (as part of the cooking process)	
Cooking from Frozen State	
Other (describe)	

**Cooking:**

Will food thermometers be used to measure the final cooking and reheating temperatures?	___ Yes ___ No ___ N/A
Will a consumer advisory be posted or added to the menu for all foods which are raw or undercooked?	___ Yes ___ No ___ N/A

List all potentially hazardous foods which will routinely be served raw or under cooked such as sushi, steak tartar, oysters, hollandaise or béarnaise sauce, Caesar dressing, meringue, or egg-fortified beverages:

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List all equipment used for cooking: \_\_\_\_\_

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**Hot and Cold Holding:**

List all equipment that will be used to maintain a temperature of 135°F or above for all potentially hazardous foods being hot held during service: \_\_\_\_\_

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List all equipment that will be used to maintain a temperature of 41°F or below for all potentially hazardous foods being cold held during service: \_\_\_\_\_

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If you will be using ice, as a supplement, for keeping food cold (such as in a salad bar), how will food be stored in the ice? Describe the procedure to maintain ice levels: \_\_\_\_\_

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If food is going to be transported and/or served off site, how will food temperatures be maintained? List specific equipment and procedures \_\_\_\_\_

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**Cooling:**

All potentially hazardous foods must be cooled from 135°F to 70°F within 2 hours and to 41°F within another 4 hours. List the food items that will be cooled next to the cooling method to be used.

\_\_\_ No foods will be cooled.

Cooling Method	Food Items
Shallow Pans	
Ice Baths	
Reduce Volume or Size of Food (smaller portions or containers)	
Rapid Chill	
Other (describe)	

**Reheating:**

List all equipment that will be used to rapidly reheat food to a temperature of 165°F within 2 hours for hot holding: \_\_\_\_\_

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### III. Personnel

Will employees be trained in good food sanitation practices, including hand washing?	___ Yes ___ No
Is there a written policy to exclude or restrict food workers who are sick or have infected lesions?	___ Yes ___ No
Are dressing rooms or lockers provided for employees' personal belongs? If no, where will personal belongings be stored?	___ Yes ___ No
Will employees be required to use effective hair restraints?	___ Yes ___ No

### IV. Structure

#### Floors, Wall, and Ceilings:

Are all floors constructed of a smooth, durable, easily cleaned material?	___ Yes ___ No
Is carpeting used as flooring in any area other than the dining area?	___ Yes ___ No
Are all walls and ceilings light-colored, smooth, non-absorbent, and easily cleanable?	___ Yes ___ No
Are all light fixtures, vent covers, wall-mounted fans, decorative materials, and similar equipment attached to walls and ceilings, easily cleanable?	___ Yes ___ No
Is there adequate lighting in all areas of the kitchen, walk-in coolers, ware washing areas, restrooms and storage areas?	___ Yes ___ No
Are shields provided for all lighting in food storage, preparation, service, and display units; as well as areas where utensils and equipment are cleaned and stored?	___ Yes ___ No

#### Equipment:

Specify how many of each are available:

Small Equipment	Number
Slicers	
Mixers	
Microwaves	
Other (describe)	
Other (describe)	
Other (describe)	

Are all food contact surfaces, easily cleanable, and nonabsorbent?	___ Yes ___ No
Is all non-portable equipment that is placed on tables or counters either sealed to the table or counter or elevated on legs 4 inches off the table or counter?	___ Yes ___ No
Is all floor-mounted equipment, unless readily moveable, sealed to the floor or elevated on legs to provide a 6 inch clearance?	___ Yes ___ No

**Sinks:**

Do all sinks have hot and cold running water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a food preparation sink?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a hand washing sink in each food preparation and ware washing area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all hand washing sinks have a mixing valve or combination faucet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, do "push button" style hand sink faucets provide a flow of water for at least 15 seconds without reactivation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is soap available at all hand sinks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are paper towels or air dryers available at all hand sinks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are waste receptacles provided at each hand sink?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are dump sinks available at all bar and beverage stations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there a mop sink?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a three compartment sink?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the largest pot and pan fit into each compartment of the three compartment sink?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there drain boards on both ends of the three compartment sink?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a dish machine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the dish machine is hot water sanitizing, is there a booster heater and mechanical ventilation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do all dish machines have temperature/pressure gauges as required that are accurately working?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**Plumbing:**

Is the hot water generator sufficient for the needs of the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a water treatment device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there backflow prevention devices where required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Sewage Disposal:**

Are grease traps provided?  Yes  No

If yes, where are they located? \_\_\_\_\_

\_\_\_\_\_

**Hoods:**

How is the ventilation hood system cleaned? Include how often it is cleaned. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Restrooms:**

Do all restrooms have hand sinks with hot and cold running water, soap, and paper towels or air drying devices?	___ Yes ___ No
To avoid re-contamination of hands, are paper towels available for food employees to use when touching surfaces such as the faucet handles of hand washing sinks or the handles of rest room doors?	___ Yes ___ No
Are covered waste receptacles available in each rest room?	___ Yes ___ No
Are all rest room doors self-closing?	___ Yes ___ No
Are all restrooms equipped with mechanical ventilation?	___ Yes ___ No

**Pest Control:**

Will all outside doors be self-closing and rodent proof?	___ Yes ___ No
Are screen doors provided on all entrances left open to the outside?	___ Yes ___ No
Do all openable windows have a minimum #16 mesh screening?	___ Yes ___ No
Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	___ Yes ___ No
Is area around building clear of unnecessary brush, litter, boxes and other harborage?	___ Yes ___ No
Will air curtains be used? If yes, where?	___ Yes ___ No
Who will be the pest control provider for the establishment?	___ Yes ___ No

**Garbage and Refuse:**

Will a dumpster be used?  If yes, how many will be used?  If yes, how frequent is pickup?	___ Yes ___ No
Do all dumpsters have closeable lids?	___ Yes ___ No
Will a compactor be used?	___ Yes ___ No
Are all dumpsters, compactors, cans, and grease disposal containers located on concrete or asphalt?	___ Yes ___ No
Is the dumpster shared by more than one business?  If yes, list all businesses utilizing dumpster.	___ Yes ___ No

**Miscellaneous:**

Will linens be laundered on site?	___ Yes ___ No
Is a laundry dryer available?	___ Yes ___ No

Where will clean linen be stored? \_\_\_\_\_

Where will dirty linen be stored? \_\_\_\_\_

**Sanitizing:**

How will utensils and equipment be sanitized (list the concentration) in the three compartment sink?

\_\_\_ Chlorine \_\_\_ PPM      \_\_\_ Hot Water \_\_\_ °F

\_\_\_ Quat    \_\_\_ PPM      \_\_\_ Other \_\_\_\_\_, \_\_\_ PPM

How will utensils and equipment be sanitized (list the concentration) in the dish machine ? \_\_\_ N/A

\_\_\_ Chlorine \_\_\_ PPM      \_\_\_ Hot Water \_\_\_ °F

How will cooking equipment, cutting boards, counter tops, and other food contact surfaces which cannot be submerged in sinks or put through the dish machine be sanitized (list the concentration)?

\_\_\_ Chlorine \_\_\_ PPM

\_\_\_ Quat    \_\_\_ PPM      \_\_\_ Other \_\_\_\_\_, \_\_\_ PPM

Will test strips be provided to measure the concentration strength?    \_\_\_ Yes    \_\_\_ No

**Toxics:**

Are insecticides/rodenticides/herbicides stored separately from cleaning and sanitizing agents?	___ Yes    ___ No
Are all toxics for use on the premises or for retail sale (this includes personal medication), stored away from food preparation and storage areas?	___ Yes    ___ No
Are all containers of toxics including spray bottles clearly labeled?	___ Yes    ___ No

*By signing, I certify that the above information is correct and I fully understand the following:*

- **The plan review expires one year from the date of approval. If construction or remodeling is not started within that time period, it may be necessary to resubmit for a new review of the plans.**
- **Any changes or alterations to plans must have prior approval by Gila County Division of Health & Emergency Services.**
- **Approval of these plans by the Gila County Division of Health & Emergency Services does not indicate compliance with any other code, law, or regulation that may be required. It further does not constitute endorsement or acceptance of the completed establishment.**
- **A final inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the Food & Drug Administration 2013 Food Code.**

\_\_\_\_\_ **Applicant Signature**

\_\_\_\_\_ **Date**