



## 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.

Otsego County - Scott Johnston	Antrim	989-732-6863
County - Jeremy Fruk	Emmet	231- 533-1004
County - Michele Delves-Mapes		231-347-4694
Charlevoix 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.

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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](http://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:		

**3. Cooking & Reheating Potentially Hazardous Food (Time/Temperature Control for Safety Food) :** List all cooking & reheating equipment and check all applicable boxes.

Equipment Name	Cooking	Reheating	New	Used	NSF Approved or Equivalent

**4. Hot and Cold Holding of Potentially Hazardous Food(Time/Temperature Control for Safety Food):** List all hot & cold holding equipment and check all applicable boxes.

Equipment Name	Hot Holding	Cold Holding	New	Used	NSF Approved Or Equivalent

5. Will ice be used as a refrigerant for potentially hazardous foods **(time/temperature control for safety food)**? \_\_\_Yes \_\_\_ No If yes, describe which foods will be held on ice, for how long, where this will occur and the source of the ice.

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6. Will time be used for bacterial growth control, instead of hot or cold holding? \_\_\_Yes \_\_\_No If yes, submit a list of the foods involved and the standard operating procedures that will be used to monitor the use of time as a control.

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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									

## Formula Information

Several calculations are required to determine if there will be adequate hot water, ventilation, dry storage space and refrigerated storage space. The information requested on the following two pages provides the necessary data for performing calculations. See the plan review manual for formulas and directions.

**79. Hot Water (see manual part 9)**

List each type of plumbing fixture that uses hot water	# fixtures
Handsinks	
Bathroom Sinks	
1 Compartment Sink	
2 Compartment Sink	
3 Compartment Sink	
Vegetable Sink	
Overhead Spray Rinse	
Bar Sink _____ 3 compartment _____ 4 compartment	
Cook Sink	
Hot Water Filling Faucet	
Bain-marie	
Coffee Urn	
Kettle Stand	
Garbage Can Washer	
9 & 12 lb. Clothes Washer	
16 lb. Clothes Washer	
Employee Shower	
Mop Sink	
Dishmachine _____ hot water _____ chemical	
Dishmachine Make & model: _____	
Other:	
Other:	

**80. Water Heater #1** Manufacturer: \_\_\_\_\_ Model number: \_\_\_\_\_  
 A. Hot water heater proposed size: Electric \_\_\_\_\_ KW  
 Gas \_\_\_\_\_ BTU's Thermal Efficiency: \_\_\_\_\_ %  
 B. Hot water heater storage capacity: \_\_\_\_\_ gallons  
 C. Hot water heater recovery rate: \_\_\_\_\_ gallons per hour (@100° rise)

**Attach information for any additional water heaters. Specify what area each water heater services and whether or not units will be installed in parallel.**

81. Do hot water heater(s) serve any non-food equipment areas? If yes describe: \_\_\_\_\_  
 \_\_\_\_\_

82. **Dishmachine Booster Heater** \_\_\_\_\_ KW \_\_\_\_\_ BTU Make \_\_\_\_\_ Model # \_\_\_\_\_

**83. Refrigerated and Dry Food Storage (see manual parts 3 & 7)**

It is essential that a reliable estimate be made of the number of customers that are served or buy food between deliveries, in order to calculate dry and refrigerated storage capacities.

A. # meals or people served per day = \_\_\_\_\_  
 B. # days between deliveries = \_\_\_\_\_ Dry Food \_\_\_\_\_ Refrigerated Items \_\_\_\_\_  
 C. # meals between deliveries (AxB =) Dry Food \_\_\_\_\_ Refrigerated Items \_\_\_\_\_

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

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**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:

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## 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](mailto: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.

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