

**NEVADA STATE HEALTH DIVISION
PUBLIC HEALTH AND CLINICAL SERVICES EHS PROGRAM**

Food Establishment Plan Review

Instructions for Submission of Plans for a Food Establishment and Plan Review Checklist

Nevada Revised Statute 446.930 and Nevada Administrative Code 446.955 requires that properly prepared plans and specifications be submitted to the Health Authority for review and approval when a food establishment is newly constructed, extensively remodeled, or if an existing structure is converted into a food establishment before any work has begun.

The attached plan review application is provided for your use in meeting the statutory requirements. It is the PUBLIC HEALTH AND CLINICAL SERVICES EHS PROGRAM goal to facilitate the plan review process in the most timely and efficient manner. Some of the items on the list may not apply to your specific operation. If they are not relevant, **please do not leave them blank**. If you do so, it will be assumed that there is information that you have failed to provide. Rather, mark N/A or not applicable to those items that do not apply to your planned business operation.

When submitting plans to PUBLIC HEALTH AND CLINICAL SERVICES EHS PROGRAM, only one set is required. It is suggested that you make a copy of your application for yourself. Submit the application and plans to the office that is checked on the left side of this page. If you are in doubt, please call the Carson City office and you will be directed to the office in which your plan review will take place. Plan review fees are due and payable at the time you submit your plans. They are calculated based on your annual permit fee, plus an additional \$498.00. Plans are reviewed on a first come, first served basis. If your plans are not approved, a reason will be given in writing. Revisions will be needed either in the form of a new set of plans or revised individual sheets. Respond to all plan review questions from PUBLIC HEALTH AND CLINICAL SERVICES EHS PROGRAM in writing. Plan approval will also be issued in writing.

No changes or revisions in your plans may be made after approval is given without notifying PUBLIC HEALTH AND CLINICAL SERVICES EHS PROGRAM. It is the permit holder's responsibility to inform contractors and sub-contractors about plan changes that may affect construction.

You will need to notify the appropriate PUBLIC HEALTH AND CLINICAL SERVICES EHS PROGRAM office at least one week in advance of the day you wish to open. A final construction inspection must be conducted by PUBLIC HEALTH AND CLINICAL SERVICES EHS PROGRAM staff to verify construction according to approved plans. You may not open until you have completed an application for your health permit, all fees have been paid in full, and the final construction inspection is completed.

Thank you and good luck with your future business endeavor! PUBLIC HEALTH AND CLINICAL SERVICES EHS PROGRAM looks forward to working with you.

NEVADA STATE HEALTH DIVISION
PUBLIC HEALTH AND CLINICAL SERVICES EHS PROGRAM
FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Date: _____ NEW ___ REMODEL ___ OWNERSHIP CHANGE/CONVERSION _____

Name of Establishment: _____

Previous Name of Establishment if Changing: _____

Category: Restaurant ____, Institution ____, Daycare ____, Retail Market ____, Bar ____

Other (specify): _____

Address of Establishment: _____

Establishment Telephone (if available): _____

Name of Owner: _____

Mailing Address: _____

Owner Telephone: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Applicants Telephone: _____

I have submitted plans/applications to the following authorities on the following dates:

Local Governing Board _____ Public Works _____ Zoning _____ Electric _____
Planning _____ Police _____ Building _____ Fire _____ NDEP _____ Other _____

Establishment's Planned Hours of Operation:

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Number of seats (include outside dining (if any)): _____ Total square feet of facility: _____

Number of staff (maximum per shift): _____ Number of floors where operations are conducted: _____

Maximum meals to be served per day (approximate number):

Breakfast _____ Lunch _____ Dinner _____

Projected project start date: _____ Projected project completion date: _____

Type of Service (check all that apply):

Sit Down Meals ____ Caterer ____ Take Out ____ Mobile Vendor ____ Other (explain) _____

Please enclose the following documents:

_____ Proposed menu (including seasonal, off-site and banquet menus)

_____ Manufacturer specification sheets for each piece of equipment shown on the plan

_____ Site plan showing location of business, include alleys, streets; and location of any outside equipment (dumpsters, well, septic system if applicable)

_____ Plan drawn to scale of food establishment showing location of all equipment, plumbing, electrical services and mechanical ventilation

_____ Equipment schedule

_____ Shop drawings of all custom-built equipment if applicable

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a **minimum scale of 1/4 inch = 1 foot** to allow for ease in reading plans.
2. **Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation.**
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan, equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Provide the room size, aisle space, space between and behind equipment, and the placement of the equipment on the floor plan.
7. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
8. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
 - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
 - d. Lighting schedule with protectors;
 - (1) At least 20 foot candles (220 lux) of light at a distance of 75 cm (30 inches) from the floor:
 - (a) In areas used to store equipment and utensils, in sales areas and restrooms.

- (b) For cleaning in refrigerators, areas used to store dry food and in all other areas, including dining areas.
- (2) At least 50 foot-candles (540 lux) on all surfaces used for preparing food and at work levels used to wash equipment or utensils.
- e. Food equipment schedule to include type, make and model numbers and listing of equipment that is certified or classified by the National Sanitation Foundation (NSF listed);
- f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence of compliance with state and local regulations;
- g. A color coded flow chart demonstrating flow patterns for:
 - food (receiving, storage, preparation, service);
 - food and dishes (portioning, transport, service);
 - dishes (clean, soiled, cleaning, storage);
 - utensil (storage, use, cleaning);
 - trash and garbage (service area, holding, storage);
- h. Ventilation schedule for each room;
- i. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
- j. Garbage can washing area/facility;
- k. Cabinets for storing toxic chemicals;
- l. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required.

A. FOOD PREPARATION REVIEW

Circle the categories of Potentially Hazardous Foods (PHF) to be handled, prepared and served.

- | | |
|--|----------|
| 1. Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets) | YES / NO |
| 2. Thick meats, whole poultry (roast beef, whole turkey, chicken, ham) | YES / NO |
| 3. Cold processed foods (salad, sandwich, vegetable) | YES / NO |
| 4. Hot processed foods (soup, stew, rice, noodles, gravy, casserole) | YES / NO |
| 5. Bakery goods (pies, custards, cream fillings & toppings) | YES / NO |
| 6. Other _____ | |

PLEASE CIRCLE OR ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

1. Are all food supplies from inspected and approved sources? YES / NO
 Please list food supply sources _____

2. What are the projected frequencies of deliveries for frozen foods: _____
 refrigerated foods: _____, and dry goods: _____

3. Provide information on the amount of space (in cubic feet) allocated for:
 frozen storage: _____, refrigerated storage _____

4. How will dry goods be stored off the floor? _____

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen and refrigerated foods at 40°F (5°C) and below? YES / NO
 Provide the method used to calculate cold storage requirements: _____

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES / NO

If yes, how will cross-contamination be prevented? _____

3. Does each refrigerator/freezer have a thermometer? YES / NO
 Number of refrigeration units: _____ Number of freezer units: _____

4. Is there a bulk ice machine available? YES / NO

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Please indicate by checking the appropriate boxes how frozen PHF in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	Thawing Location of Frozen Foods
Refrigeration	
Running Water Less than 70°F (21°C)	
Microwave (as part of cooking process)	
Cooked from Frozen state	
Other (describe)	

COOKING:

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF? YES / NO
 What type of temperature measuring device will be used? _____

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

Beef roasts	130°F (121 min)	Solid seafood pieces	145°F (15 sec)
Other PHF	145°F (15 sec)	Comminuted meats/fish	155°F (15 sec)
Pork	145°F (15 sec)	Poultry	165°F (15 sec)
Eggs:		Reheated PHF	165°F (15 sec)
Immediate service	145°F (15 sec)		
Pooled*	155°F (15 sec)		

(*pasteurized eggs must be served to a highly susceptible population)

2. Will undercooked food of animal origin be offered ready to eat? YES/NO
 If yes please provide an example of your consumer advisory (see attached Consumer Advisory Fact Sheet for more information). _____

3. List types of cooking equipment: _____

HOT/COLD HOLDING:

1. How will hot PHF be maintained at 140°F (60°C) or above during holding for service? Indicate type and number of hot holding units.

2. How will cold PHF be maintained at 40°F (5°C) or below during holding for service? Indicate type and number of cold holding units.

COOLING:

Please indicate by checking the appropriate boxes how PHF will be cooled to 40°F (5°C) within 6 hours (140°F to 70°F in 2 hours and 70°F to 40°F in 4 hours). Also, indicate where the cooling will take place.

COOLING METHOD	MEATS	SOUPS/ GRAVY	RICE/ NOODLES	OTHER: _____
Shallow Pans				
Ice Baths				
Reduce Volume or Size				
Rapid Chill				
Other (Describe)				

REHEATING:

1. How will PHF that is cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods.

2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

PREPARATION:

1. Please list categories of foods prepared more than 12 hours in advance of service.

2. Will food employees be trained in good food sanitation practices? YES / NO

Method of training: _____

Note: Nevada Administrative Code Chapter 446.198.3 requires that you know and are familiar with the provisions and requirements of the law. It is **strongly** recommended that you and your staff receive training. A listing of training facilitators and the contact information for them is enclosed for your use. If your inspector determines at any time that you or your employees are not knowledgeable of the law, training will be mandated.

Dates of completion and course name of any training you or your staff already has completed: _____

3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent or minimize handling of ready-to-eat foods? YES / NO

What method(s) will be used? _____

4. Is there a written policy to exclude or restrict food workers who are sick or whose immediate family members are sick or to restrict workers who have infected cuts and lesions? YES / NO

Please describe briefly or include a written copy of your employee health policy or manual. _____

5. 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?

Chemical Type: _____ Concentration: _____ Test Kit: YES / NO

6. 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

If not, how will ready-to-eat foods be cooled to 40°F?

7. Will all produce be washed on-site prior to use? YES / NO

Is there a planned location used for washing produce? YES / NO

Describe: _____

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

8. Describe the procedure used for minimizing the length of time PHF will be kept in the temperature danger zone (40°F - 140°F) during preparation.

9. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority. More information is available for this requirement in NAC Chapter 446.147.

10. Will the facility be serving food to a highly susceptible population? YES / NO

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area? _____

B. FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic covered molding, etc.) will be used in the following areas.

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Area				
Ware washing				
Walk-ins				

C. INSECT AND RODENT CONTROL

Please circle or answer the following questions

1. Will all outside doors be self-closing and rodent proof? YES / NO / NA
2. Are screen doors provided on all exterior entrances? YES / NO / NA
3. Do all windows have a minimum #16 mesh screening? YES / NO / NA
4. Is the placement of insect electrocution devices identified on the plan? YES / NO / NA
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? YES / NO / NA
6. Is area around building clear of unnecessary brush, litter, boxes and other harborage? YES / NO / NA
7. Will air curtains be used? YES / NO / NA
If yes, where? _____

D. GARBAGE AND REFUSE

Inside

1. Do all containers have lids? YES / NO / NA
2. Will refuse be stored inside? YES / NO / NA
If yes, where? _____

3. Is there an area designated for garbage can or floor mat cleaning? YES / NO / NA
Outside
4. Will a dumpster be used? YES / NO / NA
 Number _____ Size _____ Frequency of pickup _____ Contractor _____
5. Will a compactor be used? YES / NO / NA
 Number _____ Size _____ Frequency of pick up _____ Contractor _____
6. Will garbage cans be stored outside? YES / NO / NA
7. Is the location and surface material (i.e. concrete, asphalt, etc.) where dumpster/compactor/garbage cans are to be stored designate on the plans? YES / NO / NA
8. Describe location of grease storage receptacle or rendering bin:

9. Is there an area to store recycled containers? YES / NO / NA
 If yes, where _____

Indicate what materials are required to be recycled:

Glass Paper Plastic
 Metal Cardboard

10. Is there any area to store returnable damaged goods? YES / NO / NA

E. DRESSING ROOMS

1. Are dressing rooms provided? YES / NO
2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.):

F. DRAINAGE OF EQUIPMENT

Describe the type of drainage you are planning to use for each piece of equipment. Keep in mind that food service equipment must drain indirectly by the use of a floor sink. Those items that require a floor sink are delineated by an asterisk below. Use additional sheets as needed and include all equipment.

	Floor Sink (FS) or Direct Connection (DC) - Please Confirm
Dishwasher*	
Garbage Disposal*	
Ice machine(s)*	
Ice storage bin(s)*	
Carbonated beverage dispenser drain line(s)*	

Water glass filler drain in wait staff station*	
Mop or Janitor sink	
Food prep sink(s)*	
Three compartment sink(s) for ware or glass washing*	
Dipper wells*	
Refrigeration condensate/ drain lines*	
Salad Bar*	
Hand washing sink(s)	
Other types of equipment _____	

1. Are floor sinks easily accessible and cleanable? YES / NO

G. WATER SUPPLY

1. Is water supply public () or private ()?

2. If private, has source been approved? YES / NO / PENDING
Please attach copy of written approval and/or permit from Nevada Department of Environmental Protection.

3. Is ice made on premises () or purchased commercially ()?
If made on premise, are specifications for the ice machine provided? YES / NO
If made on premise, will iced be bagged for sale? YES / NO
If ice is bagged for sale, is a copy of the label used for ice attached to your application? YES / NO
Describe provision for ice scoop or ice bucket storage: _____

Provide location of ice maker or bagging operation: _____

4. What is the capacity of the hot water generator? _____

5. Is the hot water generator sufficient for the needs of the establishment? YES / NO
Provide calculations for necessary hot water.

6. Is there a water treatment device? YES / NO
If yes, how will the device be inspected & serviced? _____

7. Are the locations and type of all backflow prevention devices shown on the plans? YES / NO

8. Describe the type of backflow prevention for each type of equipment or location.

Item	Backflow Device and Location
Soda Guns	
Soda Machines	
Water Supply from Public Water System	
Automatic Detergent/Sanitizer Injection System	
Fire Sprinkler System	

H. SEWAGE DISPOSAL

- 1. Is the building connected to a municipal sewer? YES / NO

- 2. If no, is private disposal system approved? YES / NO / PENDING
Please attach copy of written approval and/or permit from Nevada Department of Environmental Protection.

- 3. Is a grease interceptor provided? YES / NO
If so, where? _____
Provide schedule for cleaning & maintenance _____

I. GENERAL

- 1. Are insect/rodenticides stored separately from cleaning & sanitizing agents? YES / NO
Indicate location: _____

- 2. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES / NO

- 3. Are all containers of toxics clearly labeled? YES / NO

- 4. Will linens be laundered on site? YES / NO
If yes, what will be laundered and where? _____
If no, how will linens be cleaned? _____

- 5. Is a laundry dryer available? YES / NO

- 6. Location of clean linen storage: _____

- 7. Location of dirty linen storage: _____

- 8. Are containers storing bulk food products constructed of safe materials? YES / NO
Indicate type: _____

9. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

10. How are each listed ventilation hood systems cleaned? _____

J. SINKS

1. Is a mop sink present? YES / NO
 If no, please describe facility for cleaning of mops and other equipment: _____

2. If the menu dictates, is a food preparation sink present? YES / NO

K. DISHWASHING FACILITIES

1. Will sinks or a dishwasher be used for ware washing?
 Dishwasher () Two compartment sink () Three compartment sink ()

2. Dishwasher
 Type of sanitization used:
 Hot water (temp. provided) _____ Booster heater _____ Chemical type _____
 Is ventilation provided? YES / NO

3. Do all dish machines have templates with operating instructions? YES / NO

4. Do all dish machines have temperature/pressure gauges as required that are accurately working? YES / NO

5. Does the largest pot and pan fit into each compartment of the sink? YES / NO
 If no, what is the procedure for manual cleaning and sanitizing? _____

6. Are there drain boards on both ends of the pot sink? YES / NO

7. What type of sanitizer is used?
 Chlorine () Iodine () Quaternary ammonium () Hot water () Other ()

8. Are test kits available for checking sanitizer concentration? YES / NO

L. HANDWASHING/TOILET FACILITIES

1. Is a hand washing sink in each food preparation and ware washing area? YES / NO

- 2. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES / NO
- 3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES / NO
- 4. Is hand cleanser available at all hand-washing sinks? YES / NO
- 5. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks? YES / NO
- 6. Are covered waste receptacles available in each restroom? YES / NO
- 7. Is hot and cold running water under pressure available at each hand washing sink? YES / NO
- 8. Are all toilet room doors self-closing? YES / NO
- 9. Are all toilet rooms equipped with adequate ventilation? YES / NO
- 10. If required, is a hand washing sign posted in each employee restroom? YES / NO

M. SMALL EQUIPMENT REQUIREMENTS

1. Please specify the number, location, and types of each of the following:

- Slicers: _____
- Cutting boards: _____
- Can opener(s): _____
- Mixers: _____
- Floor mats: _____
- Other: _____

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from Public Health and Clinical Services EHS Program may nullify final approval and may delay or prevent timely opening of your establishment.

Signature(s) _____

Owner(s) or Responsible Representative(s)

Date: _____

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required by federal, state, or local authorities. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.