

SUBMITTAL INFORMATION REQUIREMENTS FOR ALL FOOD ESTABLISHMENTS

**Please note a Master Plumber is required to pull permits
on all commercial businesses.**

1. Sewer or Septic System

1. Is this business on ___ sewer or ___ septic?
2. If on septic;
 - a) What type of system is onsite? _____
 - b) What is the size _____ and _____ capacity of the system?
 - c) Is there a holding tank? ___ yes ___no
 - d) Have you indicated the location of the system on your site plan? ___ yes ___no
 - e) Have you indicated the dimensions & distances from all structures on your site plan? ___ yes ___no

2. Floor Plan & Sinks

1. Do you have a 3 compartment sink? ___ yes ___no
If so, do you have a hand sink next to the 3 compartment sink? ___ yes ___no
2. Do you have a hand sink at each work station? ___ yes ___no
Is the air gap indicated on the riser diagram for all applicable sinks? ___ yes ___no
3. Do you have a separate mop sink? ___ yes ___no
Is the Back-Flow preventer indicated on the riser? ___ yes ___no
4. Are all sinks labeled on the floor plan (hand sink, 3 comp sink, prep sink, etc)? ___ yes ___no
5. Do all the prep sinks have the 3" air gap (indirect) indicated on both floor plan & riser? ___ yes ___no

3. Grease Traps

1. What is the size and capacity of the Grease Trap/Interceptor? _____
2. Does the mop sink have a grease trap ___ yes ___no? (As per MSD)
If so what is the size & capacity? _____

4. Dinner Ware & Utensils

What type of dinner ware & utensils are being provided?

1. Paper products? ___ yes ___no.
 - a. Plates, bowls ___ yes ___no.
 - b. Cups ___ yes ___no.
2. Plastic products? ___ yes ___no.
 - a. Plates, bowls ___ yes ___no.
 - b. Cups ___ yes ___no.
 - c. Utensils (fork, spoons, knives) ___ yes ___no.
3. Dinner ware ___ yes ___no.
 - a. Plates, bowls ___ yes ___no.
 - b. Cups ___ yes ___no.
 - c. Utensils (fork, spoons, knives) ___ yes ___no.
 - d. Wine & beer glasses ___ yes ___no.

5. Warewash Machines

1. Do you have a Warewash Machine? ___ yes ___no.
If yes, please list the name & model number. _____
 - A. Is it a:
 1. ___ Hot water
 - a) Is there a visual or audible alarm for the detergent? ___ yes ___no
 - b) Is there a pressure gauge? ___ yes ___no
 - c) Is there a separate water heater _____ or a booster _____ for the hot water machine?
 - d) Is there a vent system? ___ yes ___no
 2. ___ Chemical sanitation
 - a) Is there a visual or audible alarm for the detergent? ___ yes ___no

- b) What type of chemical sanitizer is used? _____
 c) Where is the pressure gauge located? internal ____ external ____

* Follow manufacturer instructions for vent hoods.

2. Do you have a hand sink located next to the Warewash Machine? ____ yes ____no

6. Fryers

1. Do you have fryers? ____ yes ____no.
 a. If so, do they have vent hoods? ____ yes ____no.

Note: if you have answered YES to the above listed questions 4.3, 5 & 6 you may need an additional Grease Trap. Please contact Peggy Burgin @ MSD, 540-6974.

Miscellaneous Food Service Requirements

1. List the types of floor coverings, wall coverings & ceiling type in every area of the establishment:
(Remember ceilings must be smooth & cleanable, floors, walls and ceilings are to be light colored, smooth, cleanable and non-absorbent).

	<u>Floor Coverings</u>	<u>Wall Coverings</u>	<u>Ceiling Type</u>
a. Receiving Area			
b. Storage			
c. Freezer Room(s)			
d. Kitchen Cook Area			
e. Food Prep Area			
f. Bathrooms			
g. Bar Area			
h. Dining Area			
i. Other			

2. Is there a self closing door on the dry storage area? ____ yes ____no. Please indicate this area on your floor plans with the shelf arrangement.
3. Have you indicated on the site plan where the;
 a. Property lines are? ____ yes ____no
 b. Location of all structures? ____ yes ____no
 c. Adjacent streets? ____ yes ____no
 d. Outdoor seating areas? ____ yes ____no
 e. Dumpster area is? ____ yes ____no
 f. Loading area is? ____ yes ____no
4. Dumpster /garbage disposal area
 a. Is it located on a hard surface (concrete pad/asphalt)? ____yes ____no
 b. Durable, clean, and insect proof? ____yes ____no
 c. Located a reasonable distance from the facility? ____yes ____no
 d. Contain tight fitting lids, doors or covers? ____yes ____no

Supplemental Information for Health & Wellness Review:

Please provide an email address or fax #. This information will reduce delays in the process if I need additional information.

- a) E-mail address _____
 b) Fax # _____
 c) Secondary phone # _____