

Shasta County Department of Resource Management
 Environmental Health Division
 1855 Placer Street, Suite 201, Redding CA 96001
 Telephone (530)225-5787 Fax (530)225-5413 www.ehd.co.shasta.ca.us

FOOD FACILITY PLAN REVIEW APPLICATION

TYPE OF APPLICATION: <input type="checkbox"/> Minor Remodel – e.g. - replace equipment or floor \$289.02 <input type="checkbox"/> Major remodel – e.g. - Add a food preparation area or remodel to change the type of facility \$578.04 <input type="checkbox"/> New Facility – Up to two food preparation areas \$722.55	<input type="checkbox"/> New Facility – Three food preparation areas or more \$1,011.57 <input type="checkbox"/> New Mobile Facility – Significant Prep \$578.04 <input type="checkbox"/> New Mobile Facility – Limited Prep/Prepackaged \$433.53
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FOOD FACILITY INFORMATION

Name of Food Facility: _____

Facility Address: _____	City: _____	State: _____	ZIP: _____
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OWNERSHIP INFORMATION

Name of Owner: _____

Address: _____	City: _____	State: _____	ZIP: _____
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Email: _____	Phone Number: _____
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APPLICANT INFORMATION

Applicant Name: _____	Contact Person: _____
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Applicant Mailing Address: _____	City: _____	State: _____	ZIP: _____
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Email: _____	Phone Number: _____
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PROPOSED FOOD OPERATION INFORMATION

Hours/Days of Operation <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____	Restaurant Seating Capacity # of Indoor Seats: _____ # of Outdoor Seats: _____ Square Feet of Facility: _____	Type of Service (check all that apply) <input type="checkbox"/> On-site consumption <input type="checkbox"/> Off-site consumption <input type="checkbox"/> Catering <input type="checkbox"/> Single-use utensils <input type="checkbox"/> Multi-use utensils	Employees Max per shift: _____ Maximum meals to be served <input type="checkbox"/> Breakfast _____ <input type="checkbox"/> Lunch _____ <input type="checkbox"/> Dinner _____
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Water Supply <input type="checkbox"/> Public system name _____ <input type="checkbox"/> Private System, submit well permit documentation	Sewage Disposal <input type="checkbox"/> Public system name _____ <input type="checkbox"/> Private system, submit permit documentation
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Signature: _____	Date: _____
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Print Name: _____	Title: _____
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Received By	Date	Amount	Cash	Check
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These items must be included with the plan submittal. Omission of any requested information will result in a delay in the plan review. Once all required items are received, the plans will be reviewed or rejected within the time allotted by the California Retail Food Code. Use this as a checklist to ensure you have a complete application.

Yes	No	N/A	Submitted Information
			Proposed menu
			One complete set of plans (recommended 1/4 inch scale)
			One set of manufacturer equipment specification sheets for all equipment to be used in the facility.
			Standard operating procedures to ensure compliance with Calcode
			Vicinity map and site plan showing location of establishment and location of any outside equipment or facilities
			Equipment plan and schedule showing locations of equipment.
			Plumbing plan showing hot and cold water supply, waste lines from fixtures, water heater location and information, grease interceptor information and location, and floor sink locations
			Electrical plan identifying lighting locations and shatterproof covers.
			Interior room finish schedule
			Kitchen exhaust ventilation plans including drawings
			Hand sinks and toilet facilities with soap and towel provisions
			Warewashing facilities and food preparation sinks
			Restrooms/toilet facilities
			Storage rooms/areas for food
			Service sink/cleaning facilities
			Chemical Storage area
			Employee storage area and change rooms
			Door schedule
			Drive through window plan
			Mechanical Schedule

FOOD PREPARATION PROCEDURE

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. Identify on plans where storage will be located.

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) where appropriate.

PROCESS	IDENTIFY FOOD ITEMS	INDICATE LOCATION AND EQUIPMENT
Washing		
Thawing		
Cooking		
Hot Holding Hot food maintained at 135°F		
Cooling Time/Temperature Control for Safety food will be cooled to 41°F within six hours; 135°F to 70 °F in two hours		
Reheating Food must be reheated to a temperature of 165°F for 15 seconds within two hours		

FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials such as quarry tile, stainless steel, fiberglass reinforced panels (FRP), ceramic tile, 100% solids epoxy, 4” plastic coved molding, etc.. Indicate Not Applicable (N/A) as appropriate.

ROOM/AREA	FLOOR Type/Finish	BASE Type/Finish	WALLS Type/Finish	CEILING Type/Finish
Food Preparation				
Dry Food Storage				
Warewashing Area				
Walk-in Refrigerators and Freezers				
Service Sink				
Refuse Area				
Toilet Rooms and Dressing Rooms				
Other: Indicate				
Identify the finishes of cabinets, countertops, and shelving:				

PHYSICAL FACILITIES

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

TOPIC	MINIMUM CRITERIA
Warewashing Facilities	<p>MANUAL DISHWASHING</p> <ul style="list-style-type: none"> • 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 _____
Dressing Rooms	<ul style="list-style-type: none"> • Describe storage facilities for employee personal belongings _____ • Will employees change into a uniform at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No • Will dressing rooms be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Poisonous/Cleaning Storage	<ul style="list-style-type: none"> • Identify the location and storage of poisonous or toxic materials such as sanitizers, cleaners, and compressed gases. _____
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? _____ • 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 If yes, where? _____ • Will there be an area to store returnable damaged goods? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____