

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.

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 (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. Credit Card payment (Visa, Discover or MasterCard) can be made online by calling 616.632.6890 after documents have been submitted and requesting an online invoice be generated. 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.

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,
 - 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.

Food Service Establishment Full Plan Submittal Instructions – Review Process

- 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.
- 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.
- If applicable, regulatory authority requests additional information regarding missing materials or information provided that does not meet requirements.
- Plans are approved and regulatory authority sends a plan review approval letter.
- 6 CONTRUCTION BEGINS*Please note that regulatory agency has authority to issue a stop work order when construction begins before plans are approved.
- Approved plans kept on site during construction. If plans are changed after approval, the changes must be submitted to regulatory authority in writting and approved again before proceeding with construction.
- Applicant completes all work as submitted in plans.
- 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.
- Applicant requests an appointment for a pre-opening inspection, once all construction is complete, as required by the regulatory authority.
- 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	o enable timely correspondance.
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:	
City, State:	
Zip: Phone #:	Zip: Phone #:
E-Mail :	E-Mail :
Which of the above should all correspondence be mail	(e.g. Kitchen)
Proposed opening date:	
For reviewing agency use only:	
Date: Receipt#:	

Food Service Establishment Full Plan Submittal Instructions – Review Process

Hours of Operation:					
Seating Capacity (include	bar & outdoor):	Facility Size (squar	Facility Size (square feet):		
Minimum staff per shift:		Maximum staff per	shift:		
equipment, add or remov	d new building from groun vations on an existing food ing walls, changing facility lding that was not used as	d establishment. For example ch / layout, etc.)	ting a food establishment within. For		
What describes the establi ☐ On-site Food Preparation any cooking, cutting, slicit	(items may need to be al-		med. For example foods requiring		
☐ Serving Site (items will be ladled/served for custome		mmediate consumption. For exa	ample soups delivered hot being		
Will part of the operation b	e outdoors (e.g. bar, dir	ning, storage, cooking, etc.):	□ Yes □ No		
If yes, explain:					
Type of Operation/Food Set Sit down meals Sit down meals Full service with bar Bar with food prep. Bar with no food prep. Grocery store Fresh meat Seafood/fish Deli Fast food Self-service bulk items Tasting room	ervice (mark all that apple Cafeteria Catering School Produce Produce processing Hospital Smoked fish Bakery Brewery Water bottling	□ Church □ Takeout menu □ Commissary □ Counter service □ Buffet or salad bar □ Wholesale foods □ Tableside/display cooking □ Ice production/packaging □ Hotel □ Kiosk	□ Bottling alcoholic beverages (e.g. beer, wine, hard cider, etc.) □ Repackage (e.g. nuts) List food: □ Processor (e.g. cured meats, juice, sushi, slaughter, etc.) List food:		
		a description of the construct	tion to take place, a description on.		
I certify that the plan review	application package subm	nitted is accurate to the best of n	ny knowledge.		
			e:		
Please print name and title h					

Food Manager Knowledge

Please check all that apply:

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.

Certified Food Manager's (CFM) Certificate submitted:	☐ YES	□ NO
Employee currently in or signed up for CFM class:	☐ YES	□ NO
	If yes, submit in	voice for class.
Menu		
It is REQUIRED to provide a full menu including all beverages or minimally not have to be the final print version; this will be requested later. It is sugge submitted for approval prior to final printing. Additionally, it should be noted i or "popup" restaurants that may serve food items not listed on the menu.	ested that a "prod	of" copy of the menu be
The customer must be informed by means of a consumer advisory that a me foods of animal origin. A guidance document on providing a consumer advishttp://www.michigan.gov/documents/mda/MDA_FCConsAdvisMay08_24593	sory can be found	
Menu submitted:	☐ YES	□ NO
Menu items contain raw or undercooked animal-based foods:	☐ YES	□ NO
If YES, the menu contains a consumer advis	sory: 🗆 YES	□ NO
SOP's and HACCP		
It is REQUIRED to provide a full set of Standard Operating Procedures (SOF	•	
http://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51203,00.html . SOF	Ps should be spe	ecific to your menu, food
processes, and equipment. Standard Operating Procedures (SOP's) submitted:	□ YES	□ NO
Standard Operating Procedures (SOP's) submitted.		
Hazard Analysis and Critical Control Points (HACCP) plan is a written docu for <u>specialized food processes</u> such as smoking food for preservation fermentation, and/or packaging raw unpasteurized juice (FDA Food Code 3-Products produced for wholesale under the Code of Federal Regulations, runder these regulations. Please consult your regulatory agency if you plan to retail or food service operation).	n, curing, reduc -404.11, 3-502.1 may also require	ed oxygen packaging, 1, 3-502.12, 3-801.11). specific HACCP plans
Facility performing a specialized food process:	☐ YES	\square NO
If YES, HACCP plan subm	nitted: YES	□ NO
Facility making products to wholesale:	☐ YES	□ NO
**Submission of a HACCP plan, during the plan review process, does <u>n</u> automatically approved. Further review of your submitted HACCP plan conducted and communicated with you.		

Food Preparation Review (See Fixed Food Establishment Plan Review Manual Parts 1 and 3)

How will time/temperature control for safety (TCS) food be thawed? List food items that apply.

Thawing Method	Food less than 1" thick	Food more than 1" thick
Refrigeration		
Running water (less than 70°F)		
Microwave as part of cooking process		
Cook from frozen		
Other (please describe):		

Cooking and reheating TCS foods: List all cooking or reheating equipment and mark all applicable boxes for the listed equipment.

Equipment Name	Cooking	Reheating	New	Used	NSF Certified or
					Equivalent
			1		

Equipment Name	Hot Hold	Cold Hold	New	Used	NSF Certified or Equivalent
ill ice be used as a refrigerant for TCS food?				5	NO
If YES, list the types of foods involved. Ensure procedures.	this proces	s is describ	ed within y	your stan	dard operating
procedures.					
ill time as a public health control be used instead	d of hot or	cold holding	g? ⊔ YE	S 🗆 N	10
If YES, list the types of foods involved. As a ren for this process.	ninder, a st	tandard ope	erating pro	cedure m	nust be submitted
•					

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

cooled from 135°F to 70°F in 2 h	nat will be cooled using each of the following methods. Hot TCS foods must be nours or less and within a total of 6 hours from 135°F to 41°F or less. If prepared chilled ingredients (i.e. tuna salad) then the foods must be cooled from 70°F to
41°F within 4 hours.	orimod ingrodionio (i.e. tana balaa) tilon tilo lobab indet be beeled ilein 70 1 te
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 em	ployees 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:
	is ready-to-eat and will be kept under refrigeration for more than 24 hours after rking system must be utilized. Note: The day of preparation counts as Day 1.
Will the establishment have for	ood items that must be date marked? ☐ YES ☐ NO
If YES, list the foods or types process.	of foods involved. Ensure a standard operating procedure is submitted for this

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 <u>prepared</u> 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 Sinks	Length (inches)	Width (inches)	Depth (inches
1st 3-compartment sink, size	U ()	, ,	
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 m the largest item that will ha width, and depth or height	ve to be washed in a si	nk and its size? Pleas	
B. List the location of all garba of a warewashing sink.)	age disposals (Disposa	ls cannot be in a food	preparation sink or the
C. If a dishmachine/glasswas will sanitize (e.g. chemical		ne make and model n	umber of unit and how t
		ne make and model n Model #	umber of unit and how t Sanitizing Metho
will sanitize (e.g. chemical	or high temperature).		
will sanitize (e.g. chemical Dishmachine/Glasswasher	or high temperature).		
will sanitize (e.g. chemical Dishmachine/Glasswasher 1st Unit	or high temperature).		
will sanitize (e.g. chemical Dishmachine/Glasswasher 1st Unit 2nd Unit	or high temperature). Make will be provided (e.g. cu	Model #	Sanitizing Metho
will sanitize (e.g. chemical Dishmachine/Glasswasher 1st Unit 2nd Unit 3rd Unit What type of mop (service) sink v	or high temperature). Make will be provided (e.g. cun the equipment plan.	Model #	Sanitizing Metho

•	Will laundry be done on-site?	☐ YES	\square 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 Rev	riew Manual Part	t 5)		
Mark the water supply type:	☐ Municipal	☐ Existing Well	□ New Well	
If using a well, is the local health delayed.	epartment in the	process of approvin	g? □ YES	□ NO*
Sewage Disposal (See Fixed Food Establishment Plan Rev	riew Manual Part	t 5)		
Mark the sewage disposal type:	☐ Municipal	☐ Existing Septic Field	☐ New Seption	
 If using an on-site septic system, is Department of Environmental Qu 		•	igan □ YES	□ NO*
*It is required that you contact your local	health departme	nt to begin the appro	oval process.	
Insect and Rodent Control (See Fixed Food Establishment Plan Rev	riew 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 peother effective means, etc.)	est entrance prev	vention (e.g. self-clos	sing unit, air cu	ırtains,
Will openings around pipes, electric chases, and other wall perforation			□ YES	□NO
Solid Waste/Refuse Storage (See Fixed Food Establishment Plan Rev		: 17)		
Outside Solid Waste/Refuse Storage	ge			
A. What type of storage will be	used?	□ Compactor*	☐ Dumpster*	☐ Cans
B. Describe the type of surface	that will be unde	r the container.		
C. What is the anticipated minin	num pick-up freq	uency?		
 D. Describe how solid waste/ref waste/refuse storage area. 	use will be trans	ported from the inte	rior of the estal	olishment to the outside

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

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

Sewage Disposal Water Supply									
Fixture	Air	Air	Direct	AVB	PVB	RPZ	Hose	DC	Air
	Gap	Break	Connect				Bibb	w/AV	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									<u> </u>
Steamer									
Overhead spray rinse									
Hot water dispenser									
Coffee machines, juice dispensers									
or other non-carbonated beverage									
dispensers									
Other (describe):									

Formula Information

Several calculations are utilized to determine if there will be adequate hot water, dry storage space and refrigerated storage space. 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 good calculated baseline of how much hot water, 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.

Hot Water

(See Fixed Food Establishment Plan Review Manual Part 12)

List each plumbing fixture that has a hot water supply line. Each fixture	Fixture Count
should only be listed once.	
Handsinks (not including restroom sinks)	
Restroom Sinks	
Single Compartment Sink	
Double Compartment Sink	
Triple (three) Compartment Sink	
Food Preparation Sink	
Overhead Spray Rinse	
Bar Sink-three compartment	
Bar Sink-four compartment	
Cook Sink	
Hot Water Filling Faucet	
Steam Table/Bain-Marie	
Coffee Urn	
Kettle Stand	
Garbage Can Washer	
9 & 12 lb. Clothes Washer	
16 lb. Clothes Washer	
Shower Heads	
Mop Sink	
Dump Sink	
Dishmachine/Glasswasher	
Other (describe):	
Other (describe):	

•	Water	Heater

IVIč	anulacturer:		Model #:	
A.	Water heater proposed size:			
	KW:	Or	BTUs:	
В.	Water heater storage capacity in gall	ons:		
C.	Water heater recovery rate @100°F:			
D.	Tankless units:			
	Gallons per minute @ 70°F rise:			
	and			

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.

	Booster heater proposed			
	KW:		Or	BTUs:
	rigerated and Dry Food Storage Fixed Food Establishment P	ge Ilan Review Manual Parts 3 & 7)	
	essential that a reliable estim reries to calculate dry and ref		neals/o	customers that are served between
A.	# meal/customers estimated	to be served per day:		
B.	# days between deliveries:	Dry food		Refrigerated food
C.	# meals/customers between deliveries (A x B =):	Dry food		Refrigerated food
Plea	se describe any assumption	made in determining the meal o	uantit	y estimate.
•	Refrigerated/Freezer Storag (See Fixed Food Establis	ge hment Plan Review Manual Pa	rt 3)	

Model #:

Dish Machine Booster Heater:

Manufacturer:

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.

Working, preparation or line refrigerators/freezers should not be included in this section. While these types of units may be needed in the operation of your facility, these are not intended for long term cold storage.

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)? \Box YES \Box 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

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

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.? \Box YES \Box 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.

	T = 111 1	T - 1111 1	
Equipment	Type I Hood	Type II Hood	Ventless
	1	1	ı

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 by having walls, windows, or doors that can be opened, exposing the dinin \square YES \square NO	•	,
	If YES, explain how you intend to protect your kitchen and any food, uter the dining area from outdoor contamination and pest entry (e.g. using air etc.).		• •
•	Will there be an outdoor food preparation or cooking area at the facility? If YES,What food items are you intending to prepare/cook outdoors?	□ YES	□NO

•	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 kitche	do you intend to transport food between the outdoor preparation/cooking n?	area and the	interior of the
•	How	will handwashing be addressed at the outdoor preparation/cooking area?	,	
•		e will the outdoor preparation/cooking area be located on the premises? site plan.	Ensure this is	indicated on
•	How	will the outdoor preparation/cooking area be protected from unauthorized	d 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 lighting will be provided in the outdoor preparation/cooking area and how will it be shielded?

What type of cooking fuel will be used and how will refuse and waste ash be collected in the outdoor preparation/cooking area?