

# **FOOD SERVICE ESTABLISHMENT APPLICATION AND PLAN REVIEW DOCUMENTS**

**PLEASE FILL OUT ALL DOCUMENTS COMPLETELY.**

The intent of this packet is to save time and money and to facilitate greater uniformity and ease in conducting your plan review whether you are constructing a new building or remodeling an existing building.

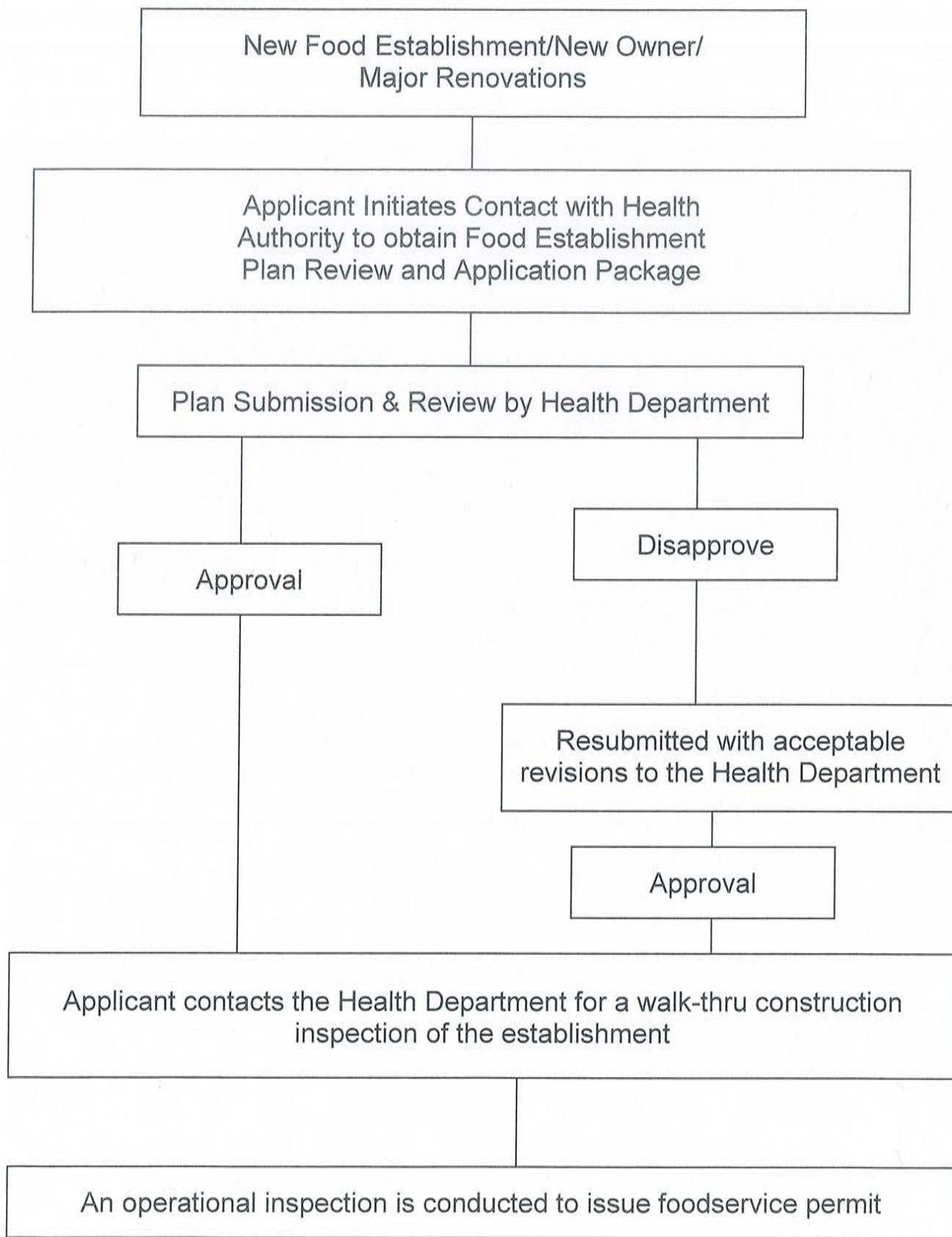
To help assure a timely review process, please read and follow the attached Plan Review Guidelines.

**Incomplete packets will be returned to the applicant, which will delay the plan review and may result in additional fees.**

The current Georgia Rules and Regulations governing food service establishments can be downloaded from the following website:

<http://dph.georgia.gov/environmental-health>

## PLAN REVIEW PROCESS FLOW CHART



## **PLAN REVIEW GUIDELINES**

Please check/circle all items below to indicate whether the requirements have been fulfilled before submitting your application packet.

- 1. All parts of the application and plan review packet are completely filled out.
- 2. Fees are paid. (Plan Review and Annual Inspection)
- 3. A copy of the menu is attached.
- 4. Floor plans are submitted. Be sure to follow the guidelines specified in the "Contents and Format of Plans and Specifications" section.
- 5. Equipment list by manufacturer and model number is attached.  
Please note that all equipment must be NSF approved or equivalent.  
Use of non-commercial equipment is prohibited.
- 6. Manufacturers equipment specification sheets (cut sheets) are submitted.
- 7. Provide approval from Zoning Department that location is acceptable for proposed use.

Will your establishment be served by:    **Public Sewer**    or    **Septic System**

Will your establishment be served by:    **Public Water**    or    **Well\***

\*A complete water analysis must be submitted by a state certified laboratory if the establishment is served by a well.

\_\_\_\_\_ Number of pre-rinse sprayers at warewashing sinks

**YOU WILL BE NOTIFIED IN WRITING AFTER YOUR PLANS ARE REVIEWED. DO NOT BEGIN ANY FORM OF RENOVATION, REMODELING OR CONSTRUCTION ACTIVITY WITHOUT WRITTEN APPROVAL FROM THIS OFFICE.**

If there are any equipment changes, building modifications, etc. after the original plans have been approved, you must notify this office for approval.

Thank you for your cooperation.

## **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. This is to allow for ease in reading plans.
2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
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. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. 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.
9. 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 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;

(2) At least 220 lux (20 foot candles):

(a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;

(b) Inside equipment such as reach-in and under-counter refrigerators;

(c) At a distance of 75 cm (30 inches) above the floor in areas used for hand washing, ware washing, and equipment and utensil storage, and in toilet rooms; and

(3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).

f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with;

g. Ventilation schedule for each room;

h. A mop sink or curbed cleaning facility with facilities for hanging wet mops;

i. Garbage can washing area/facility;

j. Cabinets for storing toxic chemicals;

k. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;

l. Site plan (plot plan)

# Oconee County Food Service Design Requirements and Procedures

## PURPOSE

This document serves as a brief overview of the plan review process and minimum design requirements – including many of those requirements that are frequently overlooked.

Proper kitchen design of a food service establishment is essential for proper work flow, cleanliness, and prevention of common food violations which may lead to food borne illness outbreaks.

For further information in regards to design requirements, please refer to the following website: <http://dph.georgia.gov/food-service-design-installation-and-construction-manual> or contact Oconee County Environmental Health Services at 706-769-7060 to speak with an Environmental Health Specialist.

## PLAN REVIEW

**Oconee County Environmental Health Services (OCEH) must approve plans before new construction or remodeling may begin.** Our department is the regulatory authority responsible for determining if the code and standards for design and materials - in regards to opening and operating a food service establishment – are met. Starting construction prior to approval may result in costly corrections and delayed openings.

Plans are reviewed in the order in which they are received. Plans must be submitted at least 20 business days prior to proposed construction, but please note that **plans may take up to 30 days to review**. Incomplete plans take longer to review so please carefully review the plan submittal requirements in this document.

## PLAN REVIEW PROCESS

Once your plans are up for review you will be contacted by a plan reviewer either by phone or by email. A summary of the plan review process is as follows:

1. Your proposed menu will be discussed in detail. Be prepared to have yourself or a representative discuss every menu item from receipt to final service. This is important because the proposed menu determines the requirements and size of the kitchen. An on-site visit to the establishment for remodels will most likely be scheduled as well.
2. Your submitted plans will be reviewed to determine if the size, equipment, and finishes match your proposed menu and meet the current construction requirements in the food code.
3. Plans will be returned for re-submittal if incomplete or if additional requirements are determined. A re-submittal of plans fee may be charged – especially for incomplete plans or excessive re-submittals.
4. A letter of approval will be issued for all final approved plans and copied to the local county planning department. Once you have received all approvals required (from all other agencies), you may begin construction or remodeling.

## PLAN SUBMITTAL REQUIREMENTS

In order to complete a timely review of your project, all the information listed below should be included with the plan. Refer to the plans submittal guidelines in your application packet.

- A completed plan review application with the required fees payable to Oconee County Environmental Health Services
- One complete set of plans drawn to scale (minimum  $\frac{1}{4}$  inch to 1 foot), detailing the proposed layout.  
Show all equipment, counter top equipment, ventilation hoods, sinks, shelving, plumbing, equipment elevations, entrances and exits, restrooms, dining area etc.
- Finish schedule for floors, base cove, wall and ceilings
- A proposed menu
- A description of the project
- Equipment locations on the layout
- Equipment specifications sheets for all equipment.  
(All food service equipment shall be of commercial design and have one of the following certifications: National Sanitation Foundation International (NSF) or Intertek Testing and Certification (ETL Sanitation) certified)
- Water heater and dish washer specifications (if applicable). Note the additional requirements for tankless water heaters in the water heater section of this document.
- One complete set of elevations and drawings for all custom equipment
- Counters and cabinetry shop drawings indication cabinet construction and countertop finish.
- A copy of the zoning approval or building permit from the local unit of government
- Completed verification of residency form

\*Please note that other information may be requested during the plan review process.

## Pre-Opening Inspections

1. Plan reviewers will make on-site inspections of the facility during and after the construction/remodel process. Two pre-opening inspections are required for all issuance of the final food service permit:
  - a. Finished construction inspection – floors, walls, ceilings – **before equipment is placed.**
  - b. Opening inspection – establishment must be clean, stocked (without perishable food) and operational.
2. FIVE business days advance notice is required to schedule a pre-opening inspection.

## **DESIGN REQUIREMENTS – Subject to change depending on menu**

### **Equipment:**

1. Commercial design and construction: NSF or ETL Sanitation certified.
2. Ventilation is required over all food heat processing equipment. Exceptions may include single Panini presses, waffle irons, convection ovens for baked goods only. Check with local building/fire code for specific requirements.
3. Shelving is to be commercial wire or stainless steel. No wood or plastic shelving is allowed with the exception of some cabinetry in bar and front service areas.

### **Temperature Control -**

1. Sufficient cooler/freezer space for long term storage. Walk-in (WI) coolers and freezers usually meet this requirement. Without a WI, 3 or 4 doors of full sized refrigeration is usually required for long term storage (not counting prep coolers or dedicated coolers for cooling foods). No glass door coolers are allowed in the kitchen area.
2. Foods that need assembly of ingredients per customer order (salads, burgers, pizzas, sandwiches) OR ingredients that are frequently used in made to order cooking (wok or short-order grill) require an open top make/prep table. Ice is not approved for long term storage of these items.
3. Appropriately sized make tables, steam tables and other holding equipment are required. The number of available wells and slots will be evaluated to determine if the number matches your menu. Hot holding cannot be on a stove top or in an oven. Holding cabinets, additional steam tables, heat lamps may be required.
4. For working portions of food, 'prep' coolers and freezers near cooking equipment and prep areas are required as to not continuously access long term storage. For example, no walking to the WI freezer continually for frozen fries. A prep freezer would be required next to the fryers. Server coolers for desserts and condiments may be required as well.
5. Self-service buffet and cafeteria type service require back up hot holding equipment (awaiting placement on the buffet).
6. Sufficient space and equipment for the cooling of items cooled from hot or prepared in advance of service is required (example: soups, cheese sauce, in-house prepared chicken salad):
  - a. Bulk ice machine, possible additional preparation sink for ice baths, additional counter space.
  - b. Speed racks and trays are required for cooling in a WI cooler. A dedicated cooler for cooling affixed with additional racks is required if no WI cooler is available.
7. Dedicated breading table for breading or battering items (non-ice) needed if applicable.

### **Hand washing –**

1. A minimum of one hand washing sink is required for use by food employees.
2. Required hand sink locations are: server area(s) after bussing tables, dish wash area, prep or grill area, main prep area in kitchen, bar area. Hand wash stations need to be conveniently located to all above stated areas.

### ***Prevention of cross-contamination –***

1. Dedicated fruit and vegetable washing sink or food preparation sink (if applicable). Drain board may be required dependent on processes.
2. Dedicated sink for the preparation of raw meats (if applicable).
3. Splash guards required if sinks are set less than 3 feet from another area due to splashing.
4. Dedicated cooler or grill drawers may be required for raw meats awaiting preparation or cooking (if applicable).
5. Adequate prep area space allowed (stainless steel prep tables for food preparation).
6. Dedicated table/area for the preparation of raw meats if not batch preparing (if applicable).
7. Dedicated mop sink/basin required with running hot and cold water. No white plastic basins allowed. A backflow prevention device is mandatory.
8. Adequate food shields or sneeze guards for self-service buffets. Food shields are to be NSF certified. Partitions for separation from customers required if customers will be next to kitchen areas (specifications attached at end of document)

### ***Storage:***

1. Dedicated floor space to accommodate the following storage should equal 25 percent of food preparation area, or a minimum of 100 square feet:
  - a. Drying racks for clean kitchenware and utensils.
  - b. Dirty dish staging area.
  - c. Clean kitchenware and utensils storage.
  - d. Mop/broom/chemical storage.
  - e. Dry goods storage, single service items, paper goods, alcohol and liquor storage.
  - f. Employee belongings area.
2. The 25 percent is for dedicated FLOOR storage space. Wall shelving or cabinet storage does not count towards this minimum.

### ***Ware washing:***

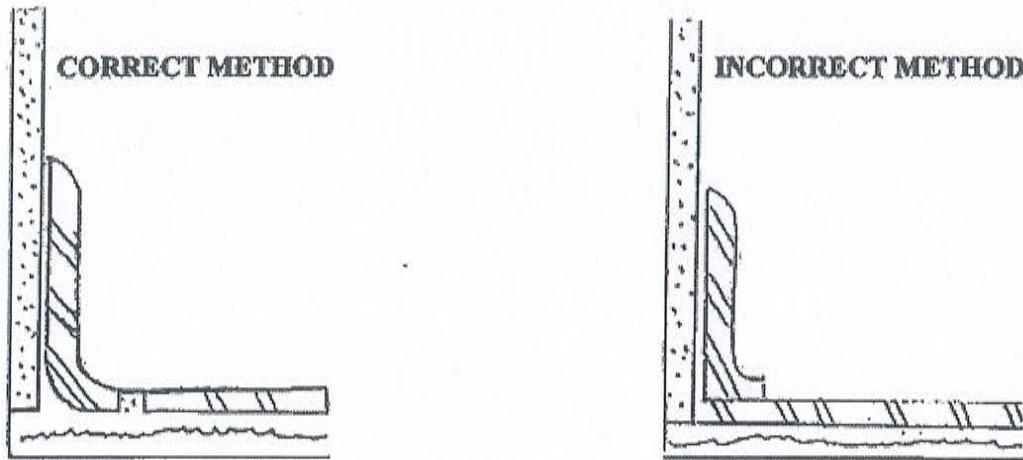
1. Minimum 3-compartment sink with drain boards on both sides. This is required whether or not a dishwasher is proposed.
2. A 4 –compartment sink or additional pre-rinse sink is required if tableware will be utilized. A dishwasher with a pre-rinse sink would meet this requirement.
3. Coffee shops, bars, smoothie bars, server areas are required to have a dump/rinse sink in addition to a 3-compartment sink. Upgrading to a 4-compartment sink *may* meet this requirement as the first compartment may be used as a rinse sink.

## Physical facilities:

### *Floors, walls and ceilings (see finish chart at end of document) -*

1. Floors, walls and ceilings are to be smooth and easily cleanable.
2. Flooring – Approved finishes are quarry, ceramic tile\*, epoxy resin flooring system\* (poured and troweled and NOT painted or rolled on), rubber commercial sheet linoleum\*  
*\* = requires prior approval from OCEH. Usage recommendation provided by the manufacturer must support use in a commercial kitchen. Ceramic or porcelain tile may be considered in lieu of quarry tile if it meets tensile strength requirements.*
3. Commercial VCT (Vinyl Coated Tile) flooring is not approved for any areas other than dry storage, dining, office.
4. Cove base is required in all areas – including restrooms – and must be the same material as the flooring. Rubber base cove molding is not approved for any flooring other than VCT. No rubber base cove is to be installed over tile.
5. Tile cove base must be installed correctly and not top set over the floor tile:

#### [Appendix #2 - Coved Base](#)



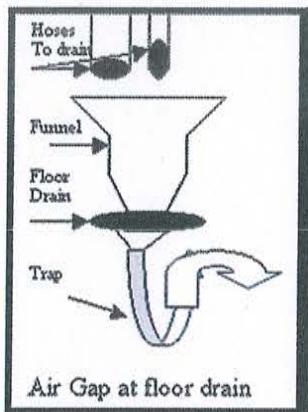
\* Improper installation will require the tile cove and possibly areas of the floor tile to be re-installed

6. Walls and ceilings must be smooth and easily-cleanable in all kitchen areas except dry storage. Walls in all kitchen areas require FRP (Fiberglass Reinforced Panel) or other washable panels. Washable painted sheet rock is allowed in dry storage areas only.
7. Wood doors and frames, grooved panel, or any wood surface is not an approved wall surface. Washable ceilings are required everywhere but the office, dining area and dry storage.
8. Ceilings greater than 15 feet in height over bars or service areas only are allowed without a washable drop ceiling.
9. Smooth, easily cleanable ceiling tiles are required over preparation areas and 1' past service areas.

## *Other -*

1. Compartmentalized kitchen designs (such as converted office space or add-on's to a previous small kitchen) may be required to have significant structural changes as to provide a large more centralized kitchen space.

2. All equipment requiring drainage must be connected to the establishment's plumbing system. No pumping of waste is allowed to the nearest floor drain.
3. Ice bins must be self-draining. Ice bins are to have cooling tubes and components separated by a divider plate creating a faux bottom BY DESIGN in order to keep drinking ice separate from the cooling components.
4. Areas used for dry storage must be finished – no exposed wood frames, conduit, rafters etc. Example: no storage in an unfinished basement. Washable floors with appropriate cove molding are required in all storage areas to include dry storage and chemical storage.
5. No sinks allowed to be top set into cabinets in main kitchen areas. This may be allowed in front service areas only.
6. Indirect drainage connections are required for food and utensil equipment and sinks (air gap or air break – must 'see' air).



7. Custom cabinetry is to be constructed to NSF Standard #35 with plastic laminate on all exposed surfaces. Wood cabinetry is not permitted. Cabinetry must be installed elevated 6 inches off floor or with cove base installed at the floor to wall juncture. Show all cabinetry on plans.
8. Wood used for bar tops should be composed of a hard-wood and finished with polyuerethane to be smooth and easily cleanable.
9. Decorative wood may be permitted above back bar countertop if approved by the Regulatory Authority. No other wood is permitted.
10. Sufficient shielded lighting (50 foot candles) is required in all food preparation and ware washing areas. This is about as bright as a typical office space.

### **Water Heaters-**

1. Proposed water heaters will be calculated based upon the number of hot water utilizing fixtures in the establishment. Insufficient water heaters may be upgraded or additional units may be added.
2. On-demand units (tankless) may not be used with a dishwasher without the following:
  - a. A separate intermediate storage tank used to supply the dishwasher alone..... OR
  - b. Dishwasher must be approved for use with an on-demand unit by the manufacturer and a gallons per minute (gpm) flow rate provided.

3. Storage tank and tankless water heaters may not be installed together to supply the same hot water line without engineer certification.
4. If the tankless water heaters are proposed, several units may need to be installed.
5. If the tankless water heater is located greater than 60' from the furthest fixture then a recirculation system is required. In some cases, separate smaller water heaters for remote fixtures, such as toilet room hand sinks may be more appropriate.
6. Water heaters are not to be installed directly above a mop basin or sink without maintaining at least 8 feet of clearance. This is to allow mops to dry.

***Waste disposal -***

1. Proposed establishments on a well or septic system will need permitting, approval and possibly upgrades from OCEH.
2. Grease trap requirements for city sewer area are issued by the local water/sewer authority.
3. Waste from sinks and equipment must drain to a floor drain using gravity. No pumping of waste is allowed.

***\*\* Kitchen size determination***

If the proposed space cannot meet the above requirements due to space, you may be required to expand the square footage or propose a different location. Dining/seating, office or common space may be reduced as well to accommodate greater kitchen size.

**SECTION A – General Information** (All applicants complete **entire** section- please print)

**Purpose (check one)**  **New**  **Information Change**  
 **Extensive Remodel**  **Reactivate**  
 **Change of owner/operator**

Establishment Name		
Physical Location		
Establishment Mailing Address		
City	State	Zip
Establishment Phone		
Fax or Email and Contact Person		

<b>Owner Information</b>		
<b>Owner or Officer of the Legal Ownership</b>		<b>Title</b>
Type of Entity <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Describe)		
Business/Corporate Address		
City	State	Zip
Telephone		

<b>Billing Information</b>		
Name		
<b>Billing Address</b>		
City	State	Zip

<b>Contact Person</b>	
Name	Title
Telephone Number	

**SECTION B – TYPES OF OPERATIONS (Check all that apply)**

Type of Establishment	Food Preparation
<input type="checkbox"/> Bar or Tavern only <input type="checkbox"/> Bar with Food Service <input type="checkbox"/> School <input type="checkbox"/> Caterer <input type="checkbox"/> Buffet <input type="checkbox"/> Kiosks/Extended Food Service <input type="checkbox"/> Limited Food Service <input type="checkbox"/> Mobile food unit <input type="checkbox"/> Restaurant <input type="checkbox"/> Restaurant w/Caterer <input type="checkbox"/> Takeout or Drive-in only <input type="checkbox"/> Restaurant and retail <input type="checkbox"/> Institution (jail, hospital, etc.) <input type="checkbox"/> Restaurant with Wholesale Processing <input type="checkbox"/> Other _____	<input type="checkbox"/> No cook step (Do not cook any food items) <input type="checkbox"/> Only heat commercially pre-cooked foods
	<input type="checkbox"/> Cook raw foods <input type="checkbox"/> Cool food items (serve leftovers) <input type="checkbox"/> Hot holding <input type="checkbox"/> Serve raw or undercooked food items <input type="checkbox"/> Thawing <input type="checkbox"/> Use Time as a Public Health Control
	<input type="checkbox"/> Reduced-oxygen packaging (vacuum-packaging, sous vide packaging, cook-chill packaging, modified atmosphere packaging, or controlled atmosphere packaging) <input type="checkbox"/> Use food additives or components such as vinegar to render food not potentially hazardous (time/temp control for safety food) Ex. Sushi rice <input type="checkbox"/> Smoke food as a method of food preservation rather than as a method of flavor enhancement <input type="checkbox"/> Other _____

Hours of Operation:

FROM

TO

Sunday _____	_____
Monday _____	_____
Tuesday _____	_____
Wednesday _____	_____
Thursday _____	_____
Friday _____	_____
Saturday _____	_____

Copy of Proposed Menu attached: YES ( ) NO ( )

Number of Seats \_\_\_\_\_

Number of Staff \_\_\_\_\_  
(Maximum per Shift)

Total Square Feet of Facility \_\_\_\_\_

Maximum Number of Meals to be Served: Breakfast \_\_\_\_\_  
Lunch \_\_\_\_\_  
Dinner \_\_\_\_\_  
Total Served Daily \_\_\_\_\_

Days Between Deliveries \_\_\_\_\_

Projected Date for Start of Construction \_\_\_\_\_

Projected Date for Completion of Project \_\_\_\_\_  
(Ready for the final walk-through inspection for the Food Service Permit)

I have submitted plans/applications to the following:  
(Please note date of submittal on applicable line)

Code Enforcement \_\_\_\_\_ Fire Dept. \_\_\_\_\_

Public Works \_\_\_\_\_ Other \_\_\_\_\_

**AGREEMENT:**

The undersigned hereby applies for a permit to operate a Food Service Establishment pursuant to OCGA 26-2-371-373 and hereby certifies that he/she has received a copy of the Rules for Food Service, Chapter 290-5-14, Georgia Department of Public Health.

I understand that the Responsibilities of a Permit Holder (Rule .02 subsection (1)(f)) must be followed in order to retain the Food Service Permit.

I attest to the accuracy of the information provided in this application, affirm that the facility will comply with Chapter 290-5-14, and will allow the Health Authority access to the establishment.

I further understand that Annual Inspection fees will be billed and that failure to pay by the due date will result in late fees. Late fees are applied at a rate of \$30.00 for every 30 days that the bill is past due.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title (Must be owner or officer of the legal ownership) \_\_\_\_\_

Date \_\_\_\_\_

**NOTE:**

It is **ILLEGAL** to begin food service operations without first obtaining a valid food service permit from Oconee County Environmental Health Services.

Any changes to the existing food service establishment will require **PRIOR APPROVAL FROM THE OCONEE COUNTY HEALTH DEPARTMENT**. This includes any menu change that requires the installation of food equipment and/or structural changes, involves a food preparation process that was not performed in the establishment prior to the menu change, or poses a health risk to consumers because it is a raw animal food served raw or undercooked.

**FOOD  
SERVICE  
SPECIFICATION  
DOCUMENTS**

**PLEASE SEE CONTENTS AND FORMAT OF PLANS AND  
SPECIFICATIONS PRIOR TO COMPLETING  
DOCUMENTS.**

## IDENTITY OF PLANS

Name of Food Establishment

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Address of Food Establishment

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### A. FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas. Materials for indoor floor wall and ceiling surfaces under conditions of normal conditions must be smooth, durable and easily cleanable in foodservice areas.

	FLOOR	COVING	WALLS	CEILING
KITCHEN				
BAR				
FOOD STORAGE				
OTHER STORAGE				
TOILET ROOMS				
DRESSING ROOMS				
GARBAGE & REFUSE STORAGE				
MOP SERVICE BASIN AREA				
WAREWASHING AREA				
WALK-IN REFRIGERATORS AND FREEZERS				

**B. INSECT AND RODENT CONTROL**

*APPLICANT: Please check appropriate boxes.*

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

**C. GARBAGE AND REFUSE****Inside**

8. Do all containers have lids?	( )	( )	( )
9. Will refuse be stored inside?	( )	( )	( )
If so, where? _____			
10. Is there an area designated for garbage can or floor mat cleaning? If 'Yes', waste water drain will be required.	( )	( )	( )

**Outside**

11. Will a dumpster be used?	( )	( )	( )
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Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of pickup \_\_\_\_\_

Contractor \_\_\_\_\_

12. Will a compactor be used?

Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of pick up \_\_\_\_\_

Contractor \_\_\_\_\_

13. Will garbage cans be stored outside?

14. Describe surface and location where dumpster/compactor/garbage cans are to be stored

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15. Describe location of grease storage receptacle

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16. Is there an area to store recycled containers?

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Indicate what materials are required to be recycled;

- Glass
- Metal
- Paper
- Cardboard
- Plastic

17. Is there any area to store returnable damaged goods?

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**D. PLUMBING CONNECTIONS: Please check appropriate boxes.**

	Air gap	Air break	Integral Trap	P Trap	Vacuum Breaker	Condensate Pump
<b>Toilet</b>						
<b>Urinals</b>						
<b>*Dishwasher</b>						
<b>Garbage grinder</b>						
<b>* Ice machine (s)</b>						
<b>*Ice storage bin (s)</b>						
<b>Mop sink</b>						
<b>Hand wash sink</b>						
<b>3 compartment sink</b>						
<b>2 compartment sink</b>						
<b>1 compartment sink</b>						
<b>Lavatory</b>						
<b>Water Station</b>						

\* An air gap or an air break is required.

**PLUMBING CONNECTIONS** continued: Please check appropriate boxes.

	Air gap	Air break	Integral Trap	P Trap	Vacuum Breaker	Condensate Pump
*Steam tables						
*Dipper wells						
Refrigeration condensate/drain lines						
Hose connection						
*Potato peeler						
Other						

\* An air gap or an air break is required.

18. Are floor drains provided & easily cleanable, if so, indicate location?

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**E. WATER SUPPLY**

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

20. If private, has source been approved? YES ( ) NO ( ) PENDING ( )

Please attach copy of written approval and/or permit.

21. Is ice made on premises ( ) or purchased commercially ( )?

If made on premise, please provide specifications for the ice machine. If purchased commercially please provide information on the source and method by which the ice is collected from the source, the means to protect the ice from contamination, and the type of unit ice is stored at the foodservice establishment.

22. Describe the manner in which ice scoops will be stored:

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23. Provide location of ice maker or bagging operation:

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24. Will there be a water filtration system on the premises? If so, provide location.

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25. What is the capacity of the hot water generator (in gallons)?

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26. Is the hot water generator sufficient for the needs of the establishment? **Provide the number of hot water generating fixtures in Section H.**

27. Is there a water treatment device? YES ( ) NO ( )

If yes, how will the device be inspected & serviced?

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28. How are backflow prevention devices inspected & serviced?

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#### **F. SEWAGE DISPOSAL**

29. Is building connected to a municipal sewer? YES ( ) NO ( )

30. If no, is private disposal system approved? YES ( ) NO ( ) PENDING ( )

Please attach copy of written approval and/or permit.

31. Are grease traps provided? YES ( ) NO ( )

If so, where? \_\_\_\_\_

Provide schedule for cleaning & maintenance \_\_\_\_\_

#### **G. DRESSING ROOMS**

32. Are dressing rooms provided? YES ( ) NO ( )

33. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas,etc.) \_\_\_\_\_

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**H. HOT WATER FIXTURES: LEAVE SHADED CELLS BLANK (FOR OFFICE USE).**

		GALLONS PER HOUR		
EQUIPMENT TYPE	QUANTITY	HIGH	LOW	
VEGETABLE SINK		15	15	=
THREE COMPT. SINK		20	15	=
FOUR COMPT. SINK		80	60	=
PRE-RINSE FOR DISHES-SHOWER HEAD TYPE		45	45	=
BAR - 3 COMPT. SINK		20	20	=
BAR - 4 COMPT. SINK		25	25	=
CHEMICAL SANITIZING GLASSWASHER		60	60	=
HAND WASH SINKS		5	5	=
MEAT PREP/THAW SINK		10	10	=
HOT WATER FILLING FAUCET		15	15	=
BAIN MARIE		10	10	=
GARBAGE CAN WASHER/MOP SINK		20	10	=
NINE AND TWELVE POUNDS CLOTHES WASHER		45	45	=
SIXTEEN POUNDS CLOTHES WASHER		60	60	=
EMPLOYEE SHOWER		20	20	=
DISHMACHINE FINAL RINSE 100% USAGE GALLONS PER HOUR	_____	GALLONS		=
		TOTAL PEAK DEMAND		=

**WATER HEATER:** (ATTACH SPECIFICATION SHEET)

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ NUMBER OF UNITS \_\_\_\_\_

## **I. GENERAL**

34. Please provide the name of the certified Applicator for Pest Control.

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35. Will the facility be open 24 hours? If so, provide intended schedule for pest control applications and thorough cleaning of the facility.

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36. 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 ( )

Indicate location:

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37. Are all containers of toxics including sanitizing spray bottles clearly labeled?  
YES ( ) NO ( )

38. Will linens be laundered on site? YES ( ) NO ( )

If yes, what will be laundered and where? \_\_\_\_\_

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If no, how will linens be cleaned? \_\_\_\_\_

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39. Is a laundry dryer available? YES ( ) NO ( )

40. Location of clean linen storage: \_\_\_\_\_

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41. Location of dirty linen storage: \_\_\_\_\_

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42. Are containers constructed of safe materials to store bulk food products (sugar, flour, etc)?  
YES ( ) NO ( )

Indicate type: \_\_\_\_\_

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43. Indicate all areas where exhaust hoods are installed:

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

44. How is the listed ventilation hood system cleaned?

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45. Are all pieces of equipment that produce excessive heat, steam, condensation, vapors, obnoxious odors, smoke, and fumes under mechanical ventilation of sufficient capacity?  
YES ( ) NO ( )

#### **J. SINKS**

46. Is a mop sink present? YES ( ) NO ( )

47. Is a vegetable prep sink present? YES ( ) NO ( )

If the menu dictates, is a meat preparation/ thawing sink present? YES ( ) NO ( )

#### **K. DISHWASHING FACILITIES**

48. Will sinks or a dishwasher be used for warewashing?

Dishwasher ( )

Three compartment sink ( )

49. Will only single service utensils (i.e. cups, knives, forks, spoons) be provided?  
YES ( ) NO ( )

50. Type of dishwasher sanitization used: Hot water (temp. provided) \_\_\_\_\_  
Booster heater \_\_\_\_\_  
Chemical type \_\_\_\_\_

Is ventilation provided? YES ( ) NO ( )

51. Is warewashing machine designed and equipped to automatically dispense detergents and sanitizers? YES ( ) NO ( )

52. Does the warewashing machine incorporate a visual means to verify that detergents and sanitizers are delivered or a visual or audible alarm to signal if the detergents and sanitizers are not delivered to the respective washing and sanitizing cycles. YES ( ) NO ( )

53. Do all dish machines have templates with operating instructions? YES ( ) NO ( )

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

55. Does the largest pot and pan fit into each compartment of the pot sink? YES ( ) NO ( )

If no, what is the procedure for manual cleaning and sanitizing?

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56. Are there drain boards on both ends of the pot sink? YES ( ) NO ( )

57. What type of sanitizer is used?

Chlorine ( )  
Iodine ( )  
Quaternary ammonium ( )  
Hot Water ( )

58. Are test papers and/or kits available for checking sanitizer concentration? YES ( ) NO ( )

#### **L. HANDWASHING/TOILET FACILITIES**

59. Is there a handwashing sink in each food preparation and warewashing area? YES ( ) NO ( )

60. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES ( ) NO ( )

61. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES ( ) NO ( )

62. Is hand cleanser available at all handwashing sinks? YES ( ) NO ( )

63. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? YES ( ) NO ( )

64. Are covered waste receptacles available in each restroom? YES ( ) NO ( )

65. Are hot and cold water under pressure available at each handwashing sink? YES ( ) NO ( )

66. Are all toilet room doors self-closing? YES ( ) NO ( )

67. Are all toilet rooms equipped with adequate ventilation? YES ( ) NO ( )

68. Is a covered waste container or sanitary napkin receptacle in all women's toilet rooms?  
YES ( ) NO ( )

69. Are paper towels provided in all toilet rooms that require touching a handle or knob to open?  
YES ( ) NO ( )

#### **M. SMALL EQUIPMENT REQUIREMENTS**

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

Slicers \_\_\_\_\_

Cutting boards \_\_\_\_\_

Can openers \_\_\_\_\_

Mixers \_\_\_\_\_

Floor mats \_\_\_\_\_

72. Are all pieces of equipment used in the foodservice establishment designed to meet ANSI-approval (i.e. NSF) for commercial use? YES ( ) NO ( )

#### **N. BUFFET UNITS AND CATERERS**

71. Are all sneeze guards on consumer self-service equipment designed to meet ANSI-specifications. YES ( ) NO ( )

72. Are any raw food items displayed on the consumer self-service bar? YES ( ) NO ( )

73. Are all utensils used on the consumer self-service units such as buffets or salad bars longer in length than the widest portion of each container on the bar? YES ( ) NO ( )

74. Please describe procedure for food that is removed from the buffet.

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75. Please state how you intend to refill food on the buffet.

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76. CATERER: Please list the types of equipment used to protect food from contamination and to maintain product temperature for hot and cold holding during transportation and at the event.

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**STATEMENT:**

I hereby certify that the above information is correct, and I fully understand that any deviation from the above information and approved food service plans and specifications without prior permission from the Oconee County Health Department – Environmental Health Division may nullify final approval.

Signature(s) \_\_\_\_\_  
Owner(s) or responsible representative(s)

Date: \_\_\_\_\_

**NOTES:**

**YOU WILL BE NOTIFIED IN WRITING AFTER YOUR PLANS ARE REVIEWED.  
DO NOT BEGIN ANY FORM OF RENOVATION, REMODELING OR  
CONSTRUCTION ACTIVITY WITHOUT WRITTEN APPROVAL FROM THIS  
OFFICE.**

Approval of these plans and specifications by the Oconee County Health Department does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further DOES NOT constitute endorsement or acceptance of the completed establishment (structure or equipment). A preliminary inspection of the each completed establishment with the necessary equipment in place & operational will be necessary to determine if it complies with the Georgia Rules and Regulations governing food service establishments.

If there are any equipment changes, building modifications, etc...after the original plans have been approved, you must contact this office and request approval. Failure to obtain approval from this office for such changes will result in additional fees and may delay the opening of your establishment.

**FOOD  
SERVICE**

**FOOD PREPARATION**

**REVIEW**

## FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

<u>CATEGORY</u>	<u>(YES)</u>	<u>(NO)</u>
Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	( )	( )
Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	( )	( )
Cold processed foods (salads, sandwiches, vegetables)	( )	( )
Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	( )	( )
Bakery goods (pies, custards, cream fillings & toppings)	( )	( )
Other _____		

*PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS*

### **A. THAWING FROZEN POTENTIALLY HAZARDOUS FOOD**

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

<b>Thawing Method</b>	<b>*THICK FROZEN FOODS</b>	<b>*THIN FROZEN FOODS</b>
Refrigeration		
Running Water Less than 70°F(21°C)		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

\*Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

### **B. FOOD SUPPLIES**

1. Are all food supplies from inspected and approved sources? YES ( ) NO ( )

2. List proposed food vendors/suppliers: \_\_\_\_\_  
\_\_\_\_\_

3. What are the projected frequencies of deliveries per week for the following:

Frozen foods \_\_\_\_\_

Refrigerated foods \_\_\_\_\_

Dry Goods \_\_\_\_\_

### **C. COLD STORAGE**

4. Does each refrigerator/freezer have a thermometer? YES ( ) NO ( )

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

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

5. Is there a bulk ice machine available? YES ( ) NO ( )

6. Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked or ready to eat foods? YES ( ) NO ( )

If yes, how will cross-contamination be prevented? \_\_\_\_\_  
\_\_\_\_\_

### **D. COOKING & REHEATING**

9. List types of cooking equipment \_\_\_\_\_  
\_\_\_\_\_

10. What type(s) of food product thermometer(s) will be used to measure final cooking/reheating temperatures of PHF's?

Bi-metallic stem (dial)  Digital, fast read  
 Thin meat, small diameter probe  Thermocouple  Other \_\_\_\_\_

11. How will PHF's that are cooked, cooled, and reheated for hot holding be rapidly reheated?

12. List types of hot holding equipment \_\_\_\_\_

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#### **E. COOLING**

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN FOOD ITEMS (SOUPS, GRAVY)	THICK FOOD ITEMS (STEWs, CASSEROLES)	RICE/ NOODLES
Shallow Pans					
Ice Baths/Ice Paddle					
Reduce Volume or Size					
Specialty Rapid Chill Equipment					
Other (describe)					

13. Please list items of food prepared more than 24 hours in advance of service.

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14. 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 these ready-to-eat foods be cooled to 41°F?

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#### F. PREPARATION

15. How will bare hand contact with ready-to-eat foods be prevented? \_\_\_\_\_

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16. What type of sanitizer do you intend to use? \_\_\_\_\_

Sanitizer concentration: \_\_\_\_\_ ppm

*\*A test kit for sanitizer must be available for use.*

17. Will all produce be washed prior to use? YES ( ) NO ( )

If No, describe \_\_\_\_\_

18. Is there a planned location used for washing produce only? YES ( ) NO ( )

Describe: \_\_\_\_\_

19. Will any cold, ready-to-eat, potentially hazardous foods be kept longer than 24 hours?

YES ( ) NO ( )

If Yes, describe your date marking/labeling procedures? \_\_\_\_\_

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20. Describe the procedure used for minimizing the length of time Potentially Hazardous Foods are kept in the temperature danger zone (between 41°F to 135°F) during preparation.

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21. Will specialized processing methods (such as smoking, curing, acidifying, dehydrating, thermally processing low acid foods, vacuum packaging) be done on-site? YES ( ) NO ( )

If yes, provide HACCP plan as required by the Health Authority.

## G. MANAGEMENT & PERSONNEL

22. Does your facility's policy to exclude or restrict food workers who are sick or have infected cut or lesions meet the standards set by (*Rule .03 subsection (4)(a-f & h) p.31*) ?  
YES ( ) NO ( )

Copy of employee health policy attached.

Will employees have paid sick leave? YES ( ) NO ( )

23. Do you have a Certified Food Safety Manager on-site? YES ( ) NO ( )

If Yes, provide name and certification number \_\_\_\_\_

If No, provide estimated date of certification completion (must be within 90 days of opening)  
\_\_\_\_\_  
\_\_\_\_\_