



**Department of Public Health & Environment
2023 Food Service Plan
Review Application**

Plan review application is non-transferable and application fee is non-refundable.

Washington County Locations

North Service Center Washington County Public Health & Environment 19955 Forest Road North Forest Lake MN 55025 Phone 651-275-7270	Government Center Washington County Public Health & Environment 14949 62nd Street North PO Box 6 Stillwater MN 55082 Phone 651-430-6655	South Service Center Washington County Public Health & Environment 13000 Ravine Parkway South Cottage Grove MN 55016 Phone 651-430-4036
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Establishment

Establishment Name		Contact	
Address	City	State MN	Zip
Email	Phone	Cell Phone	

Property Owner

Owner Name		Contact	
Address	City	State	Zip
Email	Phone	Cell Phone	

Applicant Information

Applicant Name		Contact	
Address	City	State	Zip
Email	Phone	Cell Phone	

The following must be submitted with this application or it will be considered incomplete.

**** Please make sure you have included all information below to avoid any delays ****

- The intended menu, including catering and any special menus
- A description of the project including the anticipated volume of food to be stored, prepared, sold or served
- One complete set of plans drawn to scale, including the proposed layout, mechanical schematics, construction materials, and finish schedules for items such as floors, base covers, walls and ceilings
- The proposed equipment types, equipment specification sheets, manufacturers, model numbers, locations on the layout, dimensions, performance capacities and installation specifications

Counters and cabinetry shop drawings, indicating cabinet construction and counter top finish

The unique well number verifying public water supply approval and individual sewage treatment system certificate of compliance for individual sewage disposal systems

A copy of the zoning approval or building permit from the local unit of government

A functional flow plan indicating how food will be handled

Written Employee Health and Written Hand Washing Policy

Certified Food Protection Manager Certificate (if required)

A plan review fee.

Class of Work

<i>Check Only One</i>	<input type="checkbox"/> New	<input type="checkbox"/> Remodel	<input type="checkbox"/> Conversion	<input type="checkbox"/> Addition
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Plans Submitted

<i>Check All Types That Apply</i>	<input type="checkbox"/> Plumbing	Date	<input type="checkbox"/> Electric	Date
	<input type="checkbox"/> Zoning	Date	<input type="checkbox"/> Building	Date
	<input type="checkbox"/> Planning	Date	<input type="checkbox"/> Other	Date

Water Supply

<i>Water</i>	<input type="checkbox"/> Community	<input type="checkbox"/> Non-Community	If non-community, has source been approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
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Sewage Disposal

<i>Disposal System</i>	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private	If <i>private</i> , is system approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
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Timeline

Projected Start Date of Project _____

Projected Completion of Project _____

Hours of Operation

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Type of Service

<i>Check All Types That Apply</i>	<input type="checkbox"/> Dine In	<input type="checkbox"/> Buffet	<input type="checkbox"/> Take Out	<input type="checkbox"/> Catering
	<input type="checkbox"/> Mobile/Cart	<input type="checkbox"/> Other _____		

Plan Review Category & Fee Schedule

Food Establishment (Full Service)/Caterer/Commissary

Employ more than 18 Employees		\$1,464.00	\$ _____
Minor Remodeling		\$ 967.00	\$ _____
Employ 18 Employees or Less		\$1,128.00	\$ _____
Minor Remodeling		\$ 752.00	\$ _____

Additional Facility

Bar		\$ 288.00	\$ _____
__ Number of Additional Bars	Each	\$ 288.00	\$ _____
Minor Remodeling		\$ 192.00	\$ _____
Kitchen		\$ 341.00	\$ _____
__ Number of Additional Kitchens	Each	\$ 341.00	\$ _____
Minor Remodeling		\$ 227.00	\$ _____

Deli/Fast Food/Coffee Shop

Employ more than 18 Employees		\$1,341.00	\$ _____
Minor Remodeling		\$ 894.00	\$ _____
Employ 18 Employees or Less		\$ 1023.00	\$ _____
Minor Remodeling		\$ 682.00	\$ _____

Seasonal Food Establishment

Employ more than 18 Employees		\$ 946.00	\$ _____
Minor Remodeling		\$ 631.00	\$ _____
Employ 18 Employees or Less		\$ 854.00	\$ _____
Minor Remodeling		\$ 569.00	\$ _____

Seasonal Concession Stand

Limited		\$ 674.00	\$ _____
Minor Remodeling		\$ 449.00	\$ _____

Limited Food Establishment/Congregate Dining

Limited Food Establishment		\$ 648.00	\$ _____
Minor Remodeling		\$ 432.00	\$ _____

Catering Food Vehicle

Catering Food Vehicle	Each	\$ 137.00	\$ _____
Minor Remodeling	Each	\$ 93.00	\$ _____

Day Care

Day Care with Food Prep		\$ 947.00	\$ _____
Minor Remodeling		\$ 631.00	\$ _____
Day Care Limited Food		\$ 578.00	\$ _____
Minor Remodeling		\$ 385.00	\$ _____

School Food Service

Full Base Kitchen	\$ 1007.00	\$ _____
Minor Remodeling	\$ 671.00	\$ _____
Majority Food Prepared Offsite	\$ 837.00	\$ _____
Minor Remodeling	\$ 558.00	\$ _____
Serving Kitchen or Satellite	\$ 498.00	\$ _____
Minor Remodeling	\$ 331.00	\$ _____

Concession/School Sponsored

Concession/School Sponsored	\$ 412.00	\$ _____
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Bed & Breakfast

Bed & Breakfast	\$ 699.00	\$ _____
Minor Remodeling	\$ 466.00	\$ _____

Board

10 or More Guests	\$ 932.00	\$ _____
Minor Remodeling	\$ 466.00	\$ _____
Less than 10 Guests	\$ 699.00	\$ _____
Minor Remodeling	\$ 466.00	\$ _____

Late Fee	50% of the total plan review fee	\$ _____
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Total Plan Review Fee	\$ _____
Amount Paid	\$ _____

Room & Area Finishes

**This chart must be consistent with the finish schedule noted on the plans

Indicate which materials will be used in the following areas:**

Refer to construction guide for approved finishes.

	Floor	Coving	Walls	Ceiling
Kitchen/ Food Preparation				
Bar				
Food Storage				
Dish Washing Area				
Walk-In				
Refrigerator and Freezer				
Beverage Wait Station				
Toilet Rooms				
Mop Service Basin Area				
Garbage & Refuse Storage				
Other Storage				

Food Safety Plan Review

To be completed by the food service representative that is responsible for the person in charge duties.

Person Completing Form

Name		Title
Phone	Cell Phone	Email

Certified Food Protection Manager

Provide a copy of State of Minnesota Food Protection Manager License

Name
Certificate Number (always starts with FM)
Expiration Date

Employee Training

1. How will you ensure that managers and employees are adequately trained In food safety?
Provide a brief explanation.

Employee Health

Provide a copy of written employee health policy

2. How will you ensure that ill employees stay home? Provide a brief explanation.

3. How will you document reports of illness made by employees? Provide a brief explanation.

Reports of Customer Illness

4. What is your procedure when responding to reports of customer illness? Provide a brief explanation.

Handwashing

****Provide a written copy of the handwashing policy****

5. How will you ensure that employees are trained to wash their hands and practice good hand washing while working? Provide a brief explanation.

6. How will you ensure that employees are trained to properly use gloves and minimize contact with ready-to-eat foods? Provide a brief explanation.

7. Is there a handwashing sink in each food preparation dish washing and employee work station?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are hand soap and single use towels available at all hand wash sinks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Is hot and cold running water available at each handwashing sink?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Menu and Food Preparation

****Provide a copy of the menu, include catering menu and any special menu.****

Kitchen Flow

10. Have you reviewed the flow of your kitchen regarding deliveries, preparation and service? Comments:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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11. Have you reviewed the flow of the kitchen regarding cross contamination and separation? Comments:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Food Supplier

12. a. Are all food supplies from inspected and approved sources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. If yes, list suppliers to be used.		

13. How will records (invoices, receipts, product tracking) be made available for review regarding a recall or outbreak? Provide a brief explanation.

Cold Food Storage

14. Is adequate and approved freezer and refrigeration available to store frozen foods frozen and refrigerated foods at 41°F (5°C) and below?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Does each refrigerator and/or freezer have a thermometer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Will raw meats, poultry 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
17. If Yes, how will cross-contamination be prevented?		

18. How are cold holding temperatures monitored? Provide a brief explanation.

Dry Storage

19. Is adequate dry storage space provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. How will dry goods be stored off the floor? Provide a brief explanation.		

Food Preparation

21. Provide examples of foods prepared more than 12 hours in advance of service.

22. Will fruits and vegetables be washed on-site prior to use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Are food preparation sinks separate if working with ready-to-eat foods (fruits and vegetables) and raw meats?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. a. Is there are planned location for washing fruits and vegetables?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. If yes, where will this occur?		

25. How Many Drain Boards or compartments do the food preparation sinks have?

Thawing

26. Will thawing be used as a process in this establishment? Yes No

27. If yes, indicate items to be thawed and the methods used to thaw each product.

Frozen Food Item	Thawing Method				
	Refrigeration	Running Water less than 70°F (21°C)	Microwaving as part of the cooking process	Cooked from Frozen State	Other: Please Describe

Cooking

28. Indicate type of food thermometer for monitoring internal food temperatures.

29. How will you ensure that required cooking temperatures are met?

Holding

30. a. Will food be held hot in this establishment? Yes No

b. If yes, how will hot food be maintained at 135°F (57°C) or above during holding for service?

31. How are hot holding temperatures monitored?

Cooling

32. Will food items be cooked in advance and cooled? Yes No

33. *If yes, provide a list of items and indicate how each Time/Temperature control for safety food (TCS) will be cooled.*

- (1) within 2 hours from 135 degrees F (57 degrees C) to 70 degrees F (21 degrees C); and
- (2) within a total of 6 hours from 135 degrees F (57 degrees C) to 41 degrees F (5 degrees C) or less.

Food Type	Cooling Method				
	Shallow Pans	Ice Bath	Reduce Volume/Size	Rapid Chill (Blast Chiller)	Other: Please Describe

34. How will you monitor cooling procedures to ensure that proper cooling takes place?

35. a. 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? Yes No

b. If no, how will ready-to-eat foods be cooled to 41°F (5°C)?

Reheating

36. How will PHFs that are cooked, cooled and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F (74°C) for at least 15 seconds (within 2 hours)?

37. Indicate type and number of units used for reheating foods.

Good Retail Practices

Dishwashing & Sanitization

38. a. Will a dish machine be provided? Yes No

b. If yes, provide chemical type and concentration or hot water temperature.

39. How are sanitizer concentrations and hot water temperatures monitored?

40. Is ventilation provided? Yes No

41. Do all dish machines have temperature/ pressure gauges as required? Yes No

42. How many drying racks spaces will be provided on the clean end of the dish machine?

43. Describe three compartment sink methods

44. Does the largest pot and pan fit into each compartment of the 3 compartment sink? Yes No

45. Are there drain boards on both ends of the 3 compartment sink? Yes No

46. Are test papers and/or kits available for checking sanitizer concentration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47. Is an irreversible registering temperature indicator available to measure the utensil surface temperature in a hot water mechanical warewashing machine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized? Provide chemical type and concentration.		

Cleaning

49. How will facility and equipment be cleaned and maintained? Provide a brief explanation.

50. Is the hot water generator sufficient for the needs of the establishment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Is mop sink provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Dressing Rooms

52. Describe the storage facilities for employees' personal belongings

53. Are all toilet room doors self closing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54. Are covered waste receptacles available in each restroom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

General

55. Are chemicals stored separate and in designated areas away from food and food related items?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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HAACP

56. Does the establishment have any specialized processing methods such as vacuum packaging, acidifying, modifying and smoking/curing food items prepared on-site or otherwise required by the regulatory authority. If yes, provide HAACP plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Pest Control

57. a. Is pest control provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. What action is being taken to proactively eliminate pests?		

Ventilation

58. Are hood for cooking equipment provided with make-up air?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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