ENVIRONMENTAL HEALTH
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Food Service Establishment Partial Plan Submittal

Congratulations! You are proposing opening a food establishment for a pre-existing kitchen in Kent County, Michigan. All the following items must be completed and compiled into a single package for the change of ownership/partial plan review. If all items are not delivered in one submittal it may be delay the process as additional material are requested.

PLEASE BE ADVISED THAT APPLICATIONS ARE NOT CONSIDERED READY FOR PROCESSING OR REVIEW UNTIL ALL DOCUMENTATION AND APPROPRIATE PAYMENT IS RECEIVED.

1. Completed Application and Worksheet
The application and worksheet that follows in this packet are to be filled out completely. If a specific part is not applicable to your operation, please write N/A with the reason stated in that corresponding area.

2. Menu
Provide the menu you desire for the establishment. If your facility does not have a formal, set menu (e.g., school with a rotating menu) then please submit draft menus or a list of foods offered for sale or service.

3. Standard Operating Procedures (SOPs)
SOPs appropriate to your operation shall be submitted prior to opening. See the SOP's Manual guidance document that is available from Kent County Health Department or for additional help please visit the following website: MDARD - Food Service Establishment Plan Review

4. Plan Review Fee
The charge for a partial plan review is $200. Credit Card payment (Visa, Discover, MasterCard, or Amex) can be made online via invoice after a complete packet is sent to KCEHmail@kentcountymi.gov. Payment may also be made via mail to Kent County Health Department, Attn: Environmental Health, 700 Fuller NE, Grand Rapids, MI 49503 or in person at our office at the same address. Payment is to be made out to the Kent County Health Department. The plan review packet will not be processed for review until payment is received.

5. Certified Food Manager Documentation—NOT required at time of submission
Most food establishments will be required to employ at least one (1) full time certified manager employee who is certified under the American National Standards Institute accredited certification program (Food Law 2000, as amended, Section 289.2129). **Documentation that verifies they meet the certified manager requirements will be required at the preopening inspection.**

Optional - SUBMIT A DIGITAL COPY OF THE ABOVE:
Digital submission is now available for Kent County Health Department! If you would like to submit **all items at one time** digitally please email the completed documents (indicated above) to KCEHmail@kentcountymi.gov. Please note that plans cannot be larger than 36 MB in one email, therefore make sure to compress by zipping the files.

Food Service Establishment Partial Plan Review Application

Establishment Name: _____

Current License Number (if already a licensed facility): _____

Address, City, Zip: _____

Establishment Phone: _____

Location Information: Between _____ & _____

Prior Establishment Name (if applicable):_____

Non-Profit Tax ID (if applicable):_____

Owner	**General Contractor**
Name: _____	Name: _____
Address: _____	Address: _____
City, State: _____	City, State: _____
Zip: _____ Phone #: _____	Zip: _____ Phone #: _____
E-Mail : _____	E-Mail : _____

Which of the above will serve as the primary contact: _____

Which of the above should correspondence be emailed to: _____

Proposed start date of construction: Building _____ Food preparation/storage areas _____
(e.g. Kitchen)

Proposed opening date: _____

For reviewing agency use only:

Fee $: _____ Check #: _____
Date: _____ Receipt#: _____
Plan Review #: _____ Assigned to: _____

Remarks:

Food Service Establishment Partial Plan Submittal Instructions – Review Process

These plans are for a (*mark one*):
☐ Change of ownership
☐ A currently licensed facility making **minor** changes to menu, SOPs, and risk level *(No major remodel)*
☐ A new facility (not mobile or STFU) going into an **established** shared or incubator kitchen space

Please summarize the proposed project including a description of the construction to take place, a description of equipment to be added or removed, and an overview of the proposed operation.

Please note that a layout may be required based on the project summary.

I certify that the plan review application package submitted is accurate to the best of my knowledge. I agree to comply with the Food Code and Food Law and allow the regulatory authority access to my facility as described in the Food Code.

Signature of owner or representative: _____ Date: _____

Please print name and title here: _____

Food Processing Activities

(See Fixed Food Establishment Plan Review Manual Parts 1 & 2)

Check yes for all that apply. An SOP must be provided for each applicable process.

- Cooking proteins from raw ☐ YES ☐ NO
- Cooling cooked foods ☐ YES ☐ NO
- Reheating cooled foods ☐ YES ☐ NO
- Thawing ☐ YES ☐ NO
- Time as a public health control ☐ YES ☐ NO
- Specialized processing ☐ YES ☐ NO
    - Includes reduced oxygen packaging, curing, pickling, etc.
- Cleaning produce on site ☐ YES ☐ NO
    - If YES, a designated food preparation sink must be provided
- Outdoor dining or food preparation ☐ YES ☐ NO

- Bare hand contact: How will employees avoid bare hand contact with ready-to-eat foods? Check all that apply.

☐ Disposable Gloves ☐ Deli Tissue

☐ Suitable Utensils ☐ Other:_____

Food Service Equipment

(See Fixed Food Establishment Plan Review Manual Part 3)

List all cooking, reheating, cooling, thawing, cold holding, and hot holding equipment and mark all applicable boxes.

Equipment Name	Location	Process	NSF Certified or Equivalent

Ventilation

(See Fixed Food Establishment Plan Review Manual Part 15)

Sufficient ventilation is needed to keep rooms free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke and fumes. List the equipment that will be underneath a ventilation hood or will utilize a ventless system and mark the type of ventilation proposed for that equipment. If no hood is present, mark N/A.

Equipment	Type I Hood	Type II Hood	Ventless

General Facility Information

Room Finish Schedule

(See Fixed Food Establishment Plan Review Manual Part 10)

Describe any changes being made to the floor, coving, wall, and ceiling materials in the facility. See plan review manual Part 10 for a list of possible materials. If no changes are proposed, mark N/A.

Insect and Rodent Control

(See Fixed Food Establishment Plan Review Manual Part 13 and 18)

- Describe how pest entry into the facility will be prevented (e.g. self-closing unit, air curtains, other effective means, etc.). All exterior openings must have a tight-fitting seal or other effective protection against pest entry.

- How will the facility monitor for and address pest activity?

Solid Waste/Refuse Storage

(See Fixed Food Establishment Plan Review Manual Part 17)

- Outside Solid Waste/Refuse Storage

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

  B. Describe the type of surface that will be under the container.

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

- Inside Storage

  A. Describe any inside solid waste storage (garbage, boxes, etc.) or solid waste container cleaning area (e.g. garbage can cleaning area).

  B. Will any compactors, garbage rooms, garbage transport carts, or dumpsters be located inside?
  ☐ YES ☐ NO

  C. Describe how and where waste grease from equipment such as fryers will be handled and stored.

Water Information

Water Supply

(See Fixed Food Establishment Plan Review Manual Part 5)

- Mark the water supply type: ☐ Municipal ☐ Existing Well ☐ New Well
- If using a well, is the local health department in the process of approving? ☐ YES ☐ NO*****

Sewage Disposal

(See Fixed Food Establishment Plan Review Manual Part 5)

- Mark the sewage disposal type: ☐ Municipal ☐ Existing Septic Field ☐ New Septic Field
- If using an on-site septic system, is the local health department or Michigan Department of Environmental Quality in the process of approving? ☐ YES ☐ NO*****

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

Sinks & Ware-washing Facilities

(See Fixed Food Establishment Plan Review Manual Part 8)

- Dishwashing methods, mark all that apply. ☐ Dishmachine ☐ 3-Compartment Sink(s)

A. Provide dimensions of the 3 compartment sink **basins** (length, width, depth). The smallest basin of the 3-compartment sink must accommodate immersion of the largest item needing cleaning.

B. The 3-compartment sink must accommodate immersion of the largest item needing cleaning. What is the largest item that will have to be washed in a sink and its size? Please list all dimensions (length, width, and depth or height and diameter for a round item).

C. If applicable, describe what equipment will need to utilize in-place cleaning. Examples include slicers, stock pots too large to fit in the 3 compartment sink, etc.

D. If applicable, describe what equipment will follow a specialized cleaning process from the manufacturer. Examples include soft-serve ice cream machines, espresso machines, etc.

E. If a dishmachine/glasswasher will be utilized, list the make and model number of unit and how the unit will sanitize (e.g. chemical or high temperature).

Dishmachine/Glasswasher	Make	Model #	Sanitizing Method
1st Unit			
2nd Unit			

F. What type of mop (service) sink will be provided (e.g. curbed floor drain, mop sink on legs, etc.)?

Calculations

Hot Water Calculations

Calculations are utilized to determine if there will be adequate hot water in your facility. This information requested on the following two pages provides the necessary data for performing calculations. See the plan review manual for formulas and directions. **While the following information will be used to provide a calculated baseline of how much hot water may be needed, your regulatory agency does have the authority to adjust these calculated amounts based upon the specific operations of your facility.**

- Fixture Count
  (See Fixed Food Establishment Plan Review Manual Part 9 & 12)

List each plumbing fixture that has a hot water supply line. Each fixture should only be listed once.	Fixture Count
Handsinks (not including restroom sinks)	
Restroom Sinks	
Double Compartment Sink	
Triple (three) Compartment Sink	
Food Preparation Sink	
Overhead Spray Rinse	
Bar Sink-three compartment	
Bar Sink-four compartment	
Garbage Can Washer	
Clothes Washer (**circle one**: 9 lb, 12 lb, 16 lb)	
Shower Heads	
Mop Sink	
Dump Sink	
Dishmachine/Glasswasher	
Other (describe):	
Other (describe):	

An air gap must be provided on all ice machines and ice bins. Proper backflow prevention must be provided on all plumbing fixtures and equipment used for food preparation and service.

- Water Heater

  Manufacturer:_____ Model #:_____

  A. Water heater proposed size:

     KW:_____**OR** BTUs:_____

  B. Water heater storage capacity in gallons:_____

  C. Tankless units:

     Gallons per minute @ 70°F rise:_____

     Gallons per minute @ 100°F rise:_____

  Attach information for any additional water heaters. Specify what area each water heater services and whether units will be installed in series or parallel.

Food Storage Capacity Calculations

(See Fixed Food Establishment Plan Review Manual Parts 3 & 7)

Several calculations are utilized to determine if there will be adequate dry storage space and refrigerated storage space in your facility. See the plan review manual for formulas and directions. **While the following information will be used to provide a calculated baseline of how much refrigerated storage and dry storage space may be needed, your regulatory agency does have the authority to adjust these calculated amounts based upon the specific operations of your facility.**

<u>It is essential that a reliable estimate be made of the number of meals/customers that are served between deliveries to calculate dry and refrigerated storage capacities.</u>

A. Number of meal/customers **estimated** to be served per day:_____

B. Number of days between deliveries: Dry food_____Refrigerated food_____

C. Number of meals/customers between deliveries (A x B =): Dry food_____Refrigerated food_____

Please describe any assumption made in determining the meal quantity estimate.

- Refrigerated/Freezer Storage
  (See Fixed Food Establishment Plan Review Manual Part 3)

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

******The usable height within a walk-in is the space available for storage. Food is to be stored 6" from the floor and generally 12" to 18" from the ceiling of the unit.

Reach in Item #	Interior Depth (in)	Interior Width (in)	Interior Height (in)

- Dry Storage
  (See Fixed Food Establishment Plan Review Manual Part 7)

Storage Rooms*****

Usable room height (ft)******	Interior Length (ft)	Interior Width (ft)	% Usable Floor Space*******	% of Shelving Dedicated to Food Storage

*****Please note the location of any auxiliary storage (e.g. outside storage) on site plans.
******To determine usable height, determine height from floor to ceiling, then subtract height of food off floor (usually 6") and height of food from ceiling (usually 12-18"). Average usable height is 4 to 7 feet.
*******% Usable Floor Space is the actual percentage of floor space available for storage, this is typically 0.3 to 0.8 (30% to 80%).

<u>Or, if there is no dry storage room proposed, report all dry storage shelf dimensions:</u>

Storage Shelving

Length of Shelf (ft)	Depth of Shelf (ft)	Clearance/Height between Shelves (ft)	# of Shelves per Unit	# of Units Proposed

Describe the location where damaged merchandise or unacceptable products to be returned will be stored.

Open Dining, Exposed Food Preparation Areas & Outdoor Cooking Operations

(See Fixed Food Establishment Plan Review Manual Part 18)

- Will your facility have a dining area that will be exposed to the outdoors by being located directly outdoors OR by having walls, windows, or doors that can be opened, exposing the dining area to the outdoor environment? ☐ YES ☐ NO

  If YES, explain how you intend to protect your kitchen and any food, utensils, and food equipment located in the dining area from outdoor contamination and pest entry (e.g. using air curtains, screens, tight fitting doors, etc.).

- Will there be an outdoor food preparation or cooking area at the facility? ☐ YES ☐ NO

  If YES, what food items are you intending to prepare/cook outdoors?

- What food equipment will be used for outdoor preparation/cooking and will this equipment be portable or permanently fixed outdoors? **Include plumbing fixtures like handwashing and dump sinks.** Complete following chart and mark appropriate boxes.

Outdoor Equipment	Portable	Permanent