

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DC HEALTH

HEALTH REGULATION AND LICENSING ADMINISTRATION

DC HEALTH FOOD ESTABLISHMENT
 PLAN REVIEW GUIDANCE PACKET

Type of Construction: NEW REMODEL CONVERSION

Category: Restaurant Institution Cafeteria/Dining Room Retail Market Kiosk/Stand
 Deli/Prepared Food Shop Swimming Pool Other: _____

Type of Service: Seating Carryout Caterer Self-Serve Other: _____
 (check all that apply)

Trade Name of Establishment: _____

Address: _____ QD _____ Establishment Phone: _____

 Name of Owner: _____ *Contact Phone: _____

Mailing Address: _____

*Owner's Email Address: _____ *Establishment Email Address: _____

 Expeditor's/Applicant Name: _____

Title (owner, manager, architect, expeditor, etc.): _____

Mailing Address: _____

*Expeditor's Email Address: _____ *Contact Phone: _____

Planned Days and Hours of Operation:

Sun	_____	a.m.	p.m. - _____	a.m.	p.m.	Projected Date for Start of Project:	_____
Mon	_____	a.m.	p.m. - _____	a.m.	p.m.	Projected Date for Completion of Project:	_____
Tues	_____	a.m.	p.m. - _____	a.m.	p.m.		
Wed	_____	a.m.	p.m. - _____	a.m.	p.m.	# of Seats: _____ Max.	# of Staff: (per shift) _____
Thur	_____	a.m.	p.m. - _____	a.m.	p.m.	# of Floors where food operations are conducted:	_____
Fri	_____	a.m.	p.m. - _____	a.m.	p.m.		
Sat	_____	a.m.	p.m. - _____	a.m.	p.m.		

For Office Use Only:		
Date Rec'd _____	Date Comp _____	Plan # _____

Please select the enclosed following documents:

- Proposed Menu (including seasonal, offsite and banquet menus)
- Manufacturer Specification sheets for **each** piece of equipment shown on the plan
- Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside, equipment (dumpsters, well, septic system - if applicable)
- Plans drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- Equipment schedule
- HACCP Plan for specialized processing (if applicable)

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Include proposed menu, seating capacity, and projected daily meal volume for food service operations.
2. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
3. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.
4. Provide the room size; aisle space, space between and behind equipment and the placement of the equipment on the floor plans
5. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
6. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
 - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
 - d. Lighting schedule with protectors;
 - (1) At least 110 lux (10 foot-candles) at a distance of 75 cm, (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of Cleaning;
 - (2) At least 220 lux (20 foot candles)
 - (a) At a surface where food is provided for consumer self-serve such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
 - (b) Inside equipment such as reach-in and under-counter refrigerators
 - (c) At a distance of 75 cm (30 inches) above the floor in areas used for hand washing, ware washing, and equipment and utensil storage, and in toilet rooms; and

(3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

- e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified classified for sanitation by an ANSI accredited certification program (where applicable).
- f. Ventilation schedule for each room;
- g. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
- h. Garbage can washing area facility;
- i. Cabinets for storing toxic chemicals
- j. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;

PLEASE ANSWER THE FOLLOWING QUESTIONS

A. FOOD SUPPLIES

- 1. Are all food supplies from inspected and approved sources? YES NO N/A
- 2. Maximum (approximate) **number** of meals to be served: ___ Breakfast ___ Lunch ___ Dinner
- 3. How will dry goods be stored off the floor? _____

B. COLD STORAGE

- 1. Is adequate and approved freezer and refrigeration available to store frozen foods and refrigerated foods at 41°F (5°C) or below YES NO
- 2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES NO
If yes, how will cross-contamination be prevented?

- 3. Does each refrigerator/freezer have a thermometer? YES NO
Number of refrigeration units: _____ Number of freezer units: _____
- 4. Is there a bulk ice machine available? YES NO

C. PREPARATION

- 1. **Please list categories** of foods prepared more than 12 hours in advance of service

- 2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES NO

3. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES NO
4. Will employees have paid sick leave? YES NO
5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?
 Chemical Type: _____ Concentration: _____ Test Kit: _____
6. Is there a planned location used for washing produce? YES NO
 Describe: _____

If not, describe the procedure for **cleaning and sanitizing multiple-use sinks** between uses.

7. Will specialized processing, such as Reduced Oxygen Packaging (ROP) [sometimes referred to as “vacuum packaging”], Sous Vide, etc. be used? YES NO
If YES, provide a HACCP Plan for **each** specialized processing method and/or food item(s) prepared onsite or as requested by DOH.
8. Will the facility be serving food to a highly susceptible population? YES NO
If YES, how will the temperature of foods be maintained while being transferred between the kitchen and service area?
- _____

Yes No n/a

D. GARBAGE AND REFUSE

Inside:

1. Do all containers have lids?
2. Will refuse be stored inside, **if YES**, where? _____
3. Is there an area designated for garbage can and/or floor mat cleaning?

Outside:

4. Will a dumpster be used?
 Number: _____ Size(s): _____ Frequency of pick up: _____
5. Will garbage cans be stored outside?
If YES, describe surface and location where dumpster/compactor/garbage cans are to be stored?
- _____

6. Describe location of grease storage receptacle:

Yes **No** **n/a**

7. Is there an area to store recycled containers? Yes No n/a

If **YES**, Describe:

E. GENERAL

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? YES NO
Indicate location: _____

2. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES NO

3. Are all containers of toxics including sanitizing spray bottles clearly labeled? YES NO

F. SINKS

1. Is a mop sink present? YES NO
If no, please describe facility for cleaning of mops and other equipment:

2. If the menu dictates, is a food preparations sink present? YES NO

G. DISHWASHING FACILITIES

1. Please indicate the type and number of warewashing method(s):
Dishwasher #: _____ Three-compartment sink #: _____

2. Do all dish machines have templates with operating instruction? YES NO

3. Do all dish machines have temperature and pressure gauges as required that are accurately working? YES NO

4. Does the largest pot and/or pans fit into each compartment of the pot sink? YES NO
If **NO**, what is the procedure for manual cleaning and sanitizing? _____

5. Are there drain boards on both ends of the pot sink? YES NO

6. What type of sanitizer is used?
 Chlorine Iodine Quaternary ammonium Hot water Other _____

7. Are test papers and/or kits available for checking sanitizer concentration? YES NO

H. HANDWASHING / TOILET FACILITIES

1. Is there a handwashing sink in each food preparation and warewashing area? YES NO
2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES NO
3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES NO
4. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? YES NO
5. Hot (minimum temperature of 100°F) and cold running water under pressure available at all handwashing sinks? YES NO
6. Are covered waste receptacles available in each restroom? YES NO
7. Are all toilet room doors self-closing? YES NO

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the DC Health Food Safety & Hygiene Inspection Services Division will nullify final approval.

Review of these specifications by the Regulatory Authority (DC Health Food Safety & Hygiene Inspection Services Division) does not indicate compliance with any other code, law or regulations required -- federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

By signing or entering my name on this form, I attest that all statements are true and accurate.

Signature(s): _____
entering the owner or responsible person's name above, constitutes a signature.

Owner or responsible representative(s): _____
(Printed name)

Date Signed: _____

REPORT FRAUD, WASTE, AND ABUSE: To report fraud, waste, or abuse within the District Government, contact the DC Office of the Inspector General's hotline by phone at (800) 521-1639 (toll free) or (202) 724-TIPS[8477], by email at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General's website at www.oig.dc.gov.

I understand that, anyone who makes a false statement on this document can be criminally prosecuted; and, if convicted, fined up to \$1,000, imprisoned up to 180 days, or both, under D.C. Official Code §22-2405.