



**ALLEGHENY COUNTY HEALTH DEPARTMENT
FOOD SAFETY PROGRAM**

PLAN REVIEW CHECKLIST

Anticipated Start of Construction Date: _____

Anticipated Completion Date: _____

Check here if construction began prior to submittal of plans **New Facility** **Remodel** **Change of Owner**

INSTRUCTIONS: Complete all sections of the Plan Review Checklist. (Please Print!)
If any section of the checklist is not applicable, mark "N/A" in question box. Plans must include:

1. Complete facility floor plan drawn to scale
2. Signed and completed Plan Review Checklist
3. Complete equipment list - manufacturers' names & model numbers of existing and proposed equipment
4. Proposed menu and/or list of food items to be prepared and sold
5. Payment of fee for review of construction plan (from current ACHD Plan Review Fee Schedule)

Please forward all plans with proper fee payment to the Allegheny County Health Department, Food Safety Program, 2121 Noblestown Road, Suite 210, Pittsburgh, PA 15205 / Attention: Plan Review.

Facility Name	Business Phone #	Email
Facility Address	Zip	Municipality/Twp/Boro/Ward
Owner's Name - include legal name of business entity (Inc., LLC) and legal agent/person in charge		Legal Owner Phone #
Mailing Address (if different from facility physical address)	Zip	Fax or Email
Contact Person/Title	Contact Person Phone	Email

Business Description: (Check one)

- | | |
|---|--|
| <input type="checkbox"/> Restaurant without liquor / <input type="checkbox"/> Restaurant w/ liquor service
(must have or be in process of applying for PLCB license)

<input type="checkbox"/> Retail / Grocery Sales (includes supermarkets, convenience stores, specialty stores and bakeries)
<input type="checkbox"/> Food Processor
<input type="checkbox"/> Retail Sales – prepackaged foods (no temperature control)
<input type="checkbox"/> Wholesale Warehouse
<input type="checkbox"/> Other (explain): _____ | <input type="checkbox"/> Hospitals / University / Institutional
<input type="checkbox"/> Caterer
<input type="checkbox"/> Community / Public Food Service (Schools, Churches, Concessions) *Flat Fee, refer to ACHD Plan Review Fee Schedule
<input type="checkbox"/> Residential Food Service (includes rooming house with guest food service, boarding homes and personal care/nursing homes) **Based on # of rooms, refer to ACHD Housing and Community Environment Plan Review Fee Schedule |
|---|--|

of seats: _____

square footage (area of facility): _____

PLAN REVIEW FEE submitted: \$ _____ (make check payable to the "Treasurer of Allegheny County")

I CERTIFY THAT THE ABOVE INFORMATION CONTAINED IN THIS PLAN REVIEW CHECKLIST IS TRUE, ACCURATE AND COMPLETE. _____

Please print name and provide signature of Legal Owner (include title of signer)

WATER SUPPLY

a) Source of Water Supply: Municipal Private Well[®]

[®] If **Private**, please note that the system must be inspected and approved prior to issuance of a Health Permit. Please contact ACHD Food Safety Program for additional information about private water supply approval.

b) Water heater manufacturer name: _____ Water heater model number: _____

c) Hot water temperature: _____ °F. Dimensions of 3- compartment sink basins in inches _____ x _____ x _____

Expected peak hot water for 3-compartment sink can be calculated using the length x width x depth of 3-compartment sink basin (cubic inches). Multiply x 3 basins (if all same size) / 231 (conversion factor for cubic inches to gallons) x .75

SEWAGE DISPOSAL

a) Type of Sewage Disposal: Municipal Private System

• If **Private Septic System**, please contact the Sewage Enforcement Officer at the Allegheny County Health Department Plumbing Program prior to construction at (412) 578-8036.

• If **Municipal**, provide name of collection system (Sewer/Water Authority: _____)

b) If **new construction**, please include a copy of sewage approval.

Please be advised that no health permit will be issued unless an approved water source and an approved means of sewage disposal are provided.

PLUMBING

Check box if work involving plumbing fixtures (adding, removing, replacing, relocating) will occur:

Yes **No**

(Please note that grease removal devices are required on fixture drains discharging fats, oils and grease)

All plumbing must be completed by a registered Master Plumber and given final approval by the Allegheny County Health Department Plumbing Section before a health permit can be issued. The registered Master Plumber is responsible for filing plans with the appropriate Plumbing Section. The **facility owner** will be responsible for assuring a final approval has been obtained.

Submit plumber's name: _____

HANDWASHING FACILITIES

Have hand-washing facilities been shown/indicated on the floor plan drawing in each food preparation, food dispensing and ware-washing area? **Yes** **No** *

• All sinks must be equipped with hot & cold running water supplied through a mixing valve or combination faucet.

• Hand washing sinks must be installed in a manner to prevent splash from contaminating food and food zones.

*If you have checked no, please explain here:

TOILET ROOMS

a) Type of Food Service: _____ Sit-down Take-Out

b) Are public customer/patron toilet rooms provided for each sex?
(Please note that separate men's and women's restrooms must be accessible to patrons/customers when seating is provided. Access to toilet rooms cannot be through food preparation or storage areas) Yes No

Please specify the number of toilet room fixtures:
 Toilets: _____ Urinals: _____ Lavatory Hand Sinks: _____

c) Are separate and dedicated employee toilet rooms provided? Yes No

d) Is adequate ventilation provided for in all toilet rooms through screened windows or by exhaust fans? Window Fan

e) How will toilet room doors be made self-closing (example - spring or swing arm?) _____

f) How will covered refuse containers be provided? Each Stall Single

UTENSILS AND EQUIPMENT

**All equipment must conform to current National Sanitation Foundation (NSF) Standards.
 Please contact ACHD for list of other acceptable certification types**

a) Will any equipment be custom-built? (Submit design specifications with drawing). Yes No

b) Equipment must be installed according to ANSI/NSF guidelines - check applicable box:
 Equipment list shows all manufacturer name & model numbers
 Spec (sheets) information provided for all equipment

UTENSIL WASHING

a) Type of tableware, glassware and utensils used for service: _____ Single Service Multi-use

b) A three-compartment sink must be provided for cleaning and sanitizing of utensils and equipment
 check here to verify that the location of three-compartment sink(s) is/are included on plan layout.

→ Will a mechanical dishwashing machine be provided also? Yes (complete section d below) No

c) Ensure soiled and clean utensils are held on separate shelves or drain boards. Drain boards Shelves Number _____

d) Mechanical Dishwasher: Manufacturer: _____ Model Number: _____

• Method of mechanical dishwasher sanitization: Chemical Hot Water ^②

Water temperature: _____ Booster heater manufacturer: _____ & model number: _____

^② Proper ventilation should be provided.

e) Where will pots and pans be washed? Specify: _____

check here to verify that the location of the grease trap/interceptor is included on plan layout.

STORAGE

a) Where will sufficient area and space be provided for the storage of food, equipment, utensils and single service articles?

Yes No

- Designate location and type of shelving: _____

b) Will a running water dipper well be provided? (Note: this is required for hand-dipped ice cream service based upon the ACHD Plumbing Code)

Yes No

FOOD PREPARATION

a) *Since uncut, whole produce must be washed prior to preparing or working, a separate, dedicated food preparation sink with indirect drain ("safe waste" – air break & air gap) is required.*

1-bowl 2-bowl 3-bowl

Please note that ready-to-eat, prepackaged produce should be considered a temporary measure, and should not be considered for routine operations.

How large will the food preparation sink be if the menu includes such items?

b) Will modified atmosphere packaging (i.e. vacuum packaging), or other specialized processes (such as canning, curing, or acidifying) be conducted?

Yes No

*Please note that if you answered **Yes** to this question, a Hazard Analysis Critical Control Points (HACCP) plan must be submitted for review with the facility plan. The HACCP plan must be received for review before facility plans with menus that include food prepared under specialized processes can be found "in compliance."*

FOOD TRANSPORT

How will temperatures of foods that require temperature control for safety be maintained during transport from the facility to catered events (if a restaurant or caterer)?

- Specify type of facilities/equipment: _____

SNEEZE GUARDS

Will a buffet or salad bar be a part of your operation? (If yes, provide details in plan layout)

Yes No

Are there food preparation areas, ware-washing areas, or "wrap stations" directly adjacent to paths that patrons may travel?

Yes No

- Provide a **scaled drawing** (side elevation or cross-section view) of all areas requiring sneeze guards. Include dimensions of sneeze guard and counters, height from floor, and identify location of food.

HOT HOLDING

Will facilities be provided for hot holding of potentially hazardous foods? Yes No

• If **yes**, are these facilities NSF approved? Yes No

• Specify type: _____

DOORS / WINDOWS

Do you plan to have "open air dining" features (such as overhead sectional "garage doors" or windows that would remain in an opened positions during fair weather)?

Yes No

INSECT AND RODENT CONTROL: Please explain how all exterior openings will be properly screened or otherwise protected against the entrance of vermin?

Customer (front or side) entrance doors: _____

Employee (rear) entrance doors: _____

Delivery doors (ground level): _____

Basement doors: _____

Windows: _____

PLEASE NOTE: Exterior doors must be self-closing except when used exclusively for delivery or designated for use only during an emergency. All doors must be solid and tight-fitting to prevent the entrance of insects and vermin (rodents, cockroaches, and birds). There can be no holes or gaps along door frames, floors, walls or ceilings which are large enough to accommodate a pencil's thickness. Insects and rodents are vectors of disease- causing microorganisms which may be transmitted to humans by contamination of food and food-contact surfaces.

CERTIFIED FOOD PROTECTION MANAGERS

a) How many Certified Food Protection Managers will be employed to cover all hours of operation?

b) What are the proposed hours of operation?

• Contact ACHD Food Safety Program (412-578-8044 or foodsafety@alleghenycounty.us for information on certification.

REFUSE

a) Identify location of refuse storage area: _____

c) Specify the surface on which the container is to be stored (i.e. concrete, asphalt): _____
 (note: food facility refuse/garbage containers may not be placed on grass, soil or graveled ground surface)

c) Circle type, and indicate capacity of containers to be used:

dumpster _____ compactor _____ cans _____

d) Specify name of waste hauler: _____

e) Will equipment and facilities be provided for cleaning of refuse containers? Yes No

If yes, please describe how and where refuse containers will be cleaned: _____

GENERAL PREMISES

a) Type of mop sink provided for filling/emptying mop buckets? Curbed Utility Sink
 Floor Sink

• Designate location _____

b) Will laundry facilities be provided on the premises? Yes No

• Designate location _____

DRESSING ROOM

Please explain how adequate closet or locker space will be provided for employees' personal belongings?

LIGHTING

a) Type of bulbs: LED fluorescent incandescent

b) How are lights shielded over food storage, preparation, display and service?

c) How are lights shielded over utensil cleaning and storage areas?

FINISH SCHEDULE						
<u>Includes kitchens, bar service and wait stations</u>		Food/Beverage Preparation or Handling Areas	Utensil Washing Areas	Storage Areas	Toilet Rooms	
					Employee	Public
F L O O R S	Material (i.e., vinyl, ceramic, concrete)					
	Coved-base molding (i.e., vinyl, ceramic)					
	Floor drains* (number and location)					
W A L L S	Material (i.e., drywall, concrete, FRP)					
	Finish (i.e., paint, plaster)					
	Color					
C E I L I N G	Material (i.e., drywall, vinyl panels/tiles)					
	Finish					
	Color					

**Information to be provided for all rooms where floors are flushed or receive discharges of fluid, or where pressure spray methods for cleaning are utilized.*