



Environmental & Community Health Services
 208 455 5400 • FAX 208 455 5405 • 13307 Miami Lane • Caldwell • Idaho • 83607

Plan Review for Food Establishment

Purpose (check one): **New Construction** **Remodel** **Conversion** **Change of Ownership**

Establishment Information	
Name of Establishment (site name):	
Address of Establishment:	
City/State:	Zip Code:
Business Telephone:	Business Fax:
Business Email:	Business Website:

Billing Information	
Mail To/Account Owner:	
Attn:	
Address:	
City/State:	Zip:

Owner Information	
Type of Ownership: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other	
Name of Owner:	
Owner Address:	
City/State:	Zip:
Owner Telephone:	Owner Fax:
Owner Email:	
Names of all people listed as owners:	
Name:	
Telephone:	Email:
Name:	
Telephone:	Email:

Contact for Plan Review

Name of Contact 1:	
Telephone Number:	Email:
<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Agent <input type="checkbox"/> Architect <input type="checkbox"/> Designer <input type="checkbox"/> Other	
Name of Contact 2:	
Telephone Number:	Email:
<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Agent <input type="checkbox"/> Architect <input type="checkbox"/> Designer <input type="checkbox"/> Other	

Changes of Ownership

Include the following
<input type="checkbox"/> Proposed Menu (including seasonal, off-site, and banquet menus)
<input type="checkbox"/> Floor plan including equipment layout

For New Construction, Remodel, or Conversion

* *Note: New plans also need to obtain additional approval through your local building department*
Please attach the following:
<input type="checkbox"/> Proposed menu (including seasonal, off-site and banquet menus)
<input type="checkbox"/> Manufacturer specification sheets for each piece of equipment
<input type="checkbox"/> Site plan showing location
<input type="checkbox"/> Floor plan including equipment layout, plumbing, and finish schedule
Send copy of approval letter to the following authorities:
Agency name/contact:
Agency name/contact:

Menu/Operation

1. Types of Operation (Check all that apply): <input type="checkbox"/> Sit Down <input type="checkbox"/> Catering <input type="checkbox"/> Food Processing <input type="checkbox"/> Food Service Outside <input type="checkbox"/> Outdoor BBQ <input type="checkbox"/> Take Out <input type="checkbox"/> Drive Thru <input type="checkbox"/> Pre-packed only <input type="checkbox"/> Outdoor Wait Station <input type="checkbox"/> Other _____

2. Does your facility <u>primarily</u> serve a highly susceptible population (Check all that apply)? <input type="checkbox"/> N/A <input type="checkbox"/> Children ages 0-5 years old (example school) <input type="checkbox"/> Immunocompromised Individuals (example hospital) <input type="checkbox"/> Elderly (example senior center)	
3. Will food prepared at the permit kitchen be transported to another location to serve as with a catering operation or satellite kitchen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will the facility be bagging ice for retail sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Type of Service (Check the food service that best describes your operation) <input type="checkbox"/> Commercially packaged foods only (cold holding only, no food preparation) <input type="checkbox"/> Cold holding with preparation (example, cold deli sandwiches, salads) <input type="checkbox"/> Cook and serve (example hamburgers, steaks) <input type="checkbox"/> Cook, hot holding, and serve <input type="checkbox"/> Cook, chill, reheat, hot hold, and serve <input type="checkbox"/> Other	
6. Special processes to occur in facility (check all that apply): <input type="checkbox"/> This establishment performs no special process <input type="checkbox"/> Sous vide <input type="checkbox"/> Reduced oxygen packaging/vacuum packaging <input type="checkbox"/> Using food additives or components to improve shelf-life or render foods shelf-stable <input type="checkbox"/> Smoking for preservation <input type="checkbox"/> Curing, drying meat, poultry or fish <input type="checkbox"/> Molluscan Shellfish Life Support System Display Tank <input type="checkbox"/> Raw fish: Sashimi, Sushi, Ceviche <input type="checkbox"/> Juice processing and packaging for off-site consumption or sale <input type="checkbox"/> Fermenting foods such as pickles, sauerkraut, or sausage <input type="checkbox"/> Acidification of food to render foods shelf stable (example addition of vinegar to rice) <input type="checkbox"/> Canning of low acid foods (example vegetables, sauces, salsa) <input type="checkbox"/> Sprouting <input type="checkbox"/> Processing for wholesale <input type="checkbox"/> Other _____	
please note special processes will require separate approvals from Southwest District Health	

<p>7. Indicate the categories of Time/Temperature Control for Safety Foods (TCS) to be handled, prepared, and served (Check all that apply):</p> <ul style="list-style-type: none"> a. Thin meats, poultry, fish, and eggs (example-- pizza, hamburger, deli sliced meats) <input type="checkbox"/> Yes <input type="checkbox"/> No b. Thick meats, whole poultry (example-- roast beef, whole turkey, chicken, and pork) <input type="checkbox"/> Yes <input type="checkbox"/> No c. Cold processed foods (example--salads: green, potato, slaw; sandwiches) <input type="checkbox"/> Yes <input type="checkbox"/> No d. Hot processed foods (examples—soups, stew, rice, noodles, gravy, casserole) <input type="checkbox"/> Yes <input type="checkbox"/> No e. Bakery items (examples—pie, custards, cream filling) <input type="checkbox"/> Yes <input type="checkbox"/> No f. Fish: serving fish that require parasite destruction, processed on site (example—sushi, lox, ceviche) <input type="checkbox"/> Yes <input type="checkbox"/> No g. Fresh or live shellfish (oysters, mussels, clams, scallops) <input type="checkbox"/> Yes <input type="checkbox"/> No h. Exotic mushrooms <input type="checkbox"/> Yes <input type="checkbox"/> No i. Unpasteurized products (example—milk, cheese) <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<p>8. Will your facility serve animal food such as beef, eggs, fish, lamb, milk, poultry, or shellfish that is raw, undercooked, or not otherwise processed to eliminate pathogens and is offered in a ready to eat form as a deli, menu, vended, or other item; or as a raw ingredient in another ready to eat food? Examples include sushi, over easy eggs, medium rare or less meat products, ceviche. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how will you inform consumers of potential health risk?</p> <p><input type="checkbox"/> Brochures <input type="checkbox"/> Deli-case placards <input type="checkbox"/> Signs <input type="checkbox"/> In menu <input type="checkbox"/> Verbally</p>	
Food Safety	
<p>1. Are all food products from an inspected and approved source (home prepared food is not an approved source)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List all proposed food sources:</p>	
<p>2. Is all equipment in the facility commercial grade, NSF approved, UL listed or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>3. What equipment will be used for cooking? <input type="checkbox"/> Does not cook</p>	

<p>4. Will the establishment be hot holding food products such as soup or rice? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How will you hold the food products hot (example, steam table, warming cabinets)?</p>
<p>5. Will food products be cooked and then cooled to be served at a later date? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, which food products will be cooked and then cooled (list all)</p>
<p>6. How will the food product be cooled? Check all that apply:</p> <p><input type="checkbox"/> Ice bath <input type="checkbox"/> Ice wands <input type="checkbox"/> Shallow pans <input type="checkbox"/> Small portions <input type="checkbox"/> Blast chillers <input type="checkbox"/> Other (please explain)</p>
<p>7. Will the establishment be cold holding foods: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Number of refrigeration units? _____</p> <p>Number of freezer units? _____</p>
<p>8. Will all refrigeration and freezer units have a thermometer installed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Will the food handler have access to a metal probe thermometer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Will the facility utilize time as a public health control for time/temperature control for safety foods? Example, taking raw shell eggs out of a refrigeration unit and placing on a cook line for the meal service. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what time/temperature control for safety foods will utilize time as a public health control and do you have written procedures? (Required)</p>

<p>11. Will the facility have ready to eat (RTE), time/temperature control for safety (TCS) foods held in the establishment for more than 24 hours? Examples may include cut tomato, cut lettuce, cooked vegetables, cooked meat.</p> <p>If yes, how will you mark the product to ensure the product is either used, consumed, or discarded within 7 days?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. Will you be thawing foods at the facility?</p> <p>What foods will be thawed?</p> <p>How will you thaw the food? (check all that apply)</p> <p><input type="checkbox"/> Under refrigeration maintained at 41F or below</p> <p><input type="checkbox"/> Completely submerged under running water at 70F or less</p> <p><input type="checkbox"/> As part of the cooking process</p> <p>**Please note that placing the frozen food on counter is not an approved method.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. Is there a dedicated food prep sink available if the facility will be thawing and/or preparing raw animal products?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>14. What type of produce will be in the establishment? (check all that apply)</p> <p><input type="checkbox"/> Whole, raw produce</p> <p><input type="checkbox"/> Commercially processed, ready to eat product (example bagged lettuce)</p> <p><input type="checkbox"/> Commercially canned products</p> <p><input type="checkbox"/> Other (please list)</p>	
<p>15. If the facility will be preparing produce, is there a dedicated food prep sink?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>16. What type of utensils will the facility utilize? (check all that apply)</p> <p><input type="checkbox"/> Single service/disposable utensils</p> <p><input type="checkbox"/> Multiuse utensils</p>	

17. What type of dishwashing method is available on site (check all that apply)?	
<input type="checkbox"/> 3 compartment sink (required) <input type="checkbox"/> Dish washing machine	
18. Does your largest pot/pan/equipment fit into each compartment of the 3 compartment sink?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. If you have a dishwasher, what type is it?	
<input type="checkbox"/> Chemical feed sanitizer <input type="checkbox"/> High temp dishwasher	
20. Does the dishwasher have a metal plate with operating specifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. What type of sanitizer will the facility utilize? (check all that apply)	
<input type="checkbox"/> Chlorine (Bleach) <input type="checkbox"/> Quaternary Ammonium <input type="checkbox"/> Iodine <input type="checkbox"/> Hot water <input type="checkbox"/> Other (please specify)	
22. Will the facility have testing means for the type of sanitizer used? For example, sanitizer test strips or an irreversible registering temperature indicator.	<input type="checkbox"/> Yes <input type="checkbox"/> No
General	
1. Is there a dedicated location for employees to keep personal items, such as food, drink, phone, backpacks, that is separate from food storage, food prep, utensils or equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will you be using commercial pest control services (recommended)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are all opening screened with 16 mesh or smaller screen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are all outer doors self-closing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there any holes or gaps along the exterior of the building that could allow for pests to enter the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the facility have a dedicated janitorial/mop sink?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>7. Does the facility have a dedicated area to store all chemicals away from food storage or food preparation?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Will chemicals be stored outside of its original containers? For example, spray bottle.</p> <p>If yes, how will they be labeled?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Does facility have restrooms available for the employees (required)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Does facility have restrooms available to the public?</p> <p>If yes, will the public have to go through any part of the kitchen operation to access the restroom?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Please list all finish schedules for the floors, walls, and ceiling in the food preparation areas, food storage areas, and dishwashing areas.</p> <p>Floors</p> <p>Walls</p> <p>Ceiling</p> <p>Coving</p>	

12. Will all lighting be made of shatterproof construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Will the facility have a dipper well?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. What type of water supply does the facility have? <input type="checkbox"/> Public water supply Name of source _____ <input type="checkbox"/> Non-municipal supply (example private well or small water system) Plans and water samples must be submitted and approved prior to final inspection	
15. How will waste water be disposed of? <input type="checkbox"/> Public sewer system Name of approved system _____ <input type="checkbox"/> Septic system or other type of disposal Plans and water samples must be submitted and approved prior to final inspection	
16. Does the facility have a grease interceptor or grease trap?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Does the following equipment have an open (indirect) drain? <input type="checkbox"/> Walk in refrigeration unit <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Three compartment sink <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Dishwasher <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Food prep sink(s) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Ice machine <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Soda dispenser <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Dipper well <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Other equipment that require a waste water drain (please list) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
18. Does the facility have sufficient ventilation to all rooms to keep them free of excessive heat, steam, grease, vapors, condensation, obnoxious odors, and fumes which are a result of the food operation?	
19. What type of hood does the facility have? <input type="checkbox"/> Type I hood (grease filters/fire suppression) <input type="checkbox"/> Type II hood (No grease produced) <input type="checkbox"/> No hood installed	

Employee Health/Knowledge

1. Does the facility has at least one person in supervisory or management position that has a Certified Food Protection Manager Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the facility have a policy for ill employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. How will the facility train employees to gain food safety knowledge as it relates to their job duty in areas such as the employee health policy, handwashing, prevention of cross contamination, proper food handling procedures, and sanitizing food contact surfaces?	
4. Does the facility have a dedicated handwashing sink(s)? If yes, where are they located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are the hand wash sinks stocked with handwashing soap and hand drying provisions, such as paper towels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the hand wash have both warm (100F) water and cold water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have a policy for hand washing? If yes, please describe the policy and how will it be enforced.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>8. The Idaho Food Code states that there is no bare hand contact with ready-to-eat foods. How will the facility prevent the food handler from having their bare hand contact with ready-to-eat food?</p> <p><input type="checkbox"/> Deli tissue</p> <p><input type="checkbox"/> Spatulas</p> <p><input type="checkbox"/> Tongs</p> <p><input type="checkbox"/> Single-use gloves</p> <p><input type="checkbox"/> Dispensing equipment</p> <p><input type="checkbox"/> Other:</p>	
<p>9. If facility is utilizing gloves, is there a glove policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>When are staff required to use or change gloves?</p>	
<p>Other comments:</p>	
<p>Signed:</p>	<p>Date:</p>

Mobiles Only

Your entire operation must be done in the mobile unit or at an approved commissary.
Absolutely no part of the operation should occur at a private residence.

1. How do you plan to operate your mobile? (check all that apply)

Fixed location

Address: _____

Community events

Other

2. If at a fixed location will you have access to restrooms?

Yes

No

3. What is the size of your potable water tank?

4. How will you fill your potable water tank?

5. What is the size of your wastewater tank?

6. Do you plan on operating during the winter months?

Yes

No

If yes, how will protect the plumbing from freezing?

7. Are all operations done on the vehicle?

Yes

No

If no, do you have an approved commissary? (food storage, food prep, dishwashing)