



# PLAN REVIEW FOR FOOD ESTABLISHMENTS

## City of Moline

<b>TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Remodel	<b>Projected Start Date:</b> _____ <b>Projected Opening Date:</b> _____
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**FOOD ESTABLISHMENT INFORMATION**

<b>Name of Establishment:</b>			
<b>Establishment Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>

<b>TYPE OF FOOD OPERATION:</b> <input type="checkbox"/> Restaurant <input type="checkbox"/> Daycare <input type="checkbox"/> Retail food store <input type="checkbox"/> Other: _____
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**OWNERSHIP INFORMATION**

<b>Name of Owner:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Email:</b>	<b>Phone Number:</b>		

**APPLICANT INFORMATION (e.g., ARCHITECT/ENGINEER/GENERAL CONTRACTOR)**

<b>Applicant Name:</b> <input type="checkbox"/> Same as Owner	<b>Contact Person:</b>		
<b>Applicant Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Email:</b>	<b>Phone Number:</b>		

**FOOD OPERATION INFORMATION**

<b>Hours/Days of Operation</b>							<b>Restaurant Seating Capacity</b>	<b>Type of Service (check all that apply)</b>
<b>Sun</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	# of Indoor Seats: _____	<input type="checkbox"/> On-site consumption
							# of Outdoor Seats: _____	<input type="checkbox"/> Off-site consumption
							Square Feet of Facility: _____	<input type="checkbox"/> Catering
							Max Employees per Shift : _____	<input type="checkbox"/> Other: _____

**SUBMIT THE FOLLOWING:**

- Proposed menu (including seasonal, catering and banquet menus) – **Standard Operating Procedures or HACCP plans may be requested.**
  - Drawn site plan must be clearly drawn to scale, minimum 11 x 14 inches in size and include these items below:
    - Food preparation, serving and seating areas, restrooms, office/employee space, dry storage, chemical storage, mop sink, and trash area. Include location of any outside equipment or facilities (dumpsters, well, septic system-if applicable, grease interceptor).
    - Equipment layout and specifications.
    - Identify handwashing, warewashing and food preparation sinks.
    - Plumbing layout may be requested, 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.
    - 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).
- Note: A color coded flow chart may be requested by the Regulatory Authority demonstrating flow patterns for: food (receiving, storage, preparation, service); dishes (clean, soiled, cleaning, storage); trash (service area, holding, storage, disposal).**

<b>Signature:</b>	<b>Date:</b>
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# FOOD PREPARATION PROCEDURES

## FOOD DELIVERY

How often will frozen foods be delivered?  Daily  Weekly  Other: \_\_\_\_\_

How often will refrigerated foods be delivered?  Daily  Weekly  Other: \_\_\_\_\_

How often will dry foods or supplies be delivered?  Daily  Weekly  Other: \_\_\_\_\_

## FOOD STORAGE

Identify amount of space allocated for:

Dry Storage \_\_\_\_\_; Refrigerated Storage (41°F) \_\_\_\_\_; Frozen Storage \_\_\_\_\_; Utensil Storage \_\_\_\_\_

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

PROCESS	IDENTIFY FOOD ITEM(S)	INDICATE LOCATION AND/OR EQUIPMENT
<b>Washing</b> (i.e. produce washing) FDA Food Code §3-302.15	Example: Lettuce	Example: Food Prep Sink
<b>Thawing</b> FDA Food Code §3-501.13	Example: Chicken	Example: Food Prep Sink
<b>Cooking</b> FDA Food Code §3-401	Example: Beef	Example: Grill/Stove top
<b>Hot Holding</b> Hot food maintained at 135°F	Example: Rice	Example: Steam Table
<b>Cooling</b> Time/Temperature Control for Safety food will be cooled to 41°F within 6 hours; 135°F to 70° in 2 hours	Example: Rice	Example: Ice bucket- Walk in Cooler
<b>Reheating</b> Food must be reheated to a temperature of 165° for 15 seconds within 2 hours	Example: Rice	Example: Microwave/Steam Table

# FINISH SCHEDULE

**INSTRUCTIONS:** Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (FRP), ceramic tile, 4" plastic coved molding, etc.). Indicate Not Applicable (N/A) as appropriate.

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING
Food Preparation	Example: Tile	Example: Vinyl	Example: Painted Dry Wall	Example: smooth-nonabsorbent ceiling tile
Dry Food Storage				
Warewashing Area				
Walk-in Refrigerators and Freezers				
Service/ Mop Sink				
Refuse – Waste Area				
Toilet Rooms				
Other: Indicate				
Identify the finishes of cabinets, countertops, and shelving: Example: counter- stainless, cabinet- sealed wood, shelving- plastic				

# 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"> <li>Identify number of the handwashing sinks in food preparation and warewashing areas:</li> </ul> <p>Food Preparation: _____ Warewashing Area: _____</p>

<b>Warewashing Facilities</b>	<p><b>MANUAL DISHWASHING</b></p> <ul style="list-style-type: none"> <li>• Identify the length, width, and depth of the compartments of the 3-compartment sink: _____</li> <li>• Will the largest pot/ pan fit into each compartment of the 3-compartment sink? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> <p>*If No, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments? _____</p> <ul style="list-style-type: none"> <li>• Describe size, location and type (drain boards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space: _____</li> <li>• What type of sanitizer will be used? <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary <input type="checkbox"/> Iodine <input type="checkbox"/> Other: _____</li> </ul> <p><b>MECHANICAL DISHWASHING</b></p> <ul style="list-style-type: none"> <li>• Identify the make and model of the mechanical dishwasher: _____</li> <li>• What type of sanitizer will be used? <input type="checkbox"/> Chemical <input type="checkbox"/> Hot Water Type: _____ Minimum Temp: _____</li> <li>• Will ventilation be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>
<b>Water Supply</b>	<ul style="list-style-type: none"> <li>• Is the water supply public or non-public/private? <input type="checkbox"/> Public <input type="checkbox"/> Non-public/private *Attach copy of written approval and/or permit.</li> <li>• Is ice made on premises or purchased commercially? <input type="checkbox"/> Made on-site <input type="checkbox"/> Purchased</li> <li>• Will there be an ice bagging operation? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>
<b>Sewage Disposal</b>	<ul style="list-style-type: none"> <li>• Is the sewage system public or non-public/private? <input type="checkbox"/> Public <input type="checkbox"/> Non-public/private *Attach copy of written approval and/or permit.</li> <li>• Where will grease traps/interceptors be provided? _____</li> </ul>
<b>Backflow Prevention</b>	<p>Will all potable water sources be protected for backflow? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>Toilet Facilities</b>	<ul style="list-style-type: none"> <li>• Identify locations and number of toilet facilities: _____</li> <li>• Hot and cold water provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>
<b>Employee Areas</b>	<ul style="list-style-type: none"> <li>• Will an employee area be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Describe storage facilities for employee personal belongings: _____</li> </ul>

<b>Linens</b>	<ul style="list-style-type: none"> <li>• Will linens be laundered on site? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> <p>If yes, what will be laundered and where? _____</p> <p>If no, how and where will linens be cleaned? _____</p> <p style="text-align: right;"><b>*Linens cannot be washed at a home residence.</b></p>
<b>Cleaning Storage</b>	<ul style="list-style-type: none"> <li>• Location of storage for poisonous or toxic materials: _____</li> </ul>
<b>Pest Control</b>	<ul style="list-style-type: none"> <li>• Will all outside doors be self-closing and rodent proof? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Will screens be provided on all entrances left open to the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Will all openable windows have a minimum #16 mesh screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</li> <li>• Will insect control devices be used? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Will air curtains be used? If yes, where? _____</li> </ul> <p><b>Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.</b></p>
<b>Refuse, Recyclables, and Returns</b>	<ul style="list-style-type: none"> <li>• Will refuse/garbage be stored inside? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____</li> <li>• Identify how and where garbage cans and floor mats will be cleaned? _____</li> <li>• Will a dumpster or a compactor be used? <input type="checkbox"/> Dumpster <input type="checkbox"/> Compactor</li> <li>• Identify locations of grease storage containers: _____</li> <li>• Will there be an area to store recyclables? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____</li> <li>• Will there be an area to store returnable damaged goods? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____</li> <li>• If drive through window is provided, where will the refuse can be located? _____</li> </ul>

# FLOOR PLAN - EXAMPLE



