



Plan Review Submittal Procedure

1. If your facility is on a septic system and water well **STOP**.
 - o Contact your local Health Department office to verify the system is adequate for the proposed facility or if it will need to be upgraded. Typically an upgrade will be required.
2. The water supply well will be considered a public supply (type II or III) and must be inventoried and tested on a regular basis. Call Scott Johnston at (989) 732-6863.
3. Once the above items have been addressed fill out the plan review packet, SOP packet, license application and submit with fee to the county you will be operating in.
4. Be sure to FULLY complete the paperwork before submitting or it will be returned and could delay your project. If a section procedure or item does not apply, mark N/A on that page or line.
5. Questions on plan review materials can be directed to your county inspector.

Antrim County – Rhiannon Pomerville 231- 533-1004

Emmet County - Michele Delves 231-347-4694

Charlevoix/Otsego County - Brandon Morrill 231-547-7668



**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION
FORM C**

Establishment Name: _____

Establishment Street Address: _____

City and Zip Code: _____

Prior Establishment Name (if applicable): _____

Property ID # from Tax Bill: _____

Owner Information:

Name: _____ Phone #: _____

Address: _____

City & Zip Code: _____

Fax #: _____ E-mail: _____

Architect or General Contractor (Circle Appropriate Response):

Name: _____ Phone #: _____

Address: _____

City & Zip Code: _____

Fax #: _____ E-mail: _____

Which of the above should correspondence be mailed to? _____

Proposed Construction Start Date: _____ Proposed Opening Date: _____

SIGNATURE: _____ **DATE:** _____

For Health Department Use Only:

Fee: _____ Receipt #: _____ Computer ID #: _____

(over)

General Information

Hours of Operation: _____

Seating Capacity (include bar): _____ Facility Size (square feet): _____

Minimum staff per shift: _____ Maximum staff per shift: _____

These plans are for a: New establishment Remodeling Conversion

What describes the establishment better? On-site Preparation Serving Site

Will part of the operation be outdoors (bar, dining, storage, cooking, etc.)? Yes No

If yes, explain: _____

Type of Operation (check all that apply)

A. Restaurant Related

- | | | |
|---------------------------------------------|----------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Sit down meals | <input type="checkbox"/> Commissary | <input type="checkbox"/> Buffet or salad bar |
| <input type="checkbox"/> Counter | <input type="checkbox"/> Church | <input type="checkbox"/> Tableside / display cooking |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Take out menu | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Fast food | <input type="checkbox"/> Catering | <input type="checkbox"/> Bottling alcoholic beverages |
| <input type="checkbox"/> Bar with food prep | <input type="checkbox"/> Mobile vendor | <input type="checkbox"/> Special transitory food unit |

B. Grocery Related

- | | | |
|-----------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Grocery store | <input type="checkbox"/> Produce processing | <input type="checkbox"/> Wholesale foods |
| <input type="checkbox"/> Fresh Meat | <input type="checkbox"/> Smoked fish | <input type="checkbox"/> Repackage / processor of: |
| <input type="checkbox"/> Seafood / fish | <input type="checkbox"/> Bakery | _____ |
| <input type="checkbox"/> Deli | <input type="checkbox"/> Commissary | <input type="checkbox"/> Water bottling |
| <input type="checkbox"/> Ice production / packaging | <input type="checkbox"/> Self-service bulk items | <input type="checkbox"/> Bottling alcoholic beverages |
| <input type="checkbox"/> Produce | <input type="checkbox"/> Self-service baked goods | |

Please summarize the proposed project.

I certify that the plan review application package submitted is accurate to the best of my knowledge.

Signature of owner or representative _____ Date _____

Please print name and title here _____

HEALTH DEPARTMENT OF NORTHWEST MICHIGAN

PLAN REVIEW SUBMISSION INSTRUCTIONS

Congratulations! You are proposing to build or remodel a food establishment. Please submit your plan review package to the office indicated on the worksheet. All of the following circled items must be completed and compiled into a single package, or the plan review may get delayed as additional material is requested. The Food Law of 2000, as amended, requires **ALL** operators to submit remodeling or construction plans for review.

1. Plan review application and any necessary plan review fees.

All food service establishments inspected by a local health department require a **mandatory plan review**. All plans, materials and fee must be submitted prior to the start of the project. If you are submitting after the first of the year, call for the current plan review fee. Make all checks payable to **HDNW**.

FEE:

2. Completed Plan Review Worksheet

The worksheet is a **multi-page document** included in this packet. All pages must be completed even if the information is also in the plans. The guidance document is available in the web at:
<http://www.michigan.gov/mda>.

3. Menu

All food service layouts are menu driven. If your facility does not have a formal, set menu, such as a school with a rotating menu, submit representative sample menus or a list of foods offered for sale or service.

4. Standard Operating Procedures (SOP's)

SOP's appropriate to your operation must be submitted prior to the pre-opening inspection. **They are not required to complete the plan review**, but must be reviewed and **approved prior to the pre-opening inspection**.

5. One complete set of plans. Provide scaled plans (1/4" = 1' is a normal, easy to read scale)

Provide the following checked plans:

- **Site Plan:** Show the facility location in relation to surrounding buildings and streets. Include the location of outside storage buildings, garbage storage, on-site water and sewer.
- **Proposed layout:** Show all equipment and identify them all.
- **Mechanical plan:** Show the hood system in relation to the placement of all cooking equipment. The Local Building Department is responsible for approval of design and construction of the system.
- **Plumbing:** Show all plumbing fixtures; all hot and cold water lines; all waste water lines
- **Construction materials:** Indicate the materials used for any built-in items.
- **Interior Room Finishes:** Indicated the wall, floor, ceiling and coving coverings.
- **Lighting Plan:** Show the placement, type and shielding of all lights in the facility.

6. Specifications

Include specification sheets for all equipment. This will include **type, materials, manufacturer, model number, dimensions and performance capacity**. Indicate if equipment will be installed on wheels.



Food Establishment Plan Review Worksheet

Health Department of Northwest Michigan

Antrim County Office
209 Portage Drive
Bellaire, MI 49615
231-533-8670

Charlevoix County Office
220 W. Garfield
Charlevoix, MI 49720
231-547-6523

Emmet County Office
3434 Harbor-Petoskey Road
Harbor Springs, MI 49740
231-347-6014

Otsego County Office
95 Livingston Blvd.
Gaylord, MI 49735
989-732-1794

Submit all Plan Review Materials to the HDNW County office in which the facility will be operating.

Establishment

Name: _____

Address: _____

City: _____

State, Zip: _____

To be completed by the operator and submitted to the local health department at one of the offices listed above.

Pages 6-10 ask structural and equipment questions that the operator may wish to have the contractor or architect complete.

Refer to the food establishment plan review manual for technical assistance. The manual is available from your reviewing agency or by visiting www.michigan.gov/mdard, Search: Plan Review.

Information contained in the plans may be referenced and does not have to be repeated in the worksheet (i.e. see plan sheet 3a, #6)

Food Manager Knowledge

Under the Food Law of 2000, as amended, retail food establishments are required to have a person in charge (PIC) during all hours of operation and employee at least managerial employee under a program accredited by American National Standards Institute

1. Check all that apply

- A designated person in charge that can demonstrate knowledge of: foodborne disease prevention, application of food safety (HACCP) principles, and the requirements of the Food Code, will be available during all hours of operation. (REQUIRED)
- Certified Managerial Employees under ANSI Requirements is provided (REQUIRED)
- Standard operating procedures (SOP) including a policy that excludes or restricts food workers who are ill or have infected cuts or lesions*
- A written food safety (HACCP) plan will be provided.* (Only required under certain circumstances)
- Animal based foods, such as meat, poultry, fish, shellfish or eggs served raw, or undercooked or not otherwise processed to eliminate pathogens.**

* Please submit copies of these documents (or an inventory if there are numerous large documents, and training videos)

**If you checked this item, then the customer must be informed by means of a consumer advisory upon ordering, that a particular menu item contains raw or undercooked foods of animal origin. The consumer advisory must be made whether the food is normally prepared undercooked or is prepared undercooked only at the customer's order. Submit a copy of the menu for review. For further clarification please contact your reviewing health agency or read the consumer advisory guidance document at <http://www.michigan.gov/mdard>, Search: Updated Food Law/Food Code 2012

Food Preparation Review

See manual parts 1 & 3

2. How Will Potentially Hazardous Food (Time/Temperature Control for Safety Food) be Thawed? (Check all that apply)

| Thawing Method | Foods less than 1" thick | Foods more than 1" thick |
|--------------------------------------|--------------------------|--------------------------|
| Refrigeration | | |
| Running water (less than 70°F) | | |
| Microwave as part of cooking process | | |
| Cook from frozen | | |
| Other: | | |

7. **Cooling Potentially Hazardous Food: List foods** that will be cooled using each of the following methods. Foods must be cooled from 135°F to 70°F in 2 hours or less and with a total of 6 hours from 135°F to 41°F or less.

A. Shallow pans in refrigerator: _____

B. Ice baths: _____

C. Volume reduction (i.e. quartering a large roast): _____

D. Rapid chill devices (i.e. blast freezers): _____

E. Ice paddles: _____

F. Other: _____

8. Food Preparation

A. List foods that will be prepared a day or more in advance of service or sale.

B. How will employees avoid bare-hand contact with ready-to-eat foods? (Check all that apply)

___ Disposable gloves

___ Suitable utensils

___ Deli tissue

___ Other: _____

C. Will produce be cleaned on-site? _____ Yes _____ No

D. If C is yes, describe which sink(s) will be used for food preparation.

Date Marking: When potentially hazardous food (time/temperature control for safety food) is ready-to-eat and will be kept under refrigeration for more than 24 hours after preparation / opening, a date marking system must be utilized. Note: The day of preparation counts as Day 1.

E. Will the establishment have food items that must be date marked? _____ Yes _____ No

If yes, describe the date marking system that will be used and provide written standard operating procedures.

9. **Catering/Off-Site/Satellite:** complete if establishment will cater foods to another location or performing any cooking or preparations off-site at other locations.

A. List menu items

B. Maximum number of meals per day taken to or prepared at off-site location

C. How will hot food be held at proper temperature during transportation and at the remote serving location? _____

9. Catering/Off-Site/Satellite Continued

D. How will cold food be held at proper temperature during transportation and at the remote serving location? _____

E. What types of vehicles will be used to transport food?

F. What types of sneeze guards or food protection devices will be used? (See manual part 4)

Dishwashing
See manual part 8

10. Dishwashing methods (check all that apply) Dishmachine Sink

| Dishwashing Sinks | Length (inches) | Width (inches) | Depth (inches) |
|---------------------------------|-----------------|----------------|----------------|
| A. Sink 1, Size of compartments | | | |
| B. Sink 2, Size of compartments | | | |
| C. Sink 3, Size of compartments | | | |

D. What is the largest item that will have to be washed in a sink and its size?

E. List the location of all garbage disposals:

General

11. Will employee dressing rooms be provided? Yes No
See manual part 16.

12. If no, describe how personal belongings will be stored:

13. Check which of the following will be used on-site: Washer Dryer

14. Describe what will be laundered on-site: _____

15. What type of mop sink will be provided (i.e. curbed floor drain, mop sink on legs, etc)? See manual part 8.

Room Finish Schedules

Fill in materials to be used (See manual part 10)

| Area | Floor | Coving* | Wall | Ceiling |
|--------------------------|-------|---------|------|---------|
| 16. Preparation | | | | |
| 17. Cooking | | | | |
| 18. Dishwashing | | | | |
| 19. Food Storage | | | | |
| 20. Bar | | | | |
| 21. Dining | | | | |
| 22. Employee Restrooms | | | | |
| 23. Dressing Room | | | | |
| 24. Walk-In Refrigerator | | | | |
| 25. Walk-In Freezer | | | | |
| 26. Garbage Room | | | | |
| 27. Janitor Closet | | | | |
| 28. | | | | |
| 29. | | | | |
| 30. | | | | |

*List the material that will be used to provide a smooth, rounded and cleanable surface where the floor and wall joins.

Note: please explain abbreviations.

Water Supply

See manual part 5

31. Will the water supply be: ___ Municipal ___ Existing on-site ___ New on-site

32. If an on-site water supply is being used, is the local health department in the process of approving? ___ Yes ___ No*

Sewage Disposal

See manual part 5

33. Will the sewage disposal be: ___ Municipal ___ Existing on-site ___ New on-site

34. If an on-site sewage system is being used, is the local health department or Michigan Department of Environmental Quality in the process of approving? ___ Yes ___ No*

* It is recommended that you contact your local health department to begin the approval process.

Insect and Rodent Control

See manual part 13

35. Will outside doors be self-closing? ___ Yes ___ No

36. Will the facility have a drive-thru or walk-up window? ___ Yes ___ No

37. If 36 is yes, describe how insects will be kept out (i.e. self-closer, air curtains, etc.)

38. Are other openable windows screened? ___ NA ___ Yes ___ No

39. Will openings around pipes, electrical conduits, chases and other wall perforations be sealed? ___ Yes ___ No

40. Will garage-style or loading bay doors be present? ___ Yes ___ No

41. If 40 is yes, how will garage style or loading doors be protected against vermin entry?

Solid Waste Storage

See manual part 17

42. Outside Storage

A. What type of storage will be used?* ___ Compactor* ___ Dumpster* ___ Cans

B. What type of surface will be under the container? _____

C. What is the minimum pick-up frequency? _____

*Remember to show details on site plan, including unit location and slope of surface under the unit.

43. Inside Storage

A. Describe how garbage, boxes, etc. will be stored inside:

B. Describe any inside storage or cleaning area (i.e. garbage can cleaning area):

C. Will any compactors or dumpsters be located inside? If yes, show on plans. ___ Yes ___ No

D. Describe any area where damaged merchandise returned for credit to vendor will be stored:

E. Describe how waste grease will be handled and stored: _____

F. Describe how and where recyclables will be stored: _____

G. Check the types of materials that will be recycled:
___ Glass ___ Metal ___ Paper ___ Cardboard ___ Plastic

Plumbing Cross-Connections

See manual part 12

The following technical information is needed on the proposed plumbing. This section is best completed by a qualified plumber, architect or engineer. Be sure to include all devices, equipment and fixtures that have cross-connection protection. Remember to complete both the water supply and waste side (i.e. a dishwasher may have an AVB on the water supply and an air-gapped drain).

| Fixture | Sewage Disposal | | | Water Supply | | | | | |
|--------------------------------------------|-----------------|-----------|----------------|--------------|-----|-----|-----|----|---------|
| | Air Gap | Air Break | Direct Connect | AVB | PVB | RPZ | VDC | HB | Air Gap |
| 44. Dishwasher | | | | | | | | | |
| 45. Glasswasher | | | | | | | | | |
| 46. Garbage grinder | | | | | | | | | |
| 47. Ice machines | | | | | | | | | |
| 48. Ice storage bin | | | | | | | | | |
| 49. Mop sink faucet | | | | | | | | | |
| 50. 3 compartment sink | | | | | | | | | |
| 51. 2 compartment sink | | | | | | | | | |
| 52. 1 compartment sink | | | | | | | | | |
| 53. Steam tables | | | | | | | | | |
| 54. Dipper wells | | | | | | | | | |
| 55. Hose connections | | | | | | | | | |
| 56. Refrigeration condensate drain lines | | | | | | | | | |
| 57. Beverage dispenser with carbonator | | | | | | | | | |
| 58. Water softener | | | | | | | | | |
| 59. Potato peeler | | | | | | | | | |
| 60. Walk-in floor drain | | | | | | | | | |
| 61. Chinese range | | | | | | | | | |
| 62. Detergent feeder on faucet | | | | | | | | | |
| 63. Outside sprinkler or irrigation system | | | | | | | | | |
| 64. Power washer | | | | | | | | | |
| 65. Retractable hose reel | | | | | | | | | |
| 66. Toilet | | | | | | | | | |
| 67. Urinal | | | | | | | | | |
| 68. Boiler | | | | | | | | | |
| 69. Bain-marie | | | | | | | | | |
| 70. Espresso machine | | | | | | | | | |
| 71. Combi-style oven | | | | | | | | | |
| 72. Kettle | | | | | | | | | |
| 73. Rethermalizer | | | | | | | | | |
| 74. Steamer | | | | | | | | | |
| 75. Overhead spray rinse | | | | | | | | | |
| 76. Hot water dispenser | | | | | | | | | |
| 77. | | | | | | | | | |
| 78. | | | | | | | | | |

AVB = atmospheric vacuum breaker

HB = hose bib vacuum breaker

PVB = pressure vacuum breaker

VDC = vented double check valve

RPZ = reduced pressure principle backflow preventer

83. (cont'd) Describe any assumptions made in determining the meal quantity estimate:

84. Refrigerated Storage (see manual part 3)

| Walk-in Item # | **Interior Usable Height (ft) | Interior Length (ft) | Interior Width (ft) |
|----------------|-------------------------------|----------------------|---------------------|
| | | | |
| | | | |
| | | | |

** To determine usable height, determine height from floor to ceiling, then subtract height of food off the floor (usually 6") and height of food from the ceiling (usually 12-18").

| *Upright Item # | Interior Depth (in) | Interior Width (in) | Interior Height (in) |
|-----------------|---------------------|---------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

*Working, preparation and line refrigerators should not be included. Only storage units.

85. Dry Storage (see manual part 7)

Storage Rooms*

| **Usable room height (ft) | Interior Length (ft) | Interior Width (ft) |
|---------------------------|----------------------|---------------------|
| | | |
| | | |

*Note the location of any auxiliary storage (i.e. outside storage).

Storage Shelving (if no storage room available)

| Shelving Length (ft) | Shelving Width (ft) | Shelving Unit Height (ft) |
|----------------------|---------------------|---------------------------|
| | | |
| | | |
| | | |
| | | |

Toxic Storage: Indicate where toxic items such as cleaners, cleansers, detergents, sanitizers, polishes, insecticides, etc. will be stored in the facility:

Suggestion Sheet Food Establishment Plan Review Worksheet

Suggestions for changes to this plan review worksheet are welcomed from all users (i.e. food service operators, architects, engineers and regulators, etc.). Revisions to documents are made periodically as needed. Thank you for taking the time to submit your ideas.

Name: _____ Phone: _____ Fax: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Submit to:
Plan Review Specialist
Food Service Sanitation Section
Food & Dairy Division
Michigan Department of Agriculture
PO Box 30017
Lansing, MI. 48909

Fax: 517-373-3333

E-mail: krzyzanowskir@michigan.gov

For suggested changes, please list section specific location in document. You may list your suggestions below or attach separate sheets. Please be specific and clear.

Food & Dairy Division
Michigan Department of Agriculture
PO Box 30017
Lansing, MI 48909
Ph: (517) 373-1060
www.michigan.gov/mda

