

PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

Teton County Health Department

Jackson, WY 83001

TYPE OF APPLICATION: New Remodel Conversion			Projected Start Date:
			Projected Completion Date:

TYPE OF FOOD OPERATION:			Restaurant	Institution	Retail food store	Commissary	Mobile
Caterer	Childcare	Other:					

FOOD ESTABLISHMENT INFORMATION

Name of Establishment:

Establishment Address:	City:	State:	Zip:
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OWNERSHIP INFORMATION

Name of Owner:

Address:	City:	State:	Zip:
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Email:	Phone Number:
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APPLICANT INFORMATION (e.g., ARCHITECT/ENGINEER)

Applicant Name:	Contact Person:
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Applicant Mailing Address:	City:	State:	Zip:
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Email:	Phone Number:
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FOOD OPERATION INFORMATION

Days & Hours of Operation Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____	Seating Capacity: # of Indoor Seats: _____ # of Outdoor Seats: _____ Square feet of facility: _____	Type of Service (check all that apply): On-site consumption Off-site consumption Catering Outdoor food service area Full service bar Other: _____	Maximum Meals Served (number per day): Breakfast: _____ Lunch: _____ Dinner: _____ Employees: Max per shift: _____
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THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED ALONG WITH THIS APPLICATION:

Proposed menu or complete list of food and beverages to be offered (including seasonal, catering and banquet menus) – *Standard Operating Procedures or HACCP plans may be required.*

Plans must be clearly drawn to scale (full size plans preferred) and include the items below:

The **floor plan** must identify: food preparation, serving and seating areas, restrooms, office, employee change room, storage, warewashing, janitorial and trash area. Include location of any outside equipment or facilities (dumpsters, well, septic system-if applicable).

Provide **equipment layout and specifications**, clearly numbered and cross-keyed with the equipment list.

Elevation drawings may be requested by the Regulatory Authority.

Identify handwashing, warewashing and food preparation sinks.

Provide **plumbing layout** showing the sewer lines, cleanouts, floor drains, floor sinks, vents, grease trap or grease interceptor, hot and cold water lines, and direction of flow to sanitary sewer.

Provide **exhaust ventilation layout** including location of hood and make-up air returns and ducts, if applicable.

Lighting plan, indicating the exact foot candles for each area as required by the FDA Food Code (§6-303.11).

Finish schedule showing floor, coved base, wall and ceilings for each area shown on the plans.

Signature:	Date:
Print Name:	Title:

REGULATORY COMPLIANCE REVIEW LIST Teton County Health Department
Jackson, WY 83001

FOOD PREPARATION PROCEDURES

Reference: Teton Health District Rules for Food Safety, Amended Oct 31. 2017

FOOD DELIVERY

1. How often will frozen foods be delivered? Daily Weekly Other: _____
2. How often will refrigerated foods be delivered? Daily Weekly Other: _____
3. How often will dry foods or supplies be delivered? Daily Weekly Other: _____

FOOD STORAGE* - Identify amount of space (in cubic feet) allocated for:

Dry Storage _____; Refrigerated Storage _____; Frozen Storage _____;

Utensil Storage _____

* Identify on plans where storage will be located.

INSTRUCTIONS: Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

PROCESS	IDENTIFY FOOD ITEMS	INDICATE EQUIPMENT & LOCATION
Washing Food Code Ch. 3 § 40		
Thawing Food Code Ch. 3 § 49		
Cooking		
Hot Holding Hot food maintained ≥ 135°F		
Cooling TCS food will be cooled to 41°F within 6 hours; 135°F to 70°F in 2 hours		
Reheating Food must be reheated to a temperature of 165°F for 15 seconds within 2 hours		

FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials and the color of the materials that will be used for each area (e.g. light gray quarry tile, stainless steel, white fiberglass reinforced panels (FRP), etc.), and mark not Applicable (NA) as appropriate.

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING
Food Preparation				
Dry Food Storage				
Warewashing Area				
Walk-in Refrigerators and Freezers				
Service/Mop Sink				
Refuse Area				
Toilet Rooms and Dressing Rooms				
Other: Indicate				
Identify the finishes of cabinets, countertops, and shelving:				

PHYSICAL FACILITIES

INSTRUCTIONS: Explain the following with as much detail as possible. Indicate Not Applicable (N/A) as appropriate.

TOPIC	MINIMUM CRITERIA		
Handwashing Facilities	<ul style="list-style-type: none"> Identify number of the handwashing sinks in food preparation and warewashing areas: _____ Food Preparation _____ Warewashing Area Type of hand drying device? Disposable towels Hand-drying device 		
Warewashing Facilities	<p>MANUAL DISHWASHING</p> <ul style="list-style-type: none"> Identify the length, width, and depth of the compartments of the 3-compartment sink: <hr/> <ul style="list-style-type: none"> Will the largest pot/ pan fit into each compartment of the 3-compartment sink? Yes No - If No, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments? <hr/> <ul style="list-style-type: none"> Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space: <hr/> <ul style="list-style-type: none"> What type of sanitizer will be used? Chemical (Type: _____) Hot Water <p>MECHANICAL DISHWASHING</p> <ul style="list-style-type: none"> Identify the make and model of the mechanical dishwasher: _____ What type of sanitizer will be used? Chemical (Type: _____) Hot Water Will ventilation be provided? Yes No 		
Water Supply	<ul style="list-style-type: none"> Is the water supply public or non-public/private? public non-public/private <ul style="list-style-type: none"> If private, has source been approved? Yes No Attach copy of written approval and/or permit. Is ice made on premises or purchased commercially? Made on-site Purchased Will there be an ice bagging operation? Yes No What is the capacity and location* of the water heater? _____ Gal. Check if Tank-less *Identify location on plan. Provide specifications for the water heater. 		
Sewage Disposal	<ul style="list-style-type: none"> Is the sewage system public or non-public/private? public non-public/private If private, has the sewage system been approved? Yes* No *Attach copy of written approval and/or permit. Will grease traps/interceptors be provided? Yes* No *Identify location on plan. *Indicate if specifications have been approved by the appropriate wastewater authority. 		
Backflow Prevention	<ul style="list-style-type: none"> Will all potable water sources be protected for backflow? Yes No Are all floor drains identified on the submitted floor plan? Yes No 		
Toilet Facilities	<ul style="list-style-type: none"> Identify locations and number of toilet facilities: _____ Hot and cold water provided at hand sinks? Yes No 		
Dressing Rooms	<ul style="list-style-type: none"> Will dressing rooms, lockers, or other storage be provided for employee belongings? Yes No 		

	<ul style="list-style-type: none"> Describe the location of storage areas for employees' clothing and personal belongings. <hr/>
Linens	<ul style="list-style-type: none"> Will linens be laundered on site? Yes No <ul style="list-style-type: none"> If yes, what will be laundered and where? <hr/> <ul style="list-style-type: none"> If no, how and where will linens be cleaned? <hr/> Identify location of clean and dirty linen storage: <hr/> How often will linens be delivered and picked up? <hr/>
Cleaning and Storage of Toxics	<ul style="list-style-type: none"> Identify the location/storage of cleaners and toxic materials. Where will cleaning and sanitizing solutions be stored at workstations? <hr/> How will these items be separated from food and food-contact surfaces? <hr/> Identify the location of the mop or service sink and any sanitizer dispensers. <hr/>
Pest Control	<ul style="list-style-type: none"> Will all outside doors be self-closing and rodent proof? Yes No N/A Will screens be provided on all entrances left open to the outside? Yes No N/A Will all openable windows have a minimum #16 mesh screening? Yes No N/A Will insect control devices be used? Yes No N/A Will air curtains be used? Yes No N/A (If yes, where? _____) <p>* Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.</p>
Refuse, Recyclables, and Returnables	<ul style="list-style-type: none"> Will refuse/garbage be stored inside? Yes No (If yes, where? _____) Identify how and where garbage cans and floor mats will be cleaned. <hr/> Will a dumpster or a compacter be used? Dumpster Compactor <hr/> Identify locations of grease storage containers: _____ Will there be an area to store recyclables? Yes* No <ul style="list-style-type: none"> If yes, where _____ <hr/> Will there be an area to store returnable damaged goods? Yes* No <ul style="list-style-type: none"> If yes, where _____