



# Barry-Eaton District Health Department

Environmental Health Division

Barry County: 330 W. Woodlawn Ave., Hastings, MI 49058

Phone: 269-945-9516 EXT 2 Fax: 517-543-7737

Eaton County: 1033 Health Care Dr., Charlotte, MI 48813

Phone: 517-543-2430 EXT 2 Fax: 517-543-7737

## EATON COUNTY FOOD FACILITIES ONLY

*For Food Facilities Physically Located in Eaton County*

*Revised FY 2026*

This checklist is provided to help assist with the food service plan review submittal.

- Submit the Food Service Proposal to the Barry-Eaton District Health Department (BEDHD) office (Hastings or Charlotte) where the food service establishment is going to be located.

If the food service proposal is going to be predominantly retail food sales, then submit the proposal to the Michigan Department of Agriculture and Rural Development (MDARD).

[https://www.michigan.gov/documents/mda/MDA\\_PRMIngInstrFormJan09\\_309122\\_7.pdf](https://www.michigan.gov/documents/mda/MDA_PRMIngInstrFormJan09_309122_7.pdf)

- Submit the appropriate plan review fee as to type of proposal:

\$1,129.00	New Fixed Food Establishment
\$617.00	Remodel/Change of Ownership (Fixed Food Establishment)
\$407.00	STFU or Mobile/Service Only/Limited Concession/x-12 Plan Review
\$176.00	Modifications to Approved Plans

- Submit the appropriate MDARD application and completed worksheets.  
For new, remodeled, or change of ownership proposals, submit the “Fixed Food Establishment” application and worksheet.

For Special Transitory Food Units (STFU) and Mobile Food Units, submit the “Special Transitory Food Unit-Mobile” application, worksheet and SOP.

[https://www.michigan.gov/mdard/0,4610,7-125-50772\\_50775\\_51203---,00.html](https://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51203---,00.html)

- Submit a proposed or updated Menu (Fixed Food Establishments). If the customer menu is to include raw or undercooked animal products, then include a “Consumers Advisory” statement.  
[http://www.michigan.gov/documents/mda/MDA\\_FCConsAdvisMay08\\_245934\\_7.pdf](http://www.michigan.gov/documents/mda/MDA_FCConsAdvisMay08_245934_7.pdf)
- Submit Food Safety and Sanitation Standard Operating Procedures (SOP’s) specific to your menu and food service operations.  
[https://www.michigan.gov/mdard/0,4610,7-125-50772\\_50775\\_51203---,00.html](https://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51203---,00.html)
- Submit as appropriate one (1) set of scaled drawings that show:
  1. Site plan (dumpster location, where utilities enter the building)
  2. Floor plan (show equipment layout and provide an equipment key)
  3. Plumbing (waste and potable water distribution systems)
  4. Electrical/Lighting (include specifications for lighting)
  5. Ventilation (mechanical exhaust and make-up air units)
- Submit equipment specifications for the food service equipment, water fixtures, and hot water heater(s). Equipment specifications must include the make & model number and may be provided in digital format. For used equipment, include photos that show the condition.

**BEDHD Fee Information:** Environmental Health fees are established by the Health Department and apply to both counties. The applicant portion of the fee, reflected above, may differ by county due to a county subsidy in Barry County.

**Work completed in Barry County requires the Barry County permit application.**



# Fixed Food Establishment Plan Review Application

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

Establishment Name: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Establishment Phone: \_\_\_\_\_

Location Information: Between \_\_\_\_\_ & \_\_\_\_\_

Prior Establishment Name: \_\_\_\_\_ FEIN #: \_\_\_\_\_

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

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

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: \_\_\_\_\_

# General Information

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  Remodeling  Conversion  Partial

What describes the establishment better (mark one):  On-site Food Preparation  Serving Site

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<br>(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                | <div style="border: 1px solid black; padding: 5px;">List food:</div>                         |
| <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       | <div style="border: 1px solid black; padding: 5px;">List food:</div>                         |
| <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"/> Deli                    | <input type="checkbox"/> Bakery             | <input type="checkbox"/> Ice production/packaging  |  |
| <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: \_\_\_\_\_



# Michigan Department of Agriculture and Rural Development

---

## Fixed Food Establishment Plan Review Worksheet

---

To be completed by the operator and submitted to the local health department  
or the Michigan Department of Agriculture and Rural Development,  
(whichever will be conducting the plan review).

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Food & Dairy Division**  
Michigan Department of Agriculture  
and Rural Development  
P.O. Box 30017  
Lansing, MI 48909  
(800) 292-3939

**Pages 9-23 ask structural and equipment questions that the operator may wish to have the contractor or architect assist in completing.**

Refer to the Fixed Food Establishment Plan Review Manual for technical assistance in completing this worksheet. This manual is available from your reviewing agency or by visiting; [http://www.michigan.gov/mdard/0,4610,7-125-50772\\_50775\\_51203---,00.html](http://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51203---,00.html)

It is important to complete this document in its entirety. Sections that are left blank may cause delays in the plan review of your food establishment. If a section is not pertinent to your operations, writing in NA for not applicable in that section would suffice.

## 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](http://www.michigan.gov/documents/mda/MDA_FCConsAdvisMay08_245934_7.pdf)

Menu submitted:  YES  NO

Will establishment host guest chefs or "popup" restaurants:  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](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.**



3. 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

4. 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.

---



---



---



---

5. 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.

---



---



---



---

6. 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)	

7. 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: \_\_\_\_\_  
 \_\_\_\_\_

8. Will produce be cleaned on-site?  YES    NO

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. 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.

---

---

---

---

10. 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 & Warewashing Facilities

(See Fixed Food Establishment Plan Review Manual Part 8)

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

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

12. 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)

13. Will employee dressing rooms be provided?  YES  NO

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

---

---

---

---

14. 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
15. Preparation				
16. Cooking				
17. Dishwashing				
18. Dry Storage				
19. Bar				
20. Dining				
21. Public and/or Employee Restrooms				
22. Dressing Room				
23. Walk-in Cooler				
24. Walk-in Freezer				
25. Garbage Room				
26. Janitor Closet/Mop Sink Room				
27.				
28.				

\*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.



## Solid Waste/Refuse Storage

(See Fixed Food Establishment Plan Review Manual Part 17)

### 36. 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.

### 37. 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
38. Dishwasher									
39. Glasswasher									
40. Garbage grinder									
41. Ice machine									
42. Ice storage bin									
43. Mop sink									
44. 3-compartment sink									
45. Culinary (food preparation) Sink									
46. Other sinks, except handsinks, (1 or 2 compartments)									
47. Steam tables/Bain-marie									
48. Dipper wells									
49. Hose connections									
50. Refrigeration condensate drain lines									
51. Beverage dispenser with carbonator									
52. Water softener drain									
53. Walk-in floor drain									
54. Wok range									
55. Chemical dispenser									
56. Outside sprinkler or irrigation system									
57. Power washer									
58. Retractable hose reel									
59. Toilet									
60. Urinal									
61. Boiler									
62. Espresso machine									
63. Combi-style oven									
64. Kettle									
65. Rethermalizer									
66. Steamer									
67. Overhead spray rinse									
68. Hot water dispenser									
69. Coffee machines, juice dispensers or other non-carbonated beverage dispensers									
70. 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.**

### 71. Hot Water

(See Fixed Food Establishment Plan Review Manual Part 12)

List each plumbing fixture that has a hot water supply line. Each fixture should only be listed once.	Fixture Count
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):	

### 72. Water Heater

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

A. Water heater proposed size:

KW: \_\_\_\_\_ Or BTUs: \_\_\_\_\_

B. Water heater storage capacity in gallons: \_\_\_\_\_

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.**

73. Dishmachine Booster Heater:

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

Booster heater proposed size:

KW: \_\_\_\_\_ Or BTUs: \_\_\_\_\_

**Refrigerated and Dry Food Storage**

(See Fixed Food Establishment Plan Review Manual Parts 3 & 7)

It is essential that a reliable estimate be made of the number of meals/customers that are served between deliveries to calculate dry and refrigerated storage capacities.

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 \_\_\_\_\_

Please describe any assumption made in determining the meal quantity estimate.

---

---

---

---

---

---

---

---

---

---

74. Refrigerated/Freezer Storage  
 (See Fixed Food Establishment Plan Review Manual Part 3)

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.

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.

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?

75. 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?

---





- B. 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

- C. How do you intend to transport food between the outdoor preparation/cooking area and the interior of the kitchen?

---



---



---

- D. How will handwashing be addressed at the outdoor preparation/cooking area?

---



---



---

- E. Where will the outdoor preparation/cooking area be located on the premises? Ensure this is indicated on your site plan.

---



---



---

F. How will the outdoor preparation/cooking area be protected from unauthorized access?

---

---

---

G. What overhead protection will be provided? What materials will be used?

---

---

---

H. Will walls be provided? If so, what materials will be used and what coving material will be provided?

---

---

---

I. What type of floor/ground will be present in the outdoor preparation/cooking area?

---

---

---

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

---

---

---

K. What lighting will be provided in the outdoor preparation/cooking area and how will it be shielded?

---

---

---

