

REGULATORY COMPLIANCE REVIEW LIST FOOD PREPARATION PROCEDURES

FOOD DELIVERY

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

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

Dry Storage _____; Refrigerated Storage (41°F) _____; Frozen Storage _____;

Utensil Storage _____ * Identify on plans where storage will be located.

PROCESS	IDENTIFY FOOD ITEMS	INDICATE LOCATION AND EQUIPMENT	MEETS CRITERIA (Plan Reviewer Only)
Washing FDA Food Code §3-302.15			YES/NO
Thawing FDA Food Code §3-501.13			YES/NO
Cooking FDA Food Code §3-401			YES/NO
Hot Holding Hot food maintained at 135°F			YES/NO
Cooling Time/Temperature Control for Safety food will be cooled to 41°F within 6 hrs; 135°F to 70° in 2 hrs			YES/NO
Reheating Food must be reheated to a temperature of 165° for 15 sec. within 2 hrs			YES/NO

FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (FRP), ceramic tile, 4" plastic covered molding, etc.). Indicate Not Applicable (NA) as appropriate.

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING	MEETS CRITERIA (Plan Reviewer Only)
Food Preparation					YES/NO
Dry Food Storage					YES/NO
Warewashing Area					YES/NO
Walk-in Refrigerators and Freezers					YES/NO
Service Sink					YES/NO
Refuse Area					YES/NO
Toilet Rooms and Dressing Rooms					YES/NO
Other: Indicate					YES/NO
Identify the finishes of cabinets, countertops, and shelving:					

PHYSICAL FACILITIES

TOPIC	MINIMUM CRITERIA	MEETS CRITERIA (Plan Reviewer Only)
Handwashing facilities	<ul style="list-style-type: none"> • Identify number of the handwashing sinks in food preparation and warewashing areas: _____ Food Preparation _____ Warewashing Area • Type of hand drying device? Disposable towels <input type="checkbox"/> Hand-drying device <input type="checkbox"/> 	YES/NO
Warewashing Facilities	<p>MANUAL DISHWASHING</p> <ul style="list-style-type: none"> • Identify the length, width, and depth of the compartments of the 3-compartment sink: _____ • Will the largest pot/ pan fit into each compartment of the 3-compartment sink? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments? _____ • Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space: _____ • What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water <p>MECHANICAL DISHWASHING</p> <ul style="list-style-type: none"> • Make and Model of Dishwasher: _____ • What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water • <p>Will ventilation be provided? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	YES/NO

TOPIC	MINIMUM CRITERIA	MEETS CRITERIA (Plan Reviewer Only)
Water Supply	<ul style="list-style-type: none"> • Is the water supply public or non-public/private? public <input type="checkbox"/> private <input type="checkbox"/> ○ If private, has the source been approved? Yes <input type="checkbox"/> No <input type="checkbox"/> ○ Attach copy of written approval and/or permit. • Is ice made on premises or purchased commercially? Made on-site <input type="checkbox"/> Purchased <input type="checkbox"/> Information on Hot Water Heater: _____ BTUs _____ Kw • What is the capacity and location* of the water heater? ____ Gal. <input type="checkbox"/> Check if Tank-less 	YES/NO
Sewage Disposal	<ul style="list-style-type: none"> • Is the sewage system public or non-public/private? Public <input type="checkbox"/> private <input type="checkbox"/> If private, has the sewage system been approved? Yes <input type="checkbox"/> No <input type="checkbox"/> Attach copy of written approval and/or permit. • Will grease traps/interceptors be provided? Yes <input type="checkbox"/> No <input type="checkbox"/> *Identify location on plan. 	YES/NO
Toilet Facilities	<ul style="list-style-type: none"> • Identify locations and number of toilet facilities: _____ • Hot and cold water provided? Yes <input type="checkbox"/> No <input type="checkbox"/> (Can not exceed 110F) 	YES/NO
Dressing Rooms	<ul style="list-style-type: none"> • Will dressing rooms be provided? Yes <input type="checkbox"/> No <input type="checkbox"/> • Describe storage facilities for employee personal belongings _____ 	YES/NO
Linens	<ul style="list-style-type: none"> • Will linens be laundered on site? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what will be laundered and where? _____ If no, how and where will linens be cleaned? _____ • Identify location of clean and dirty linen storage: _____ • How often will linens be delivered and picked up? _____ 	YES/NO

TOPIC	MINIMUM CRITERIA	MEETS CRITERIA (Plan Reviewer Only)
Poisonous/ Cleaning Storage	<ul style="list-style-type: none"> • Identify the location and storage of poisonous or toxic materials <ul style="list-style-type: none"> • Where will cleaning and sanitizing solutions be stored at workstations? _____ • How will these items be separated from food and food-contact surfaces? _____ • Identify the location of the facilities for cleaning of mops and other cleaning equipment? 	YES/NO
Pest Control	<ul style="list-style-type: none"> • Will all outside doors be self-closing and rodent proof? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will screens be provided on all entrances left open to the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will all openable windows have a minimum #16 mesh screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will insect control devices be used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will air curtains be used? If yes, where? _____ <p>Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.</p>	YES/NO
Refuse, Recyclables, and Returnables	<ul style="list-style-type: none"> • Will refuse/garbage be stored inside? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ <ul style="list-style-type: none"> • Identify how and where garbage cans and floor mats will be cleaned? _____ • Will a dumpster or a compactor be used? <input type="checkbox"/> Dumpster <input type="checkbox"/> Compactor • Identify locations of grease storage containers: _____ • Will there be an area to store recyclables? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> If yes, where _____ • Will there be an area to store returnable damaged goods? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ 	YES/NO