



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.

\$534.00 Restaurant Plan Review

\$268.00 Restaurant Partial Plan Review

\$401.00 Change of Ownership Operation Review

\$268.00 Fixed Reduced Menu Plan Review

\$177.00 STFU/Mobile

\$107.00/Hour Review Fee For Modifications to Approved Plans

_____ **Completed Plan Review Application and Worksheets**

- MDA guidance manual available from the health department in Hard Copy, Diskette or on the web at: http://michigan.gov/documents/MDA_Plan_Review_Manual_28443_7.doc

_____ **Menu**

- If your facility does not have a formal, set menu, such as a school with a rotating menu, then submit a representative sample menu or a list of foods offered for sale or service. Fixed Limited Establishments must also provide a schedule of planned events for the year.

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

- Submit written Standard Operating Procedures for your food service operations (See enclosed SOP directions and guidance documents).

_____ **One Complete set of plans.**

Provide scaled plans (1/4" per foot is a normal, easy to read scale). Show:

_____ Floor plan layout, with equipment identified. Label sinks and prep tables with their intended use.

_____ Mechanical plan (i.e. make-up air systems, air balance schedule and cooking ventilation systems: including hood, duct and exhaust fans).

_____ Plumbing: hand sinks, food preparation sink, dishwashing sinks and machines, water supply piping, hot water equipment, sewer drains, grease traps and floor sinks.

_____ Construction materials of such items as custom cabinets and any other built-in items.

_____ Lighting plan, indicating which lights are shielded and the types of shield to be provided.

_____ Site Plan, detailing:

- Outside garbage storage area and containers, as well as exterior storage areas.
- Water well and sewage disposal system data (if located on-site)
- Entry Point of utilities into the Building (Water, Sewer, Gas, Electric)

Page 1 of 2

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Eaton Substance Abuse Program: 1033 Health Care Dr., Charlotte, MI 48813 ~ Phone: 517-543-2580 ~ Fax: 517-543-8191

_____ Specifications Sheets

- Include manufacturer's specifications for each piece of equipment. Minimum information for each piece of equipment includes the following (note: the manufacturer's specification or "cut" sheet typically provides most of this information):
- Type
- Manufacturer
- Model number
- Dimensions
- Performance capacity
- Indicate how equipment will be installed (i.e. on leg or wheels, fixed or flexible utility connections)
- Indicate which items are used equipment and what equipment is NSF approved or equivalent. For used equipment, (Labeled) pictures are acceptable.
- Sanitation Standard Operating Procedures (SSOP'S): Include any available cleaning and maintenance instructions for food processing, cutting and grinding equipment.

Signature of Submitter (Required) _____



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GUIDELINES FOR ON-SITE WATER AND SEWAGE DISPOSAL

WATER SUPPLY

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

SEWAGE DISPOSAL

The Barry Eaton District Health Department requires that all on-site sewage disposal facilities for food service establishments be designed by a registered engineer.

The existence of a sufficiently large area with adequate soils for on-site sewage disposal is of crucial importance for a food service establishment. It is advised that your engineer contact our office so that a soils Sanitarian can accompany him when soil borings are being done.

- It is important that the parcel of property be properly zoned for the project use. This should be checked through the township clerk or planning and zoning department.
- The depth of the water table should be accurately determined and indicated in the area of the proposed disposal system.
- The soil type should be classified and percolation tests may be required. All percolation tests shall be made as outlined in the manual of septic tank practices. Proposed systems shall meet all the criteria of the Michigan Guidelines for Sub-surface Sewage Disposal, plus provide one additional area equal to or greater than the initial area for future replacement.
- A scaled drawing shall be made of the proposed project including the septic tank, dosing chamber, tile field and the replacement area, water wells, existing and proposed.
- A cross-section of the final disposal shall be shown in addition to the cross-section of the septic tank, dosing chamber and the gallonage noted on each. All figures shall be based on the Michigan guidelines for Sub-Surface Sewage Disposal and sizing of the final disposal shall be based on the combination of waste water to be disposed of and the percolation rate of the soil evaluated.

IT IS IMPERATIVE THAT THE ISSUES OF SEWAGE DISPOSAL AND WATER SUPPLY BE ADDRESSED BEFORE PROCEEDING ANY FURTHER. A SEWAGE DISPOSAL PERMIT AND WELL PERMIT MUST BE OBTAINED BEFORE PROCEEDINGS WITH YOUR RESTAURANT PLANS.

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Standard Operating Procedures

In accordance with the FDA Food Code, Standard Operating Procedures are required for all foodservice establishments. This is to help ensure safe and sanitary operations within the food establishment, which proactively sustains compliance with the food code requirements over time.

A copy of the FDA Food Code is available at <http://www.cfsan.fda.gov/~dms/fc99-toc.html>

Please provide written Standard Operating Procedures (SOP's), applicable to your facility, for the following food processes and food service items (See example SOP's for guidance):

Employee training

- This set of SOP's should be created so that it can be used as a training tool for your employees. Describe how your facility will ensure that all employees are properly trained.

Employee Health and Hygiene

- Describe your requirements for the following: handwashing; eating, drinking, and tobacco use by employees; hair restraints; jewelry; employee personal storage; nail length; and any clothing and uniform policies that you have.
- Provide a copy of your Employee Health Policy. (See 1999 FDA Food Code, Section 2-2 for guidance)
 - Health Policy should include:
 - Reportable symptoms (vomiting, diarrhea, fever, jaundice, etc.)
 - "Big 5 Illnesses"
 - Restricting and Excluding of employees
 - Reinstating excluding employees
 - Employee reporting agreement
 - Reporting of "Big 5" to health department.

Cooking procedures

- Based on your menu, address the cooking procedures for your facility, include cooking temperatures and what equipment will be used to cook food.

Cold and hot holding of foods

- Address the temperature requirements for foods held either hot or cold.

Cooling procedures

- Describe what food items are to be cooled, cooling temperature requirements, cooling methods that will be used, and how cooling will be monitored.

Reheating of foods

- Describe what food items will be reheated, reheating temperature requirements, what processes and equipment will be used, and how reheating will be monitored.

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Thawing of foods

- Describe what foods will be thawed prior to cooking, the methods used for thawing and the equipment used.

Temperature checks

- What procedure will be used to monitor temperatures? Include a copy of any temperature monitoring charts to be used.

Bare Hand Contact with Foods

- Describe methods of preventing bare hand contact with foods.

Date-marking of potentially hazardous foods

- Describe what foods will require date-marking, and what date-marking system will be used.

Cross-contamination during storage, preparation, etc.

- Describe how will you prevent cross-contamination with raw meats and ready-to-eat foods in your facility.

Chemical storage and labeling

- Describe where chemicals will be stored and how they will be labeled.

Routine cleaning and sanitizing of in-place equipment and food contact surfaces

- Describe your cleaning procedure and cleaning frequencies for in-place equipment, such as slicers, ice makers, and other food contact surfaces.

Routine cleaning of non-food contact surfaces of equipment and floors, walls, ceilings, etc.

- Describe your cleaning procedures and cleaning schedule to ensure proper cleaning of these areas.

Monitoring of foods upon delivery

- Describe how food safety will be addressed upon delivery of food to the facility, regarding food temperatures, package integrity, etc.

Delivery Operations

- Describe how food safety will be maintained during delivery of foods from facility to another location. (Such as home delivery of pizza.)

Catering Operations

- Describe the facilities procedures during catering events; how foods will be transported, temperature monitoring, serving of foods, etc.

Consumer Advisory (if applicable)

- Provide a copy of menu with consumer advisory for review.

Time as a Public Health Control (See FDA Food Code, Rule 3-501.19 for guidance)

- If proposing to use time as a control, then provide written procedures.

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Utility Problems/Loss of Utility

- Describe established procedures that your facility will follow should problems occur such as losses of power, water (both hot and cold), gas, sewer, etc.

Bodily Fluid Contamination (See LHD Guidelines for environmental cleaning and disinfection of Norovirus)

- Describe cleaning procedures (how, what disinfectants, etc.) in the event of an employee or patron vomiting in the facility.

Natural Disasters

- Describe established procedures that your facility will follow should problems occur such as fire, flood, tornadoes, and/or storm damage.

A copy of your SOP's is to be kept on-site and made available to the Person-in-Charge at all times. Any change in your SOP's should be provided to the Health Department for review.

For additional information and assistance, copies of MDA Food Law Fact Sheets are available at the Health Department and on the web at <http://www.michigan.gov/mda/0,1607,7-125-1568-12817--,00.html>

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Example SOP's

The following are strictly examples of written Standard Operating Procedure's (SOP's) and are enclosed for assistance in writing your own SOP's.

Example Menu For Example SOPs

Pizza

Nachos

Hot dogs

Chili dogs

Popcorn

Canned pop

Bottled water

Coffee

Hot chocolate

Candy

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SOP's are directly linked to the menu that is being served at the facility. The SOP's must include a full menu list and examples/list of foods that are associated with specific processes such as cooking temps, date marking, hot holding of foods, cooling of foods, thawing of foods, etc.

EMPLOYEE TRAINING

All new employees are to be trained using these SOP's. All new employees will be trained prior to starting work.

EMPLOYEE HEALTH & HYGIENE

See enclosed Health Policy

Employee Hygiene:

Handwashing: #1 way to prevent transmission of disease with food.

When to wash hands:

- Before starting to work with food, utensils, or equipment
- Before wearing gloves and in between glove changes.
- When switching between raw foods and ready to eat foods
- After handling soiled utensils or equipment
- After coughing, sneezing, using a tissue, eating or using tobacco products
- After touching exposed skin, hair, etc. other than clean hands
- After handling animals
- After using the restroom
- After handling chemicals and or chemical containers
- Whenever hands may become contaminated by another source

Where to wash hands:

- Wash hands in designated hand washing sink(s) only
- Hand sinks are to be used for hand washing only

Proper way to wash hands:

- Wet hands and exposed portion of forearms with warm water;
- Using soap, work up a lather that covers hands and forearms;
- Vigorously rub hands together for at least 20 seconds. Paying particular attention to the areas under the fingernails and between fingers;
- Rinse hands and forearms thoroughly;
- Dry hands and forearms with sanitary paper toweling;
- Use paper towel to turn water off, don't use clean hands.

No Bare Hand Contact with Ready-to-Eat Foods

- Gloves are to be worn when handling the following ready-to-eat foods: hot dogs, hot dog buns and popcorn. Hands are to be washed prior to wearing gloves and when going from soiled gloves to clean gloves (see handwashing procedures).
- Use utensils with handles to serve pizza, nacho cheese and chili.
- Nacho chips are received and served pre-bagged as to avoid any bare hand contact
- Condiments (ketchup, mustard, relish) come in squeeze bottles to avoid any bare hand contact, onions are not served.

Eating, Drinking, Tobacco Use by employees:

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Employees are not allowed to eat in the kitchen. Eating is only allowed in the dining area and employees must wash hands immediately upon reentering the kitchen. Employees may have a drink in the kitchen area provided it is in a covered cup with a straw. The use of tobacco products is not permitted in the facility; employees must go outside to use tobacco products and wash hands immediately upon reentering the kitchen.

Hair Restraints:

All employees are required to wear a hair restraint behind the counter of this facility. Acceptable hair restraints may be a hat, bandana or hair net. If employees have long hair (chin length or longer) it must be pulled back and an effective hair restraint must be worn. If employee is serving food only, they are exempt from wearing a hair restraint.

Employee Uniforms:

All employees are required to wear their company uniform while in the facility. Uniform includes approved hair restraint, shirt, apron, nametag, black slacks or shorts, and black slip resistant shoes. Uniforms are to be in a clean condition when reporting for work.

Personal Items:

All employee's personal items (coats, purses, cell phones) are to be stored on the designated personal storage shelf and/or hung on the coat hooks located in the back of the store so as to not contaminate food or food contact surfaces.

COOKING PROCEDURES

Frozen Food (Pizza and Hot dogs)

Received frozen and stored in freezer. Pizza is cooked in oven to a temperature of at least 165°F, after cooking, the pizza is to be sliced and hot held in pizza warmer at a temperature of at least 135°F. Hot dogs are cooked on hot dog roller to an internal temperature of at least 135°F and hot held on roller at an internal temperature of at least 135°F (Temperatures to be checked at least every two hours with digital thermometer and recorded on the temperature log sheet.) Any leftover pizza or hot dogs shall be discarded at the end of the day.

Nacho Cheese and Chili

Nacho cheese and chili are received in sealed cans. Cans are to be opened and heated in the microwave to a temperature of at least 135°F. Place in hot holding units and maintain at least 135°F. Temperature to be checked at least every 2 hours with digital thermometer and recorded on temperature log sheet. (See cooling section for procedures for leftover nacho cheese and chili.

HOT AND COLD HOLDING

- ❑ All coolers are required to maintain potentially hazardous foods (PHF's) at a temperature of 41°F or less
- ❑ All hot holding equipment is required to maintain PHF's at a temperature of 135°F or more.
- ❑ Temperatures are to be checked at least every two hours (a kitchen timer is used as a reminder to check temperatures) with a digital thermometer and recorded on a temperature log sheet.

COOLING

- ❑ If less than a quarter of a can of cheese/chili is left at the end of the day, it is to be discarded. However, if more than a quarter of a can of product is left it is to be placed in a long shallow pan, left uncovered, and placed in the walk-in cooler overnight to cool from 135°F to less than 70°F in 2 hours or less and 70°F to less than 41°F in less than an additional 4 hours. Temperatures are to be checked every hour until food product has reached desired temperature. Temperatures are to be logged on temperature log sheet.

REHEATING

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- ❑ The food product is to be reheated in the microwave to a temperature of at least 165°F within 2 hours before being hot held for service again. Temperatures are to be checked and recorded on temperature log sheet. Foods are to be reheated only once, any reheated leftovers are to be discarded. Reheated food is to be used before new product is heated and new product is never to be mixed with old product.

DATE MARKING

The following foods are required to be date marked:

- ❑ Open packages of hot dogs
- ❑ Cooled containers of chili/nacho cheese

Once opened/cooled, a sticker is to be placed on the containers with a 7-day consume-by-date. If any product is left on the 7th day, it shall be discarded at the end of the day.

DELIVERY OF FOOD SUPPLIES

- ❑ Upon delivery, cans are to be checked for severe dents, rust, etc. and stored on the dry storage shelves in the rear of the kitchen.
- ❑ Frozen products are to be checked for proper frozen condition, no evidence of thawing and re-freezing.

CLEANING OF FACILITY

- ❑ Floors are to be swept and mopped every day.
- ❑ Walls are to be cleaned if soiling occurs and/or at least once a week
- ❑ Ceiling is to be cleaned if soiling occurs and/or at least once a month
- ❑ Other non-food contact surfaces (counter tops, shelves) shall be cleaned and sanitized every day.
- ❑ Sanitizing buckets are to maintain a concentration of 50-100ppm chlorine and wiping cloths are to be placed on the counter and changed out at least every 4 hours or if water is visibly soiled. Wiping cloths are to be placed in buckets at all time when not in use.
- ❑ Food contact equipment that needs to be cleaned in place (hot dog warmer, popcorn machine, pop machine and icemaker) shall be cleaned using a 3-bucket method. First the equipment is to be cleaned using a soap and water solution, rinsed thoroughly with clean water, and sanitized using a chlorine concentration of 50-100ppm (chlorine test strips must be used to verify correct concentrations). Allow clean equipment to air dry. Hot dog warmer, popcorn machine and pop machine are to be cleaned and sanitized every night, while the icemaker is only to be cleaned and sanitized once a week.
- ❑ Dishwashing is to be done in the 3-compartment sink. First heavy soils on dishes are to be scraped off into garbage container. Wash dishes in far left sink until no visible solids remain. Rinse off soap in middle sink and place in sanitizing solution (50-100ppm chlorine) in the far right sink. Afterwards, allow dishes to air-dry on the draintable/rack. Do not handle clean dishes without first washing hands.

CHEMICAL STORAGE & LABELING

- ❑ All chemicals are to be stored on the shelving above the mop sink.
- ❑ If chemicals are taken from original container and placed in a spray bottle, it is to be labeled as to its contents.

UTILITY PROBLEMS

- ❑ **Power loss:** Health Department shall be notified. If power does not return immediately (within a half an hour) facility shall close and all potentially hazardous food shall be discarded.
- ❑ **Loss of water:** Health Department shall be notified. Facility shall cease preparing any food and shall only sell pre-packaged items, such as candy and bottled beverages.

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- ❑ **Sewer Back-up:** Health Department shall be notified. Facility shall close until drains are functional, upon return, effected areas shall be washed, rinsed and sanitized. Health Department shall be contacted for approval to re-open.
- ❑ **Miscellaneous:** Facility shall contact the Barry-Eaton District Health Department for guidance.

BODILY FLUID CONTAMINATION

- ❑ In the event of someone vomiting in the facility:
 - ❑ The affected and surrounding area shall be closed off.
 - ❑ The Barry-Eaton District Health Department shall be contacted.
 - ❑ Any exposed food or single service items shall be discarded. The manager wearing appropriate personal protective equipment (PPE), such as gloves, mask and eye protection shall scoop the vomit into dustpans. Dustpans shall be cleaned and disinfected in mop sink.
 - ❑ After the visible vomit has been removed, the entire area (floors, walls, countertops, tables, chairs) and exposed foodware shall be cleaned using the following procedures:
 - ❑ All food contact surfaces shall be washed, rinsed and sanitized using a bleach concentration of 200ppm.
 - ❑ All non-food contact surfaces shall be washed, rinsed and sanitized using a chlorine concentration of 1000ppm. After a 10-20 minute contact time, the area shall be rinsed with clean water.
 - ❑ Carpet shall be steamed cleaned at 158°F for 5 minutes.
 - ❑ All wood floors or other porous material shall be wiped down with 5000ppm chlorine based sanitizer.
- ❑ All cleaning items (wiping cloths, mop heads) that cannot be effectively cleaned and/or sanitized shall be discarded after use.

NATURAL DISASTERS

- ❑ In the event of a natural disaster (fire, flood, tornadoes, and/or storm damage) the facility shall remain closed until the Barry-Eaton District Health Department can inspect and determine what actions are needed in order to re-open and safely serve food.

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Employee Health Policy

For: _____

Employee Responsibilities

All food service workers shall immediately report to the person-in-charge:

- a) When experiencing symptoms of **diarrhea, vomiting**, fever, sore throat with fever, jaundice (yellowish skin/eyes), discharges from the eyes, nose or mouth, infected wounds, open sores, or boils.
- b) When diagnosed with any of the "Big Five" illnesses:
 1. Typhoid fever (*Salmonella typhi*)
 2. Shigellosis (*Shigella spp.*),
 3. Escherichia coli 0157:H7 infection (*E. coli 0157:H7*),
 4. Hepatitis A (*hepatitis A virus*).
 5. **Norovirus Infection***
- c) When at a high risk of contracting a "Big Five" illness:
 - Exposure to a confirmed outbreak due to a "Big Five" illness.
 - Household member having a "Big Five" illness.
 - Household member exposed to a confirmed outbreak due to a "Big Five" illness.

Initial employee review of these reporting requirements shall be accomplished through the use of: Form 2 "Food Employee Reporting Agreement".**

Person-In-Charge (PIC) Responsibilities

Upon notification or direct observation, the person-in-charge shall either Exclude or Restrict known symptomatic or infected food service workers from their assigned duties, as a means of prevention against diseases transmissible through food, people or the environment.

The person-in-charge shall Exclude a food service worker from the food service establishment when:

- a) Diagnosed with a **'Big Five'** illness.
- b) **Jaundice** has occurred within the last 7 days.
- c) Employee is experiencing noro-like symptoms (**vomiting and/or diarrhea**).

The person-in-charge shall notify the Barry-Eaton District Health Department (for confidential disease counseling) when it is known that a food service worker has been **medically diagnosed with one of the "Big Five" illnesses** (*typhoid fever, shigellosis, E. coli 0157:H7 infection, or hepatitis A or norovirus infection**) or **jaundiced**.

The person-in-charge may Restrict a food service worker from handling food, foodware, equipment, utensils, linens, and single service articles when:

- a) Jaundice (yellowing of the skin and eyes) is greater than 7 days.
- b) Persistent sneezing, coughing or runny nose persists (discharges from the eyes, nose and mouth).

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- c) Exposed lesion, boil, or wound that is either open/draining or infected.

The person-in-charge may Reinstate a food service employee to their full work duties as specified:

- a) Excluded employee(s):

- After **health department approval and medical documentation**, stating the excluded person (diagnosed with having *Salmonella Typhi*, *Shigella spp.*, *E. coli 0157:H7*, *hepatitis A virus or Norovirus*) is free of symptoms and free of the infectious agent.
- When an excluded person (having Jaundice within 7 days of onset) has provided medical documentation stating that they are free of the hepatitis A virus.
- **Noro-like Symptoms: 24-48 hours from the last symptom of illness; no handling of food or foodware for another 24-48 hours.**

* Norovirus is the leading cause of foodborne illness and disease outbreaks in Michigan.

** It shall be the responsibility of the person-in-charge to inform, educate, and evaluate all food service workers as it relates to the health requirements specified in Section 2-2 of the 2005 FDA Food Code

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FORM
2

Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Food
Employees with Emphasis on illness due to **Salmonella Typhi, Shigella spp.,
Escherichia coli 0157: H7, Hepatitis A Virus, and Norovirus**

The purpose Of this agreement is to ensure that Food Employees notify the Person in Charge when they experience any Of the conditions listed so that the Person in Charge can take appropriate steps to preclude the transmission Of foodborne illness.

I AGREE TO REPORT TO THE MANAGER (PERSON IN CHARGE):

FUTURE SYMPTOMS and PUSTULAR LESIONS:

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice
5. Sore throat with fever
6. Lesions containing pus on the hand, wrist, or an exposed body part
(such as boils and infected wounds, however small)

FUTURE MEDICAL DIAGNOSIS:

Whenever diagnosed as being ill with typhoid fever (Salmonella Typhi), shigellosis (Shigella spp.), Escherichia coli 0157:H7 infection (E. coli 0157:H7), hepatitis A (hepatitis A virus), or Norovirus

FUTURE HIGH-RISK CONDITIONS:

1. **Exposure to or suspicion of causing any confirmed outbreak of typhoid fever, shigellosis, E. coli 0157:H7 infection, hepatitis A, or Norovirus.**
2. **A household member diagnosed with typhoid fever, shigellosis, illness due to E. coli 0157:H7, hepatitis A, or Norovirus.**
3. **A household member attending or working in a setting experiencing a confirmed outbreak of typhoid fever, shigellosis, E. coli 0157:H7 infection, hepatitis A, or Norovirus.**

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and high-risk conditions specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Applicant or Food Employee Name (please print) _____

Signature of Applicant or Food Employee _____ **Date** _____

Signature of Manager (Person-in-Charge) _____ **Date** _____

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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: _____

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

Which of the above will serve as the primary contact? _____

Which of the above should all correspondence be mailed to? _____

Proposed construction start date: _____ Proposed opening date: _____

For Health Department use only:

Fee \$: _____ Check #: _____

Date: _____ Receipt #: _____

Facility #: _____ Assigned to: _____

Remarks: _____

General Information

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Eaton County Office: 1033 Health Care Dr., Charlotte, MI 48813 ~ Phone: 517-543-2430 ~ Fax: 517-543-7737
Eaton Substance Abuse Program: 1033 Health Care Dr., Charlotte, MI 48813 ~ Phone: 517-543-2580 ~ Fax: 517-543-8191

Hours of Operation: Monday-Friday: _____ Weekends _____

Seating Capacity (including bar): _____ **Facility Size (square feet):** _____

Minimum staff per shift: _____ **Maximum staff per shift:** _____

These plans are for a: New establishment **What describes the establishment better?**
 Remodeling On-site Preparation
 Conversion Serving Site

Will part of the operation be outdoors (bar, dining, storage, cooking, etc.)? Yes No

If yes, explain: _____

Type of Operation (check all that apply)

A. Restaurant Related

- | | | |
|---|--|---|
| <input type="checkbox"/> Sit down meals | <input type="checkbox"/> Commissary | <input type="checkbox"/> Buffet or salad bar |
| <input type="checkbox"/> Counter | <input type="checkbox"/> Church | <input type="checkbox"/> Tableside / display cooking |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Take out menu | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Fast food | <input type="checkbox"/> Catering | <input type="checkbox"/> Bottling alcoholic beverages |
| <input type="checkbox"/> Bar with food prep | <input type="checkbox"/> Mobile vendor | <input type="checkbox"/> Special transitory food unit |

B. Grocery Related

- | | | |
|---|---|---|
| <input type="checkbox"/> Grocery store | <input type="checkbox"/> Produce processing | <input type="checkbox"/> Wholesale foods |
| <input type="checkbox"/> Fresh Meat | <input type="checkbox"/> Smoked fish | <input type="checkbox"/> Repackage / processor of: |
| <input type="checkbox"/> Seafood / fish | <input type="checkbox"/> Bakery | _____ |
| <input type="checkbox"/> Deli | <input type="checkbox"/> Commissary | <input type="checkbox"/> Water bottling |
| <input type="checkbox"/> Ice production / packaging | <input type="checkbox"/> Self-service bulk items | <input type="checkbox"/> Bottling alcoholic beverages |
| <input type="checkbox"/> Produce | <input type="checkbox"/> Self-service baked goods | |

Please summarize the proposed project.

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 _____

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

E. What types of vehicles will be used to transport food? _____

Food Protection

A. What types of sneeze guards or food protection devices will be used? (See MDA manual part 4)

B. What kind of countertop material will be used? _____

C. What kind of material will be used for your cutting boards? _____

D. Procedures to be used for cleaning of cutting boards? _____

E. Where will the following items be stored in the facility, be specific:

Foodware _____

Single-service items _____

Linens _____

Chemicals _____

Dishwashing

See MDA manual part 8

Dishwashing methods (check all that apply) Dishmachine Sink

Type of sanitizer to be used: Hot water (180°F) OR Chemical (type) _____

Dishwashing Sinks	Length (inches)	Width (inches)	Depth (inches)
A. Sink 1, Size of compartments			
B. Sink 2, Size of compartments			
C. Sink 3, Size of compartments			

D. What is the largest item that will have to be washed in a sink and its size? _____

E. Adequately sized soiled side drainboards or facilities are provided to contain all soiled kitchenware prior to washing. Yes _____ No _____ Size _____

F. Adequately sized clean drainboards or facilities are provided to properly air dry kitchenware prior to storage. Yes _____ No _____ Size _____

G. Dishmachine: Make: _____ Model No. _____

1) Is ventilation provided? Yes _____ No _____

H. A pre-rinse device or other device is provided for removal of gross food soil prior to washing. Yes _____ No _____

I. List the location of all garbage grinders: _____

General

Laundry

A. If applicable, describe what items will be laundered on site and the number of loads per week.

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Lighting Protection

A. Describe lighting protection for all areas of the kitchen (including reach-in and walk-in refrigerators and freezers).

Insect and Rodent Control

See MDA manual part 13

A. Will outside doors be self-closing? Yes No

B. Will the facility have a drive-thru or walk-up window? Yes No

C. If question B is yes, describe how insects will be kept out (i.e. self-closer, air curtains, etc.)

D. Are other openable windows screened? NA Yes No

E. Will openings around pipes, electrical conduits, chases and other wall perforations be sealed? Yes No

F. Will garage-style or loading bay doors be present? Yes No

G. Who is your Pest Control Operator (PCO)?

Solid Waste Storage

See MDA manual part 17

Outside Storage

A. What type of storage will be used?* Compactor* Dumpster* Cans

B. Will storage containers be effectively covered? Yes No

C. What type of surface will be under the container? _____

D. What is the minimum pick-up frequency? _____

E. Who is responsible for cleaning the dumpster(s) and dumpster area? _____

F. What is the cleaning schedule and procedure for cleaning the dumpster and surrounding area?

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

Inside Storage

A. Please **SHOW** locations of trash containers on floor plans and describe how garbage, boxes, etc. will be stored inside: _____

B. Describe how waste grease will be handled and stored: _____

C. Will any compactors or dumpsters be located inside? If yes, show on plans. Yes No

D. Describe any area where damaged merchandise returned for credit to vendor will be stored: _____

E. Describe any inside storage or cleaning areas (i.e. garbage can cleaning area): _____

F. Describe how and where recyclables and returnables will be stored: _____

G. Describe the types of materials that will be recycled or returned for deposit the pick-up frequency: _____

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Room Finish Schedules

Fill in materials to be used (See MDA manual part 10)

Complete if 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				
Other				
Other				

**List the coving (base board) material that will be used to provide a smooth, rounded and cleanable surface where the floor and wall joins.

Note: please explain abbreviations.

Floors, Walls, Ceiling

Interior Finishes:

1	Ceramic Tile	9	Fiberglass reinforced polyester (FRP) panel
2	Quarry Tile	10	Stainless steel
3	Commercial grade vinyl composition tile	11	Filled block with epoxy painted or glazed surface
4	Commercial grade vinyl composition sheets	12	Enamel coated Steel (or other corrosion resistant surface)
5	Poured seamless sealed concrete or poured synthetic	13	Aluminum (Heavy Gauge)
6	Sealed concrete	14	Acoustic ceiling tile
7	Painted drywall	15	Vinyl clad drop-in ceiling tile
8	Epoxy painted drywall	16	Plastic laminate

The following chart provides guidance for floors, walls and ceilings. The numbers refer to the previous table.

Kitchen	Floor	Wall	Ceiling
Food Preparation / Bar Serving Area	1, 2, 3, 5	1, 9, 10, 11	15
Cooking	1, 2, 3, 5	1, 9, 10	15
Warewashing Area	1, 2, 3, 5	1, 9, 10	15
Food Storage	1, 2, 3, 5, 6	8, 9, 11	7, 15
Janitor Closet	1, 2, 3, 5, 6	8, 9, 11	13, 14, 15
Garbage Room	1, 2, 3, 5, 6	8, 9, 11	13, 14, 15
Walk-in Refrigerators & Freezers	1, 2, 3, 5, 10, 13	9, 10, 12, 13	9, 10, 12, 13
Other Storage	1, 2, 3, 5, 6	7, 8, 9	7, 14, 15
Dressing Rooms	1, 2, 3, 5, 6	7, 8, 9	7, 14, 15
Toilet Room	1, 2, 3, 5, 6	2, 7, 8, 9	7, 14, 15

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Floors

- All floor coverings in food preparation, food storage, utensil-washing areas, walk-in refrigeration units, dressing rooms, locker rooms, toilet rooms and vestibules must be *smooth*, non-absorbent, easily cleanable, durable, and commercial grade. *Equipment* must not puncture or indent the floor. Anti-slip flooring may only be used in high traffic areas.
- Any alternate materials not listed in the above chart must be submitted for evaluation.
- There must be coving at base junctures that is compatible with both wall and floor coverings. The coving should provide at least 1/4 inch radius and 4" in height.
- Floor drains, floor sinks and the surrounding area must be easily accessible for cleaning.

Custom cabinetry shall be constructed of durable materials with surfaces that are smooth, non-permeable and light colored for easy cleaning. This includes the interior surfaces (i.e. beverage stations, salad or buffet units, service counters and the underside of open countertops).

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 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 waste Side (i.e. a dishwasher may have an AVB on the water supply and an air-gapped drain).

Fixture	Sewage Disposal			Water Supply					
	Air Gap	Air Break	Direct Connect	AVB	PVB	RPZ	VDC	HB	Air Gap
Dishwasher									
Glasswasher									
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									
Beberage 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									
Rethermalizer									
Steamer									
Overhead spray rinse									
Hot water dispenser									
Other									

AVB = atmospheric vacuum breaker

HB = hose bib vacuum breaker

PVB = pressure vacuum breaker

VDC = vented double check valve

RPZ = reduced pressure principle backflow preventer

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Formula Information

Several calculations are required to determine if there will be adequate hot water, ventilation, dry storage space and refrigerated storage space. The information requested on the following two pages provides the necessary data for performing calculations. See the plan review manual for formulas and directions.

Hot Water Usage (see MDA manual part 9)

List each type of plumbing fixture that uses hot water	# fixtures
Handsinks	
Bathroom Sinks	
1 Compartment Sink	
2 Compartment Sink	
3 Compartment Sink	
Food Prep Sink	
Overhead Spray Rinse	
Bar Sink _____ 3 compartment _____ 4 compartment	
Hot Water Filling Faucet	
Bain-marie	
Coffee Urn	
Kettle Stand	
Garbage Can Washer	
9 & 12 lb. Clothes Washer	
16 lb. Clothes Washer	
Employee Shower	
Mop Sink	
Other:	
Other:	

Water Heater Manufacturer: _____ Model number: _____
 A. Hot water heater proposed size: Electric _____ KW
 Gas _____ BTU's Thermal Efficiency: _____ %
 B. Hot water heater storage capacity: _____ gallons
 C. Hot water heater recovery rate: _____ gallons per hour (@100° rise)

Attach information for any additional water heaters. Specify what area each water heater services and whether or not units will be installed in parallel.

Do hot water heater(s) serve any non-food equipment areas? If yes describe: _____

Dishmachine Booster Heater _____ KW _____ BTU Make _____ Model # _____

Refrigerated and Dry Food Storage (see MDA manual parts 3 & 7)

It is essential that a reliable estimate be made of the number of customers that are served or buy food between deliveries, in order to calculate dry and refrigerated storage capacities.

A. # meals served per day =	_____	
B. # days between deliveries =	Dry Food _____	Refrigerated Items _____
C. #meals between deliveries (AxB =)	Dry Food _____	Refrigerated Items _____

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Refrigerated Storage (see MDA manual part 3)

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

*Upright Item #	Interior Depth (in)	Interior Width (in)	Interior Height (in)

*Working, preparation and line refrigerators should not be included. Only storage units.

Dry Storage (see MDA manual part 7)

Storage Rooms*

**Usable room height (ft)	Interior Length (ft)	Interior Width (ft)

*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 12-18").

Or if there is no dry storage room proposed

For full height shelves

Total Shelving Length (ft)	Shelving Width (ft)

Ventilation Air Balance Schedule (see MDA manual part 15)

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

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Barry-Eaton District Health Department

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www.barryeatonhealth.org

Re: Additional Requirements for New and Remodeled Food Service Establishments

Please be advised that in addition to the Barry-Eaton District Health Department, there are other governing authorities that may also need to review your proposal to build or remodel a food service establishment (FSE).

Eaton County

Delta Charter Township

Mr. Jerry Harkness, Chief Building Inspector

7710 W. Saginaw Hwy

Lansing, MI 48917

(517) 323-8530

(Building, Electrical, Mechanical and Plumbing)

Lansing, City of

Mr. Jim Bennett, Plan Review Analyst

316 N. Capital Ave.

Lansing, MI 48933-1238

(517) 483-4356

(Building, Electrical, Mechanical and Plumbing)

Charlotte, City of

Mr. Leroy Hummel, Building Inspector

111 E. Lawrence Ave.

Charlotte, MI 48813

(517) 543-8330

(Building)

Oneida Township

Mr. Tom Westfall, Building Inspector

414 S. Clinton St.

Grand Ledge, MI 48837

(517) 627-3267 (works out of real estate office)

(Building)

Eaton County

Mr. Al White, Director

Eaton County Construction Code Department

1045 Independence Blvd.

Charlotte, MI 48813

(Building, Electrical, Mechanical, and Plumbing)

Oneida Township

Mr. David Carpenter, Zoning Administration

1104 Oneida Rd.

Grand Ledge, MI 48837

(517) 622-8078

(Zoning)

Eaton Rapids, City of

Mr. John Hill, Building Inspector

200 S. Main St.

Eaton Rapids, MI 48827

(517) 663-8118 ext. 8160

(Building and Mechanical)

Windsor Township

Mr. Art St. Clair, Township Supervisor

10342 Bishop Hwy.

Dimondale, MI 48821

(517) 646-0772

(Zoning)

Grand Ledge, City of

Construction Code Department

101 E. Jefferson St.

Grand Ledge, MI 48837

(517) 622-4756

(Building, Electrical, Mechanical and Plumbing)

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Barry County

Mr. Jim McManus, Director
Barry Co. Planning & Zoning
220 W. State St.,
Hastings, MI 49058
(269) 948-4830
(Zoning)

Yankee Springs Township

Mr. Ken Worsham, Zoning Administration
284 N. Briggs Rd.
Middleville, MI 49333
(269) 795-9091
(Zoning)

Hope Township

Mr. James Carr, Zoning Admin.
5463 S. M-43 Hwy.
Hastings, MI 49058
(269) 948-2464
(Zoning)

Nashville, Village of

Attn: Zoning Administrator
206 N. Main St.
Nashville, MI 49073
(517) 852-9544
(Zoning)

PCI

Mr. Tom Thompson
110 W. Center St.,
Hastings, MI 49058
(269) 948-4088
(Building, Electrical, Mechanical, and Plumbing)

Prairieville Township

Mr. James Spykerman, Zoning Admin.
10115 S. Norris Rd.
Delton, MI 49046
(269) 623-2664
(Zoning)

Rutland Township

Mr. James Carr, Zoning Admin.
5463 S. M-43 Hwy.
Hastings, MI 49058
(269) 948-2464
(Zoning)

Thornapple Township

Mr. Geoff Moffat, Zoning Admin.
200 E. Main St.
Middleville, MI 49333
(269) 795-7202
(Zoning)

Note: If the food service establishment will be using municipal sewers, additional plumbing requirements may be necessary, such as the installation of a grease trap. For more information, contact the local building authority.

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To be completed by the appropriate Building Authority and submitted to the Health Department prior to the pre-opening inspection. This will assure our inspectors that all approvals have been granted prior to issuing the final approval to operate.

Name of facility: _____

Address: _____

The above-mentioned facility has passed inspection and has been issued the following approvals (please check if approval has been given):

_____ **Mechanical**

_____ **Plumbing**

_____ **Electrical**

_____ **Building**

_____ **Fire Marshall**

Name of approving department: _____

Signature of Building Authority: _____

Date of final approval: _____

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Food Establishment Pre-opening Checklist

Please complete this checklist and return **PRIOR** to scheduling a pre-opening inspection. Failure to submit in a timely manner may delay approval to open/operate.

YES NO N/A

- ___ ___ ___ Food service license application completed and required fee remitted to health department?
- ___ ___ ___ Standard Operating Procedures (SOPs) submitted to health department and approved copy available on site?
- ___ ___ ___ Employee health policy submitted to health department and approved copy available on site?
- ___ ___ ___ All cooking equipment installed according to plans and fully operational?
- ___ ___ ___ Cooking equipment exhaust hoods, make-up air units, and HVAC systems installed according to plans and operational?
- ___ ___ ___ Air balance test report submitted to health department (minimum 48 hrs. prior to scheduling smoke test)?
- ___ ___ ___ Copies of mechanical, plumbing, electrical, and building inspectors' final approval reports submitted to health department? (See attached.)
- ___ ___ ___ All other non-cooking equipment proposed during plan review installed and operational?
- ___ ___ ___ All permanent floor-mounted equipment anchored/sealed to adjacent surfaces and/or spaced to allow proper cleaning?
- ___ ___ ___ All "moveable" floor-mounted equipment provided with casters and/or quick-disconnect utility lines for proper cleaning?
- ___ ___ ___ All permanent countertop equipment anchored/sealed to adjacent surfaces and/or spaced for proper cleaning?
- ___ ___ ___ All "moveable" countertop equipment (≤ 40 lbs.) installed to allow for easy moving for proper cleaning?
- ___ ___ ___ Hot water heater with an energy input of _____ kW/BTU and _____ gallons storage capacity installed and operational?
- ___ ___ ___ Numerically-scaled metal-stemmed food product thermometers accurate ($\pm 2^\circ\text{F}$) and available on site?
- ___ ___ ___ Refrigeration and freezer units installed according to plans and operational?
- ___ ___ ___ Refrigerators equipped with numerically-scaled thermometer accurate to $\pm 3^\circ\text{F}$?
- ___ ___ ___ Temperature log sheets available on site for monitoring hot and cold food holding temperatures?
- ___ ___ ___ Hot food holding cabinets and steam tables installed according to plans and operational?
- ___ ___ ___ Hot food holding cabinets equipped with numerically-scaled thermometer accurate to $\pm 3^\circ\text{F}$?
- ___ ___ ___ Storage shelving units proposed during plan review installed?
- ___ ___ ___ Soap and paper towel dispensers installed; waste receptacles provided at all kitchen and restroom hand washing sinks (covered receptacle required in ladies restroom)?
- ___ ___ ___ Outer openings equipped with either screening, self-closers, or other means of insect/vermin prevention?
- ___ ___ ___ Wood surfaces sealed or painted to facilitate effective cleaning?
- ___ ___ ___ Dishwashing equipment proposed during plan review installed and operational?
- ___ ___ ___ Chemical test kit provided for checking sanitizer concentration?
- ___ ___ ___ Chemical dispensing equipment installed and operational?

Name of Facility _____

Address _____

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