



ENVIRONMENTAL HEALTH

700 Fuller Avenue N.E.
Grand Rapids, Michigan 49503-1918
Phone: 616-632-6900
Fax: 616-632-6892
Email: KCEHmail@kentcountymi.gov
Website: www.accesskent.com

Food Service Establishment Plan Submittal Instructions Full Application & Worksheet

Congratulations! You are proposing to build, convert or remodel a fixed food establishment in Kent County, Michigan. All of the following items must be completed and compiled into a single packet and returned to the Kent County Health Department along with your plan review payment. If all items requested are not delivered in one submittal it may delay the process as additional material(s) are requested.

By seeking licensure with Kent County this means you are predominantly selling food for immediate consumption. One disclaimer - if your location is primarily going to retail sell food (e.g grocery store) then licensure should be obtained from Michigan Department of Agriculture and Rural Development.

1. Completed Application and Worksheet

The application and worksheet that follows in this packet (pages 4-26) 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. A finalized menu is required.

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: https://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51203---,00.html

4. Certified Manager Documentation

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 within 90 days of opening. Further, Public Act 516 of 2014 requires that the certified food safety manager at all foodservice establishments complete allergens training and display an allergens poster.

5. Plan Review Fee

The charge for a plan review is \$400. Payment is to be made out to the Kent County Health Department. Credit Card payment may then be called in to 616.632.6890 (Visa, Discover or MasterCard). 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. The plan review packet will not be processed for review until payment is received.

6. One Complete Set of Scaled Plans (1/4” per foot is a normal, easy to read scale) that show:

- Proposed equipment layout plan with all items accurately identified.
- Mechanical plan (e.g. cooking ventilation systems: including hood, duct and exhaust fans).
- Plumbing plan (e.g. handsinks, food preparation sink, warewashing sinks, dishmachines, water heater, hot and cold water lines, sewer drains, grease traps, floor drains/sinks, fresh water and waste water holding tanks for traveling units).
- Lighting plan, indicating light fixtures and type of shielding where applicable.
- Site Plan (e.g. details outside garbage storage and containers, exterior storage areas, on-site water well and sewage disposal)

7. Equipment Specifications

- Include manufacturer’s specifications “cut” sheet for each piece of equipment. Minimum information needed includes the following:
 - Type, manufacturer, model number, performance capacity, dimensions.
 - How equipment will be installed (e.g. on legs or wheels, fixed or flexible utility connections)
 - Indicate if equipment is new or used and if it is certified or classified for sanitation by an American National Standards Institute (ANSI)-accredited certification program (e.g. NSF, ETL, UL, etc.).
 - Sanitation Standard Operating Procedures (SSOPs): Include any available cleaning and maintenance instructions for food processing, cutting, grinding equipment.

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. Payment can be called in to 616.632.6890 (Visa, Discover or MasterCard) or bring your payment to the office at the time of digital submission.

Food Service Establishment Full Plan Submittal Instructions – Review Process

- 1** New Food Establishment/Remodeling/Conversion Proposed. **Note:** Construction may not begin until approval is granted.
- 2** Operator assembles required documentation, completes the application forms and other required items – submits the materials along with payment to appropriate regulatory authority.
- 3** Review conducted by regulatory authority. **Note:** If the facility is serviced by on-site water supply or sewage disposal systems additional approvals will be necessary prior to food establishment plan approval.
- 4** If applicable, regulatory authority requests additional information regarding missing materials or information provided that does not meet requirements.
- 5** Plans are approved and regulatory authority sends a plan review approval letter.
- 6** **CONSTRUCTION BEGINS***Please note that regulatory agency has authority to issue a stop work order when construction begins before plans are approved.
- 7** Approved plans kept on site during construction. If plans are changed after approval, the changes must be submitted to regulatory authority in writing and approved again before proceeding with construction.
- 8** Applicant completes all work as submitted in plans.
- 9** Complete and submit an air balance test report plus local mechanical department's approval of ventilation system as well as approval from any other applicable departments (e.g. plumbing, building, etc.) if requested by regulatory authority.
- 10** Applicant requests an appointment for a pre-opening inspection, once all construction is complete, as required by the regulatory authority.
- 11** Pre-opening inspection conducted and food license application is filled out and paid for. Approval of operation given by regulatory authority if establishment is compliant with Michigan Food Law and Michigan Modified Food Code. SOPs must be submitted and reviewed prior to opening.

Food Service Establishment Full Plan Submittal Instructions – Review Process

Establishment Name: _____

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

Address, City, Zip: _____

Establishment Phone: _____

Location Information: Between _____ & _____

Prior Establishment Name: _____

***Please complete each line of the sections below to enable timely correspondence.**

Owner	Food Service Equipment Supply Co.
Name: _____	Name: _____
Address: _____	Address: _____
City, State: _____	City, State: _____
Zip: _____ Phone #: _____	Zip: _____ Phone #: _____
E-Mail : _____	E-Mail : _____
Architect	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 all correspondence be mailed 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 Full Plan Submittal Instructions – Review Process

Hours of Operation:

Seating Capacity (include bar & outdoor):

Facility Size (square feet):

Minimum staff per shift:

Maximum staff per shift:

These plans are for a (mark one):

- New Establishment (brand new building from ground up)
- Remodeling (**Major** renovations on an existing food establishment. For example changing the hood or ventilation equipment, add or removing walls, changing facility layout, etc.)
- Conversion (Taking a building that was not used as a food establishment and creating a food establishment within. For example a library adding a café inside of it, or a warehouse changed to a brewery)

What describes the establishment better (mark one):

- On-site Food Preparation (items may need to be altered before they can be consumed. For example foods requiring any cooking, cutting, slicing, washing etc.)
- Serving Site (items will be delivered to this site for immediate consumption. For example soups delivered hot being ladled/served for customers.)

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

If yes, explain:

Type of Operation/Food Service (mark all that apply)

- | | | | |
|--------------------------------------------------|---------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Sit down meals | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Church | <input type="checkbox"/> Bottling alcoholic beverages
(e.g. beer, wine, hard cider, etc.) |
| <input type="checkbox"/> Full service with bar | <input type="checkbox"/> Catering | <input type="checkbox"/> Takeout menu | <input type="checkbox"/> Repackage (e.g. nuts) |
| <input type="checkbox"/> Bar with food prep. | <input type="checkbox"/> School | <input type="checkbox"/> Commissary | List food: |
| <input type="checkbox"/> Bar with no food prep. | <input type="checkbox"/> Produce | <input type="checkbox"/> Counter service | |
| <input type="checkbox"/> Grocery store | <input type="checkbox"/> Produce processing | <input type="checkbox"/> Buffet or salad bar | List food: |
| <input type="checkbox"/> Fresh meat | <input type="checkbox"/> Hospital | <input type="checkbox"/> Wholesale foods | |
| <input type="checkbox"/> Seafood/fish | <input type="checkbox"/> Smoked fish | <input type="checkbox"/> Tableside/display cooking | <input type="checkbox"/> Processor (e.g. cured meats,
juice, sushi, slaughter, etc.) |
| <input type="checkbox"/> Deli | <input type="checkbox"/> Bakery | <input type="checkbox"/> Ice production/packaging | List food: |
| <input type="checkbox"/> Fast food | <input type="checkbox"/> Brewery | <input type="checkbox"/> Hotel | |
| <input type="checkbox"/> Self-service bulk items | <input type="checkbox"/> Water bottling | <input type="checkbox"/> Kiosk | |
| <input type="checkbox"/> Tasting room | | | |

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.

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: _____

Food Manager Knowledge

Under the Food Law of 2000, as amended, food establishments are REQUIRED to have a person in charge (PIC) during all hours of operation and at least one active managerial employee that has completed and obtained a Certified Food Manager (CFM) certificate under a program accredited by American National Standards Institute (ANSI). A list of ANSI accredited programs can be found at: <https://www.ansi.org/Accreditation/credentialing/personnel-certification/food-protection-manager/ALLdirectoryListing?menuID=8&prgID=8&statusID=4>

A designated person in charge shall demonstrate knowledge of foodborne disease prevention, application of food safety, (HACCP) principles, and the requirements of the Food Code.

Please check all that apply:

Certified Food Manager's (CFM) Certificate submitted:

YES NO

Employee currently in or signed up for CFM class:

YES NO

If yes, submit invoice for class.

Menu

It is REQUIRED to provide a full menu including all beverages or minimally a list of foods offered. The menu does not have to be the final print version; this will be requested later. It is suggested that a "proof" copy of the menu be submitted for approval prior to final printing. Additionally, it should be noted if the establishment will host guest chefs or "popup" restaurants that may serve food items not listed on the menu.

The customer must be informed by means of a consumer advisory that a menu item contains raw or undercooked foods of animal origin. A guidance document on providing a consumer advisory can be found at:

http://www.michigan.gov/documents/mda/MDA_FCConsAdvisMay08_245934_7.pdf

Menu submitted:

YES NO

Menu items contain raw or undercooked animal-based foods:

YES NO

If YES, the menu contains a consumer advisory: YES NO

SOP's and HACCP

It is REQUIRED to provide a full set of Standard Operating Procedures (SOP's). A SOP manual can be accessed at: http://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51203---,00.html. SOPs should be specific to your menu, food processes, and equipment.

Standard Operating Procedures (SOP's) submitted:

YES NO

Hazard Analysis and Critical Control Points (HACCP) plan is a written document that outlines the formal procedure for specialized food processes such as smoking food for preservation, curing, reduced oxygen packaging, fermentation, and/or packaging raw unpasteurized juice (FDA Food Code 3-404.11, 3-502.11, 3-502.12, 3-801.11). Products produced for wholesale under the Code of Federal Regulations, may also require specific HACCP plans under these regulations. Please consult your regulatory agency if you plan to wholesale products (i.e. sell to another retail or food service operation).

Facility performing a specialized food process:

YES NO

If YES, HACCP plan submitted: YES NO

Facility making products to wholesale:

YES NO

****Submission of a HACCP plan, during the plan review process, does not mean the submitted HACCP plan is automatically approved. Further review of your submitted HACCP plan by the regulatory authority will be conducted and communicated with you.**

- Hot and cold holding of TCS food: List all hot or cold holding equipment and mark all applicable boxes for listed equipment.

Equipment Name	Hot Hold	Cold Hold	New	Used	NSF Certified or Equivalent

- Will ice be used as a refrigerant for TCS food? YES NO

If YES, list the types of foods involved. Ensure this process is described within your standard operating procedures.

- Will time as a public health control be used instead of hot or cold holding? YES NO

If YES, list the types of foods involved. As a reminder, a standard operating procedure must be submitted for this process.

- Cooling TCS food: List foods that will be cooled using each of the following methods. Hot TCS foods must be cooled from 135°F to 70°F in 2 hours or less and within a total of 6 hours from 135°F to 41°F or less. If prepared from room temperature or pre-chilled ingredients (i.e. tuna salad) then the foods must be cooled from 70°F to 41°F within 4 hours.

Cooling Method	Food Items
Shallow pans under refrigeration	
Ice bath	
Volume Reduction (e.g. quartering a large roast)	
Rapid chill equipment (e.g., blast chillers)	
Ice paddles	
Other (describe method as well as listing foods)	

- 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: Describe:

- Will produce be cleaned on-site? YES NO

If YES, describe which sink(s) will be used for food preparation:

- Date marking: When TCS 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.

Will the establishment have food items that must be date marked? YES NO

If YES, list the foods or types of foods involved. Ensure a standard operating procedure is submitted for this process.

- Catering/off-Site/satellite: This section is intended for food that will be served by establishment employees off-site from the planned establishment. This section does not pertain to the delivery of pre-ordered food to a customer (e.g. delivering a pizza).

Complete section A through F, if establishment employees will be serving food off-site at other locations.

A. List of menu items to be served off-site:

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 off-site location?

D. How will cold food be held at proper temperature during transportation and at the off-site location?

E. What type of vehicle(s) will be used to transport food?

F. What types of food shields or food protection devices will be used at the off-site location? (See plan review manual Part 4)

***Food that is prepared off-site from the planned establishment, would not be covered under the planned establishment's food license and additional food licensure may be needed for this off-site food preparation. Consult with your regulatory agency regarding possible additional food licensing.

Sinks & Ware-washing Facilities

(See Fixed Food Establishment Plan Review Manual Part 8)

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

Dishwashing Sinks	Length (inches)	Width (inches)	Depth (inches)
1 st 3-compartment sink, size of compartments (basins)			
2 nd 3-compartment sink, size of compartments (basins)			
3 rd 3-compartment sink, size of compartments (basins)			

A. 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).

B. List the location of all garbage disposals (Disposals cannot be in a food preparation sink or the basin of a warewashing sink.)

C. 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
1 st Unit			
2 nd Unit			
3 rd Unit			

- What type of mop (service) sink will be provided (e.g. curbed floor drain, mop sink on legs, etc.)? Ensure location of this sink is indicated on the equipment plan.

General

(See Fixed Food Establishment Plan Review Manual Part 16)

- Will employee dressing rooms be provided? YES NO

If NO, describe how and where personal belonging will be stored.

- Will laundry be done on-site? YES NO

If YES, mark which of the following will be used on-site.

- Washer Dryer

Describe what will be laundered on-site.

Room Finish Schedule

(See Fixed Food Establishment Plan Review Manual Part 10)

Describe the floor, coving, wall, and ceiling materials that will be used in each of the listed areas. See plan review manual Part 10 for a list of possible materials.

Area	Floor	Coving*	Wall	Ceiling
Preparation				
Cooking				
Dishwashing				
Dry Storage				
Bar				
Dining				
Public and/or Employee Restrooms				
Dressing Room				
Walk-in Cooler				
Walk-in Freezer				
Garbage Room				
Janitor Closet/Mop Sink Room				

*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 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.

Insect and Rodent Control

(See Fixed Food Establishment Plan Review Manual Part 13)

- Will outside doors be self-closing? YES NO
- Will the facility have a drive-thru or walk-up window? YES NO

If YES, describe the method of pest entrance prevention (e.g. self-closing unit, air curtains, other effective means, etc.)

- Will openings around pipes, electrical conduits, chases, and other wall perforations be sealed? YES NO

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?
 - D. Describe how solid waste/refuse will be transported from the interior of the establishment to the outside waste/refuse storage area.

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

- 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

If YES, make sure to show location on site plan

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

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

E. Describe how and where redeemables/returnables/recyclables will be stored.

F. Mark the types of materials that will be recycled.

Glass Metal Paper Cardboard Plastic

Plumbing Cross-Connections

(See Fixed Food Establishment Plan Review 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 sewage disposal sections (e.g., a dishwasher may have an AVB on the water supply and an air-gapped drain). Mark appropriate boxes.

Backflow Prevention Device Abbreviations

AVB=atmospheric vacuum breaker **PVB**=pressure vacuum breaker

RPZ=reduced pressure principle backflow preventer **DC w/AV**= Double check valve with an atmospheric vent

Fixture	Sewage Disposal			Water Supply					
	Air Gap	Air Break	Direct Connect	AVB	PVB	RPZ	Hose Bibb	DC w/AV	Air Gap
Dishwasher									
Glasswasher									
Garbage grinder									
Ice machine									
Ice storage bin									
Mop sink									
3-compartment sink									
Culinary (food preparation) Sink									
Other sinks, except handsinks, (1 or 2 compartments)									
Steam tables/Bain-marie									
Dipper wells									
Hose connections									
Refrigeration condensate drain lines									
Beverage dispenser with carbonator									
Water softener drain									
Walk-in floor drain									
Wok range									
Chemical dispenser									
Outside sprinkler or irrigation system									
Power washer									
Retractable hose reel									
Toilet									
Urinal									
Boiler									
Espresso machine									
Combi-style oven									
Kettle									
Rethermalizer									
Steamer									
Overhead spray rinse									
Hot water dispenser									
Coffee machines, juice dispensers or other non-carbonated beverage dispensers									
Other (describe):									

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

Will the reported cold storage space be utilized for storage of bulky food items (e.g. boxes of whole produce, kegs, large meat boxes, bottled beverage), storage of any non-food items or for any food preparation processes (e.g. cutting of meat, drying/aging/fermentation of food)? YES NO

If YES, what units, or what percentage of the reported cold storage space, will be used for these purposes?

- 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

- *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%).
- Or, if there is no dry storage room proposed, report all dry storage shelf dimensions:

Storage Shelving

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

Will the reported dry storage space be utilized for storage of non-food items such as equipment/utensils, cleaning supplies, maintenance supplies, empty bottles/cans, linens, promotional items, etc.? YES NO

If YES, what shelving units, or what percentage of the reported dry storage space, will be used for this purpose?

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.

Equipment	Type I Hood	Type II Hood	Ventless

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? Complete following chart and mark appropriate boxes.

Outdoor Equipment	Portable	Permanent

- How do you intend to transport food between the outdoor preparation/cooking area and the interior of the kitchen?
- How will handwashing be addressed at the outdoor preparation/cooking area?
- Where will the outdoor preparation/cooking area be located on the premises? Ensure this is indicated on your site plan.
- How will the outdoor preparation/cooking area be protected from unauthorized access?
- What overhead protection will be provided? What materials will be used?
- Will walls be provided? If so, what materials will be used and what coving material will be provided?

- What type of floor/ground will be present in the outdoor preparation/cooking area?
- What type of cooking fuel will be used and how will refuse and waste ash be collected in the outdoor preparation/cooking area?
- What lighting will be provided in the outdoor preparation/cooking area and how will it be shielded?