



Barry-Eaton District Health Department

An Accredited Public Health Agency

www.barryeatonhealth.org

The checklist of items below must be completed and compiled into a single submittal package to the Barry-Eaton District Health Department.

_____ The appropriate plan review fee.

\$735.00 Full Plan Review

\$369.00 Partial/Change of Ownership Plan Review

\$243.00 STFU/Mobile Plan Review

\$106.00/hour Modifications to Approved Plans

* **Plan review fees do not include the Annual Food Service License fee.**

_____ **Completed Plan Review Application and Worksheets**

- A food service plan review guidance manual is available on the web at:
http://michigan.gov/documents/MDA_Plan_Review_Manual_28443_7.doc

_____ **Menu**

- If your facility does not have a menu already created, then submit a proposed menu of food items. If the food service establishment will be offering raw or undercooked animal products, then provide the wording that will be used for the consumer advisory. Consumer Advisory guidance is available on the web at:
http://www.michigan.gov/documents/mda/MDA_FCConsAdvisMay08_245934_7.pdf

_____ **Standard Operating Procedures (SOP's)**

- Provide food safety Standard Operating Procedures specific to your menu (see enclosed SOP Coversheet). If you need guidance on writing your food safety SOP's, then contact our Department at 517-541-2616.

_____ **Layout Drawings (provide only one set of plans).**

- Provide scaled drawings (i.e. 1/4" equals one literal foot.). The plans should include the following layout drawings:
 - 1) **Site plan** (show location of utilities coming into the building, dumpster location, any outside grease collection tanks, and if applicable: the well and septic location)
 - 2) **Floor plan** (using a number key, specify the location of the food service equipment on the plan)
 - 3) **Plumbing & Electric plan** (show both the supply and waste water plumbing lines)
 - 4) **Lighting plan** (provide a lighting key with the plan)
 - 5) **Mechanical plan** (include both ventilation exhaust and make-up air specifications)

_____ **Equipment Specifications**

- Include the manufacturer's specifications for each piece of food service equipment. For used equipment, please take a digital picture of the equipment and label.

This Page Intentionally Left Blank

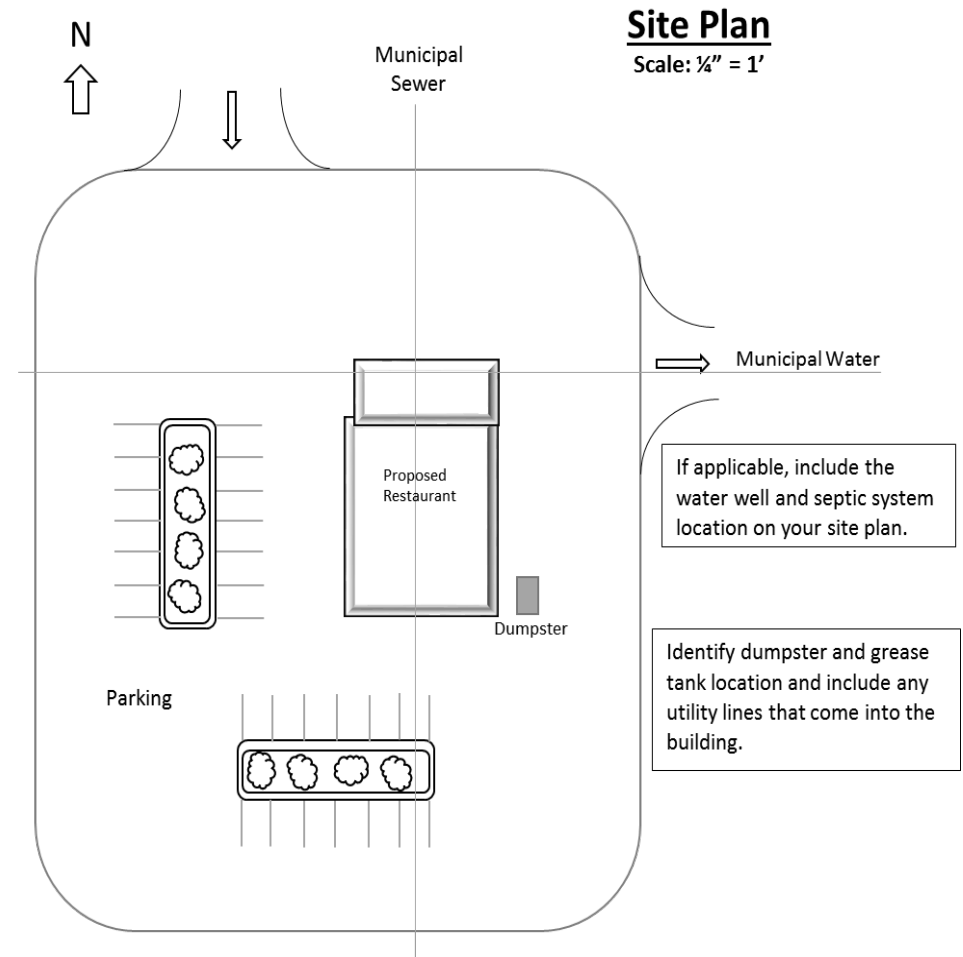


Barry-Eaton District Health Department

Be Active • Be Safe • Be Healthy

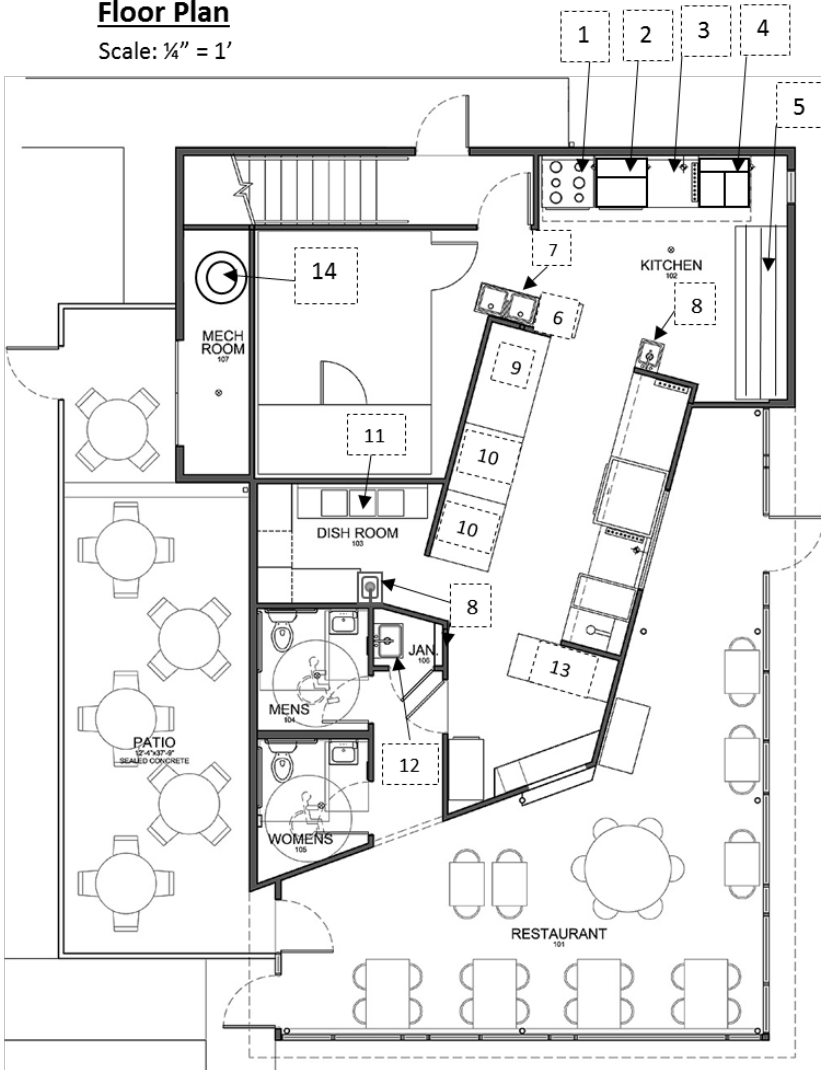
Example Layout Drawings

The example layout drawings are to only be used as a reference and not to be used as a template. Ensure your layout drawings are to scale and accurately represent the proposed facility.



Floor Plan

Scale: 1/4" = 1'



Equipment Schedule:

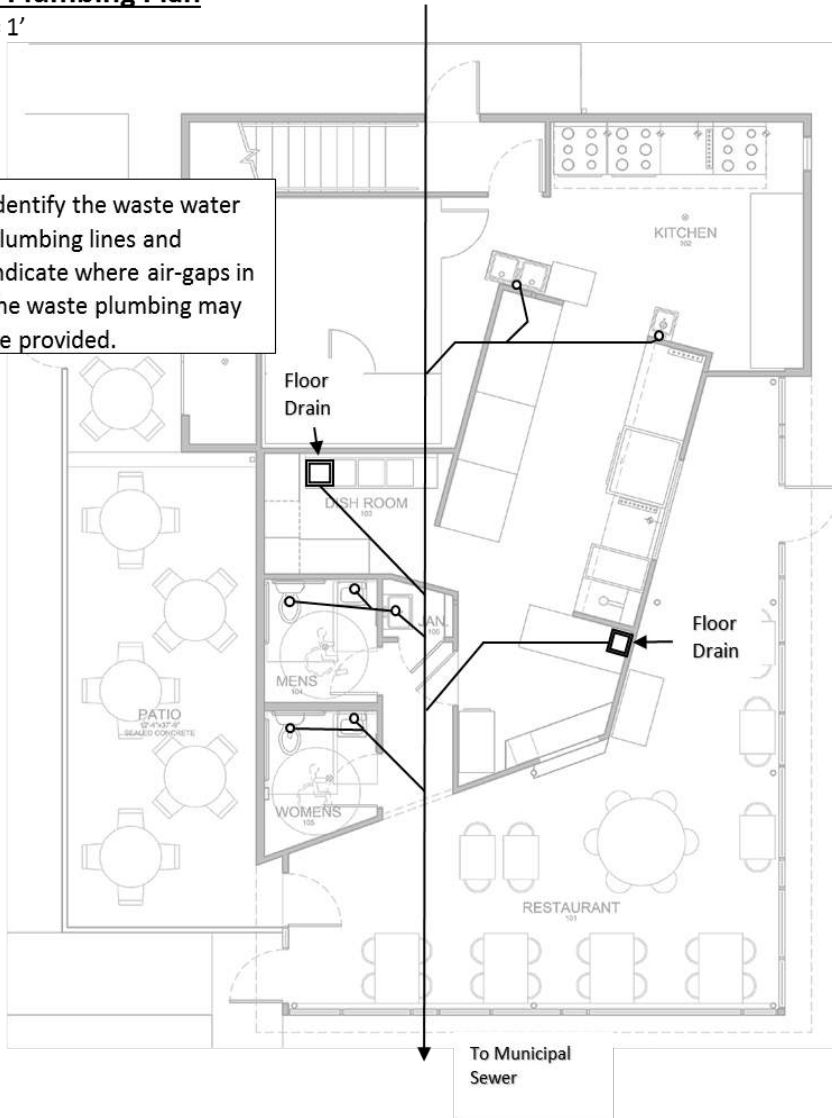
1. 6 Burner Stove
2. Convection Oven
3. Char-Broiler
4. Duel Fryer
5. Shelf Unit
6. Meat Slicer
7. 2 Compartment Preparation Sink
8. Hand Sink
9. Stand-up Freezer
10. Stand-up Refrigerator
11. 3 Compartment Dish Sink
12. Mop Sink
13. Ice Machine
14. Hot Water Heater

Use a number key, as shown here, to show the location of all food service equipment in the facility. Include plumbing fixtures and shelving units.

Sanitary Plumbing Plan

Scale: 1/4" = 1'

Identify the waste water plumbing lines and indicate where air-gaps in the waste plumbing may be provided.

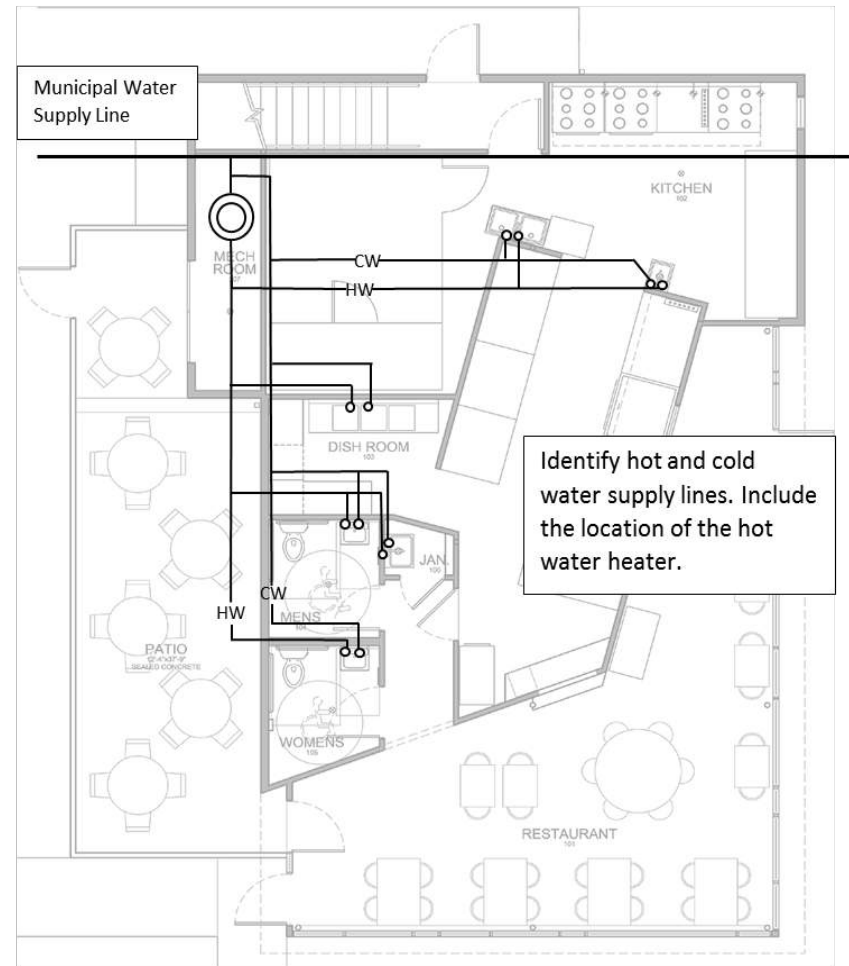


Hot and Cold Water Plumbing Plan

Scale: 1/4" = 1'

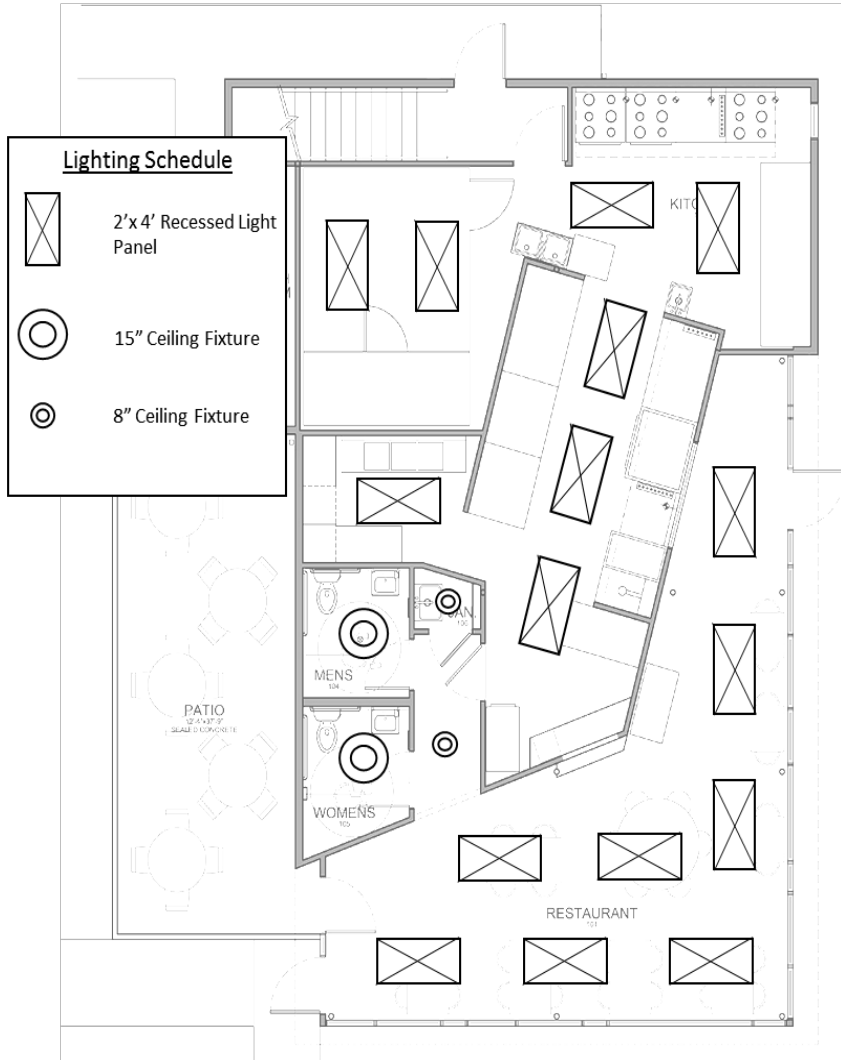
Municipal Water Supply Line

Identify hot and cold water supply lines. Include the location of the hot water heater.



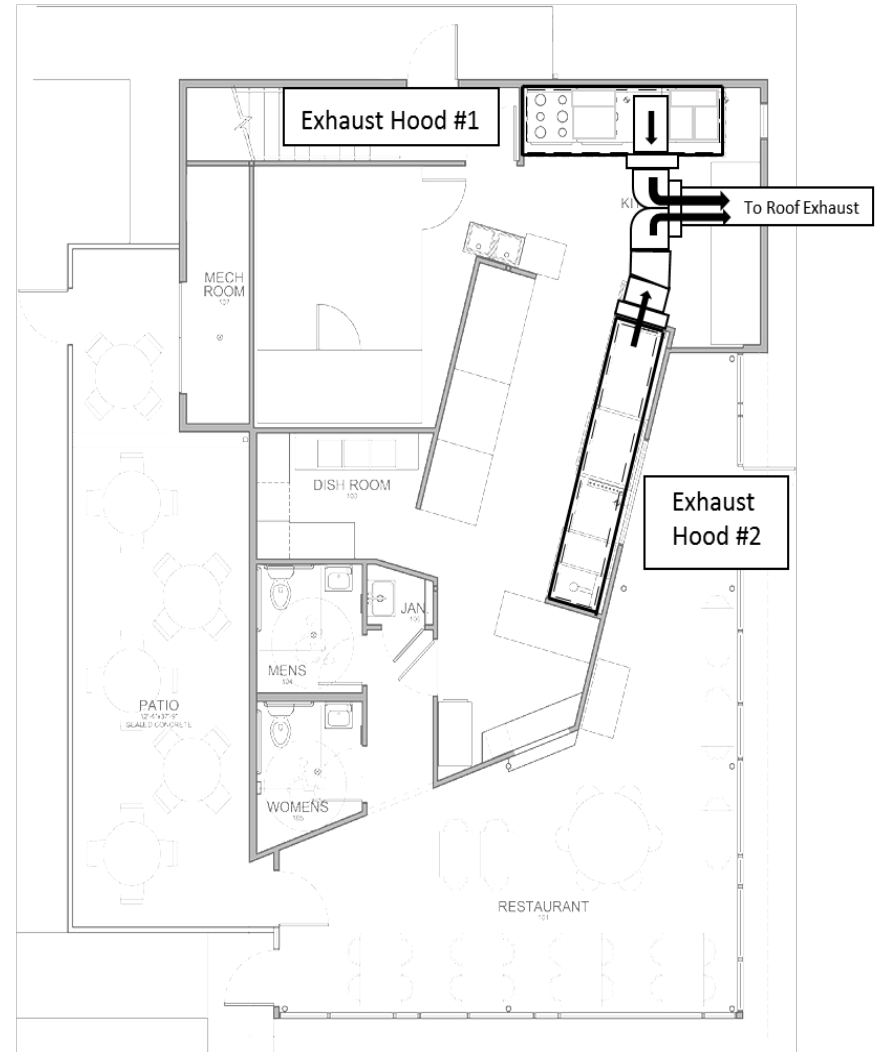
Lighting Plan

Scale: 1/4" = 1'



Mechanical Plans (Ventilation)

Scale: 1/4" = 1'





Barry-Eaton District Health Department

An Accredited Public Health Agency

www.barryeatonhealth.org

GUIDELINES FOR ON-SITE WATER AND SEWAGE

WATER SUPPLY

If the proposed food service establishment has or will have an on-site water well, then please contact our Type II water supply coordinator for further consultation.

Wells serving food service establishments are classified as non-community public water supplies and as such are subject to more stringent requirements than wells serving individual homes. For a new well, a site plan will need to be submitted along with a permit application to our department.

SEWAGE SYSTEM

Food service establishments having an estimated wastewater flow of less than 10,000 gallons per day are not required to have an engineered system, but still require a permit from the health department.

If the proposed food service establishment has an existing on-site wastewater treatment system, then please contact our department for further consultation and site inspection.

Grease traps are an important wastewater component for most food service establishments. Depending upon the menu served; as well as local building department requirements, a grease trap may be required. For new construction, a grease trap may be required exterior the building. Please consult with the local building authority regarding grease traps.



Barry-Eaton District Health Department

An Accredited Public Health Agency

www.barryeatonhealth.org

Food Establishment Plan Review Application And Worksheets

Meets the Michigan Food Law requirement for a transmittal letter to be submitted with the plans.

Establishment Name: _____

Address, City, Zip: _____

Establishment Phone: _____

Location Information: Between _____ & _____ Street

Prior Establishment Name: _____

<p>Owner</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone # _____ Fax # _____</p> <p>E-Mail _____</p>	<p>Food Service Equipment Supply Co.</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone # _____ Fax # _____</p> <p>E-Mail _____</p>
<p>Architect</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone # _____ Fax # _____</p> <p>E-Mail _____</p>	<p>General Contractor</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone # _____ Fax # _____</p> <p>E-Mail _____</p>

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

Proposed construction start date: _____ Proposed opening date: _____

For Health Department use only:

Fee \$: _____ Check #: _____

Date: _____ Receipt #: _____

Facility #: _____ Assigned to: _____

Water Supply

Will the water supply be: ___Municipal ___Existing on-site* ___New on-site*

*If an on-site water supply is to be used, then contact our department for consultation.

Sewage Disposal

Will the sewage disposal be: ___ Municipal ___Existing on-site* ___ New on-site*

*If an on-site wastewater treatment system is to be used, then contact our department for consultation.

Food Manager Knowledge

Under the Michigan Food Law of 2000, as amended, all food service establishments are required to have at least one staff person who is certified in food safety. That person is to be scheduled to work at least 30 hours per week at the food service establishment. **Please provide documentation (i.e. copy of certification certificate) to our department as to the person(s) currently certified in food safety.**

Food Preparation

1. List any foods that will be prepared a day or more in advance of service or sale.

2. Will produce be cleaned on-site? ___ Yes ___ No

If yes, then describe which sink(s) will be used for food preparation.

Note: Sinks used for food preparation must be properly safe-wasted against sewer back-ups. An air-gap of at least 1 inch must be provided between the sink drain and receiving sewer drain.

3. Will any foods be processed for retail sale? ___Yes ___ No

If yes, then specify the types of food to be processed for retail sale:

4. Will any food be served off-site (catered)? ___Yes ___ No

If yes, then please answer the following questions:

a) List menu items to be catered:

b) How will hot food be held at proper temperature during transportation and at the remote serving location? _____

c) How will cold food be held at proper temperature during transportation and at the remote serving location? _____

d) What types of vehicles will be used to transport food?

e) What types of sneeze guards or food protection devices will be used?

Room Finishes

23. Complete this table if the room finishes are not specified in the plans.

Area	Floor	Wall	Ceiling	Coving**
Preparation				
Cooking				
Dry good storage				
Dishwashing				
Food Storage				
Employee Restrooms				
Bar				
Janitor Closet				
Dressing Room				
Garbage Room (Inside building)				
Walk-In Refrigerator				
Walk-In Freezer				
Public Restrooms				

**List the coving (base board) material that will be installed. Please explain any abbreviations listed.

Use this number key for listing the interior floor, wall, and ceiling finishes.

1	Ceramic Tile	9	Aluminum (heavy gauge)
2	Quarry Tile	10	Stainless steel
3	Commercial grade vinyl composition tile	11	Galvanized steel
4	Poured synthetic or poured Epoxy	12	Acoustical ceiling tile
5	Poured seamless sealed concrete	13	Vinyl clad ceiling tile
6	Painted drywall	14	Plastic laminate
7	Glazed block	15	
8	Fiberglas reinforced panel (FRP)	16	

Note: Custom cabinetry shall be constructed of durable materials with surfaces that are smooth, non-permeable and easily cleanable. This includes interior surfaces (i.e. storage cabinets, under bar storage shelving, etc.).

Plumbing Cross-Connections

See MDA manual part 12

(http://www.michigan.gov/documents/MDA_Plan_Review_Manual_20303_7.PDF)

The following technical information is needed for the proposed plumbing. This section may be 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 for both the water supply and waste water disposal (i.e. a dishwasher may have an AVB on the water supply and an air-gapped drain).

24. Plumbing Fixtures

Fixture	Sewage Disposal			Water Supply					
	Air Gap	Air Break	Direct Connect	AVB	PVB	RPZ	VDC	HB	Air Gap
Dish machine									
Glass washer									
Garbage grinder									
Ice machines									
Ice storage bin									
Mop sink faucet									
3 compartment sink									
2 compartment sink									
1 compartment sink									
Steam tables									
Dipper wells									
Hose connections									
Refrigeration condensate drain lines									
Beverage dispenser with carbonator									
Water softener									
Potato peeler									
Walk-in floor drain									
Chinese range									
Detergent feeder on faucet									
Outside sprinkler or irrigation system									
Power washer									
Retractable hose reel									
Toilet									
Urinal									
Boiler									
Bain-marie									
Espresso machine									
Combi-style oven									
Kettle									
Rethermalizer									
Steamer									
Overhead spray rinse									
Hot water dispenser									

AVB = atmospheric vacuum breaker

PVB = pressure vacuum breaker

RPZ = reduced pressure principle backflow preventer

HB = hose bib vacuum breaker

VDC = vented double check valve

30. Refrigeration and Freezer Storage Capacities:

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

Upright Item #	Interior Depth (inches)	Interior Width (inches)	Interior Height (inches)

31. Dry Storage Capacity

Storage Rooms*

Location	**Usable room height (feet)	Interior Length (feet)	Interior Width (feet)

*Please note the location of any auxiliary storage (i.e outside storage).

**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 12-24").

If there is not a dry storage room, then calculate the dry storage shelving

For full height shelves

Location	Total Shelving Length (feet)	Shelving Width (feet)

32. Exhaust Ventilation and Air Balance Schedule

Make-up air unit #	CFM*	Ventilation exhaust hood # or name	CFM*
		Toilet exhaust	
		Other exhaust	
Total Make-Up Air		Total Exhaust	

*CFM=cubic feet per minute



Standard Operating Procedure (SOP) Cover Sheet

Establishment Name: _____

Address, City: _____

County: _____

The establishment's food safety SOP's need to be specific to both the menu and operations of the establishment. If you need guidance in writing your SOP's, then contact our Department at (517) 541-2615 for consultation.

√ or NA	
All food service establishments, except vending locations are to have written SOP's for:	
	Handwashing
	Personal hygiene, including cuts and sores
	Preventing bare hand contact with ready-to-eat food (gloves, utensils, etc.)
	Employee Illness
	Purchasing food from approved sources
	Cleaning and sanitizing food contact surfaces
When applicable to the establishment:	
	Cross-contamination prevention
	Warewashing
	Date-marking ready-to-eat, potentially hazardous food
	Using time only (not time and temperature) as a method to control bacterial growth
	Time and temperature control for <u>thawing</u> potentially hazardous food
	Time and temperature control for <u>cooking</u> potentially hazardous food
	Time and temperature control for <u>cooling</u> potentially hazardous food
	Time and temperature control for <u>reheating</u> potentially hazardous food
	Time and temperature control for <u>hot holding</u> potentially hazardous food
	Time and temperature control for <u>cold holding</u> potentially hazardous food
Special transitory food units (SFTU's) only:	
	Menu
	Water supply
	Wastewater disposal



Consumer Advisory

(Food Code Section 3-603.11 and Food Law Section 6149)

There are now two ways to post a menu advisory for raw or undercooked animal-based foods offered on a menu. Most existing menu advisories that complied with the previous law won't need to be changed.

The advisory for either option no longer has to be placed in a specific location on the menu, deli case, menu board, or whatever consumers read to make their order selections.

Option 1: (Food Law section 289.6149)

Place the following statement on the main menu:

“Ask your server about menu items that are cooked to order or served raw. Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness.”

This option does not require specific foods served raw or undercooked be identified on the menu.

The advisory may be changed to be product specific if some of the food items listed aren't offered. For example, if the menu contains no raw items, and only contains undercooked beef or egg products, the advisory would read like this:

“Ask your server about menu items that are cooked to order. Consuming undercooked meats or eggs may increase your risk of foodborne illness.”

Option 2: (Food Code section 3-603.11)

Identify undercooked animal-based foods with a disclosure **and** reminder.

1. The disclosure can be done in two ways:

- Use statements, such as “oysters on the half shell (raw oysters),” “raw-egg Caesar salad,” and “hamburgers (can be cooked to order);” **or**
- Asterisk (*) undercooked foods to a footnote stating the items are served raw or undercooked, or contain (or may contain) raw or undercooked ingredients.

2. The reminder footnote shall include one of the following statements verbatim:

- Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness; **or**
- Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions; **or**
- Regarding the safety of these items, written information is available upon request.

Example:

Menu item: *Caesar Salad

Disclosure:

***Contains raw or undercooked ingredients.**

Reminder:

Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness.