

FACILITIES DESIGN ASSESSMENT AND PERMITTING QUESTIONNAIRE:

(For use by all food risk categories 1-3 or higher)

TO BE COMPLETED BY THE OWNER/OPERATOR AND SUBMITTED TO THE SNHD ENVIRONMENTAL HEALTH DIVISION FACILITIES DESIGN ASSESSMENT AND PERMITTING DESK WITH APPLICATION AT APPOINTMENT - FAILURE TO DO SO MAY RESULT IN POSTPONED APPOINTMENT AND ADDITIONAL FEES

Date: _____ NEW REMODEL OTHER _____

CONTACT INFORMATION:

Business Name:
Operating Address:
Type of Establishment:
Name of Owner:
Name of Authorized Applicant:
Contact Phone Number/E-mail Address:

OPERATING INFORMATION:

Operating Hours:	Number of Staff per Shift:
Number of Seats:	Total Square Feet of Facility:
Number of Restrooms:	Number of Floors:
Projected Number of Plates per Day:	Frequency of Food Deliveries:

MATERIALS CHECKLIST- The following documents are REQUIRED to complete your review:

- Proposed Menu** (including seasonal, off-site catering, 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, grease interceptor, well, septic system, etc)
- Floor plan of food establishment** showing location of equipment, plumbing, electrical services and mechanical ventilation (minimum ¼" scale for architectural renderings)
- Equipment Schedule** (The Food Equipment schedule must include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program such as NSF, UL-EPH, ETL-Sanitation, BISSC/ETL-Verified)
- Reflected Ceiling Plan / Lighting Plan**
- Finish Schedule**
- Plumbing Plan**

FOOD MANAGER KNOWLEDGE- facility has (Check all that apply):

- A designated person in charge that can demonstrate knowledge of food-borne disease prevention, application of food safety principles, and the requirements of the REGULATIONS will be available during all hours of operation. (REQUIRED)
- A designated person in charge that is a Certified Food Safety Manager; CERTIFICATION NUMBER: _____
- A written policy that excludes or restricts food workers who are ill or have infected cuts or lesions;
- Consumer advisory on menu to notify customers that specific animal based foods (such as meat, poultry, fish, shellfish or eggs) when served raw or undercooked, are not processed to eliminate pathogens.

THE PERSON IN CHARGE (PIC) MUST COMPLETE THE ATTACHED FOOD SAFETY ASSESSMENT (P 7)

DRY STORAGE -See Dry Storage Space Calculator:

Dry storage space	Linear Feet(actual): Required:	Square Feet(actual): Required:
Type of Service Ware	<input type="checkbox"/> Disposable	<input type="checkbox"/> Reusable <input type="checkbox"/> Both
Returnable/damaged goods storage –state location if applicable	<input type="checkbox"/> N/A	

COLD STORAGE – See Refrigerated Space Calculator:

Refrigerated storage space	Walk-in (ft3) actual: Required:	Reach-in (ft3)actual: Required:
Number of refrigeration units		
Frozen storage space (square feet)		
Number of freezer units		
Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, how will cross-contamination be prevented?		

FOOD PREPARATION:

1. Will all produce be washed on-site prior to use? YES NO
 If NO, will pre-washed and packaged produce be used? YES NO
2. Does the operator have HACCP plans for the following special processes?

Smoking meats/fish	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Sprouting seeds or beans	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Reduced oxygen packaging	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Use of food additives for preservation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Custom processing for game	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Unpasteurized juice for susceptible populations (elderly or children)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Curing	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Molluscan shell-stock tank	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

3. Will the facility be serving food primarily to a highly susceptible population (elderly or children)? YES NO

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Thawing method(s) – circle all that apply <input type="checkbox"/> Refrigeration <input type="checkbox"/> Running water <input type="checkbox"/> Microwave
Other (describe):

COOKING / REHEATING: How will foods be cooked to temperatures that kill pathogens?

List cooking equipment	1.
	2.
	3.
Type of ventilation hoods for equipment	<input type="checkbox"/> Type I w/suppression <input type="checkbox"/> Type II

HOT HOLDING: How will hot PHF/TCS foods be maintained at 135°F or above during holding prior to service?

List type and quantity of hot holding equipment	1.
	2.
	3.
	4.

COOLING: How will hot PHF/TCS foods be cooled to 41°F within 6 hours (135°F to 70°F in 2 hours, then 70°F to 41°F in 4 hours)?

Check all cooling methods to be used	<input type="checkbox"/> Shallow pans <input type="checkbox"/> Ice baths <input type="checkbox"/> Reduced volumes <input type="checkbox"/> Walk-in refrigerator <input type="checkbox"/> Blast chiller <input type="checkbox"/> Refrigerators <input type="checkbox"/> Ice paddle <input type="checkbox"/> Other:
List foods that will be subject to cooling	1.
	2.
	3.
	4.
	5.

SINKS: (indicate quantity of each)

SEE PLANS

LOCATION	3-COMP. SINKS	SINGLE PREP. SINKS	DOUBLE PREP. SINKS	WALL-HUNG HAND SINKS	BUILT-IN HAND SINKS	MOP-SINKS	DUMP-SINKS
Food Preparation Areas							
Ware washing							
Restrooms							
Mop Room/Garbage Area							
Bars							
Wait Stations							
Drainage Method (FS, FD, Direct)							

DISHWASHING FACILITIES: How will cooking utensils and service ware be washed?

Equipment	Indicate quantity or N/A	Sanitizing Method
2-compartment pot-wash sink		
3-compartment sink		<input type="checkbox"/> Chlorine <input type="checkbox"/> Quat
Dishwasher		<input type="checkbox"/> Hot Water <input type="checkbox"/> Chemical
Glasswasher w/drainboard		<input type="checkbox"/> Hot Water <input type="checkbox"/> Chemical
Other (Describe)		

INSECT AND RODENT CONTROL

AREA	AIR CURTAIN	SCREENING / WEATHER-STRIPPING	SELF-CLOSURE	DOCK BOOTS
Food Preparation Areas				
Service Doors				
Receiving Doors/Dock				
Service Windows				

Name of contracted pest control company: _____

Are you planning to operate with doors, windows or walls which will be open to the outside?

Y / N

FINISH SCHEDULE (Complete ONLY if not otherwise provided in plans) SEE PLANS

Indicate which materials (quarry tile, stainless steel, FRP, etc.) will be used in the following areas.

LOCATION	FLOOR	WALL	CEILING	BASE COVING
Food Preparation Areas				
Storage Areas				
Hand/Dump Sinks				
Warewashing				
Restrooms				
Mop Room/Garbage Areas				
Walk-in Refrigerators/Freezers				
Bars				

LIGHTING SCHEDULE: (Complete ONLY if not otherwise provided in plans) SEE PLANS

LOCATION	FIXTURE TYPE	SHIELDED?	ILLUMINATION @ 30 INCHES
Food Preparation Areas		<input type="checkbox"/> Y <input type="checkbox"/> N	50 F/C
Storage Areas		<input type="checkbox"/> Y <input type="checkbox"/> N	20 F/C
Warewashing		<input type="checkbox"/> Y <input type="checkbox"/> N	50 F/C
Restrooms			20 F/C
Mop Room/Garbage Areas		<input type="checkbox"/> Y <input type="checkbox"/> N	20 F/C
Walk-in Refrigerators/Freezers		<input type="checkbox"/> Y <input type="checkbox"/> N	20 F/C
Bars (behind die)		<input type="checkbox"/> Y <input type="checkbox"/> N	50 F/C

WATER SUPPLY / PLUMBING CONNECTIONS: See Hot Water Capacity Sizing Calculator

Water Supply:	Name of Water Supply Utility:
Ice :	<input type="checkbox"/> Made on premises <input type="checkbox"/> Purchased commercially (provide ice machine specifications)
Hot Water:	Recovery capacity of hot water system _____ KW/BTU _____ GPH
	Required:
	Tank capacity: Tankless
Backflow Protection Devices – list types for each piece of equipment requiring protection:	
Carbonator	
Mop sink	
Hose bibs	
Other	

RPZ – Reduced Pressure Assembly (Zone) AVB – Atmospheric Vacuum Breaker VB- Vacuum Breaker

SEWAGE DISPOSAL:

Sewage Disposal	<input type="checkbox"/> Municipal System	<input type="checkbox"/> Private – attach copy of permit/approval
Refrigeration condensate	<input type="checkbox"/> Evaporation pans	<input type="checkbox"/> Floor sink <input type="checkbox"/> Other:
Lift Stations/ Sumps	Describe:	
Approvals	<input type="checkbox"/> Building Department	<input type="checkbox"/> Water Reclamation

GARBAGE, REFUSE, GREASE COLLECTION:

Designated, curbed and plumbed area for garbage can and/or floor mat cleaning YES NO

Location: _____

Dumpster enclosure provided or on lease? YES NO

GREASE COLLECTION METHOD (circle all systems that apply):

Disposed Of As Solid Waste	Contractor:
Grease Interceptor / Trap	Location: Contractor:
Grease Machine	Location: Contractor:
Grease Recovery System	Location: Contractor

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Health Authority may nullify final approval.

Signature(s): _____

Title(s): _____ Date: _____

Approval of these plans and specifications by this Health Authority does not indicate compliance with any other code, law or regulation that may be required by federal, state, or local agencies. It further does not constitute endorsement or acceptance of the completed establishment (structure, equipment, or operational plans).

A pre-opening inspection of the establishment with equipment installed and operational is required prior to commencing operations.

FOR OFFICE USE ONLY

Reviewed with Operator on (date): _____ Reviewer _____

Plans accepted Plans not accepted Reason _____

Southern Nevada Health District Food Safety Knowledge Assessment

Per SNHD Regulation 2-101.11 Responsibility, The Permit Holder shall be the Person in Charge (PIC), or shall designate a Person in Charge, and shall ensure that a Person in Charge is present at the Food Establishment during all hours of operation.

Please have the Person in Charge (PIC) complete the following questions. The PIC must attend the Design Assessment meeting with the inspector to review food handling procedures. SNHD's Food Establishment Resource Library can be found on our website at <http://www.southernnevadahealthdistrict.org/ferl/index.php>.

1. What are 3 of the 5 symptoms of employee illness that would require the ill employee to be excluded from working in a food handling area?
 - a) _____
 - b) _____
 - c) _____
2. Circle all the products that must be returned to your distributor or not accepted from the delivery driver:
 - a) Bulging can of pineapple spears
 - b) Dusty can of chicken stock
 - c) Packaged deli meats at 47°F
3. List three examples of PHF/TCS foods served in your establishment:
 - a) _____
 - b) _____
 - c) _____
4. Circle the proper refrigerated holding temperature for chopped tomatoes, as required in the SNHD Regulations Governing the Sanitation of Food Establishments.
 - a) 45°F
 - b) 40° F
 - c) 41°F
5. Circle the proper temperature for foods that are reheated, as required in the SNHD Regulations Governing the Sanitation of Food Establishments.
 - a) 155°F
 - b) 135°F
 - c) 165°F
6. Circle the proper temperature for holding hot soup prior to service, as required in the SNHD Regulations Governing the Sanitation of Food Establishments.
 - a) 155°F
 - b) 135°F
 - c) 165°F
7. When should in-use utensils be washed, rinsed and sanitized, as required in the SNHD Regulations Governing the Sanitation of Food Establishments?
 - a) Every 4 hours
 - b) At the end of the day
 - c) At the start of each shift

Name of person completing this assessment

Signature

Date