



2020 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

Establishment

Establishment Name, Contact, Address, City, State, 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;
The proposed layout, mechanical schematics, construction materials and finish schedule;
The proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities and installation specifications;
Equipment specification sheets submitted as part of the plans allow the reviewer to determine if the equipment meets applicable National Sanitation Foundation International (NSF) standards;
A complete set of elevations and drawings for all custom fabricated equipment;
A functional flow plan indicating how food will be handled;
Written Employee Health and Written Handwashing Policy;
Certified Food Manager Certificate (If Required); and
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"/> Public	<input type="checkbox"/> Private	If <i>private</i> , 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**

<input type="checkbox"/> Employ more than 18 Employees	\$1,407.00	\$ _____
<input type="checkbox"/> Minor Remodeling	\$938.00	\$ _____
<input type="checkbox"/> Employ 18 Employees or Less	\$1,086.00	\$ _____
<input type="checkbox"/> Minor Remodeling	\$724.00	\$ _____

**Additional Facility**

<input type="checkbox"/> Bar	276.00	\$ _____
_____ Number of Additional Bars	\$276.00/each	\$ _____
<input type="checkbox"/> Minor Remodeling	\$184/each	\$ _____
<input type="checkbox"/> Kitchen	328.50	\$ _____
_____ Number of Additional Kitchens	\$328.50/each	\$ _____
<input type="checkbox"/> Minor Remodeling	\$219/each	\$ _____

**Deli/Fast Food/Coffee Shop**

<input type="checkbox"/> Employ more than 18 Employees	\$1,288.50	\$ _____
<input type="checkbox"/> Minor Remodeling	\$859.00	\$ _____
<input type="checkbox"/> Employ 18 Employees or Less	\$973.50	\$ _____
<input type="checkbox"/> Minor Remodeling	\$649.00	\$ _____

**Seasonal Food Establishment**

<input type="checkbox"/> Employ more than 18 Employees	\$910.50	\$ _____
<input type="checkbox"/> Minor Remodeling	\$607.00	\$ _____
<input type="checkbox"/> Employ 18 Employees or Less	\$820.50	\$ _____
<input type="checkbox"/> Minor Remodeling	\$547.00	\$ _____

**Seasonal Concession Stand**

<input type="checkbox"/> Limited	\$646.50	\$ _____
<input type="checkbox"/> Minor Remodeling	\$431.00	\$ _____

**Limited Food Establishment/Congregate Dining**

<input type="checkbox"/> Limited Food Establishment	\$624.00	\$ _____
<input type="checkbox"/> Minor Remodeling	\$416.00	\$ _____

**Catering Food Vehicle**

<input type="checkbox"/> Catering Food Vehicle	Each	\$133.50	\$ _____
<input type="checkbox"/> Minor Remodeling	Each	\$89.00	\$ _____

**School Food Service**

<input type="checkbox"/> Full Base Kitchen	\$967.50	\$ _____
<input type="checkbox"/> Minor Remodeling	\$645.00	\$ _____
<input type="checkbox"/> Majority Food Prepared Offsite	\$804.00	\$ _____
<input type="checkbox"/> Minor Remodeling	\$536.00	\$ _____
<input type="checkbox"/> Serving Kitchen or Satellite	\$478.50	\$ _____
<input type="checkbox"/> Minor Remodeling	\$319.00	\$ _____

**Concession/School Sponsored**

<input type="checkbox"/> Concession/School Sponsored	\$396.00	\$ _____
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**Day Care**

- Day Care with Food Prep      \$910.50      \$ \_\_\_\_\_
- Minor Remodeling      \$607.00      \$ \_\_\_\_\_
  
- Day Care Limited Food      \$555.00      \$ \_\_\_\_\_
- Minor Remodeling      \$370.00      \$ \_\_\_\_\_

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**Bed & Breakfast**

- Bed & Breakfast      \$672.00      \$ \_\_\_\_\_
- Minor Remodeling      \$448.00      \$ \_\_\_\_\_

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**Board**

- Minor Remodeling      \$336.00      \$ \_\_\_\_\_
- 10 or less guests      \$336.00      \$ \_\_\_\_\_
- 10 or more guests      \$672.00      \$ \_\_\_\_\_

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**Board and Lodging**

- Minor Remodeling      \$448.00      \$ \_\_\_\_\_
- 10 or less guests      \$448.00      \$ \_\_\_\_\_
- 10 or more guests      \$896.00      \$ \_\_\_\_\_

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**Total Plan Review Fee**      \$ \_\_\_\_\_

**Amount Paid**      \$ \_\_\_\_\_

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**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.*

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

# 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 Manager

*\*\*Provide a copy of State of Minnesota Food Manager Certificate\*\**

Name
Certificate Number
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.

## Customer Illness

4. What is your procedure when responding to reports of 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, single use towels and a nail brush available at all hand wash sinks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Is hot (110°F) 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comments:

11. Have you reviewed the flow of the kitchen regarding cross contamination and separation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comments:

**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.                             |                              |                             |

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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?  |                              |                             |

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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 (60°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 Potentially Hazardous Foods (PHF) will be cooled to 41°F (5°C) in 6 hours. [135°F to 70°F (60°C to 21°C) in 2 hours and 70°F to 41°F (21°C to 5°C) in 4 hours]

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
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47. 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**

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

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

51. Describe the storage facilities for employees' personal belongings

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

54. 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**

55. 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**

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

**Ventilation**

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

Location	Types				
	Filters/ Extraction Devices	Square Feet	Fire Protection	Air Capacity CFM	Air Makeup CFM