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## PRELIMINARY FOOD FACILITY CHECKLIST- FOOD HANDLING

		plans. If the	form is incomplete,		
	FACILITY INFORMATION				
of Facili	ty: Contact Nar	me:			
Address: Phone Number:		iber:			
incorno	rated Area (County)				
•	· · · · · · · · · · · · · · · · · · ·	t)			
•		·/·			
		sting structure	e.		
	ELECTRONIC PLANS				
Requir	rement:				
	· · · · · · · · · · · · · · · · · · ·	size 20MB) o	or a file sharing		
Plans are saved at full-size and to-scale, the scale is indicated on <u>all</u> sheets and any drawing layers or comments were flattened in the computer-aided design (CAD) program before PDF was created					
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All she	ets are labeled with sheet number and title (i.e. P1.0 Plumbing Schedule).				
Plans a	are not locked or password protected.				
Specifi	cation sheets are submitted separately in a single PDF file for all food relat	ted equipmer	nt.		
	VERIFICATION				
	•		Sheet Number:		
	Name of facility, site address, owner or contractor's mailing address, ema contact phone number is listed on plans.	il and			
	A complete list of food and beverages sold at the facility is included.				
	Site plan includes trash enclosure or dumpster location.				
	Indicate method of sewage disposal:  ☐ Sewer				
	Sewer company name (required):				
	☐ Septic:				
		<u>Jertification</u>			
	, o	eas must			
	the EHS Wastewater program.				
	Septic Systems in Incorporated Cities: Contact local City for				
	requirements.				
	NOTE: SEPTIC APPROVAL IN UNINCORPORATED AREAS IS REQUIRED PLAN APPROVAL. CONTACT THE EHS WASTEWATER PROGRAM FOR ADDITIONAL INFORMATION.	PRIOR TO			
	omitted of Facilia ss: incorpor sting St omitting Requir Plan st service Plans a were fl All plar All she Plans a Specifia te the ve	Plans are saved at full-size and to-scale, the scale is indicated on all sheets and were flattened in the computer-aided design (CAD) program before PDF was cruded are not locked or password protected.  Plans are saved at full-size and to-scale, the scale is indicated on all sheets and were flattened in the computer-aided design (CAD) program before PDF was cruded are not locked or password protected.  Plans are not locked or password protected.  Specification sheets are submitted separately in a single PDF file for all food relative the verification requirements checklist below. (Must include Sheet Number unle N/A Requirement:  Three identical sets of complete paper plans or one set of complete digits.  Plans are not locked or password protected.  Specification requirements checklist below. (Must include Sheet Number unle N/A Requirement:  Three identical sets of complete paper plans or one set of complete digits.  Plans are not locked or password protected.  Specification requirements checklist below. (Must include Sheet Number unle N/A Requirement:  Three identical sets of complete paper plans or one set of complete digits.  Name of facility, site address, owner or contractor's mailing address, ema contact phone number is listed on plans.  A complete list of food and beverages sold at the facility is included.  Site plan includes trash enclosure or dumpster location.  Indicate method of sewage disposal:  Sewer  Sewer company name (required):  Septic:  Existing Septic Systems: Existing septic systems in unincorpor must submit an Onsite Wastewater Treatment System (OWTS) to the EHS Wastewater program.  New Septic Systems in Incorporated Cities: Contact local City for requirements.  NOTE: SEPTIC APPROVAL IN UNINCORPORATED AREAS IS REQUIRED PLAN APPROVAL. CONTACT THE EHS WASTEWATER PROGRAM FOR	FACILITY INFORMATION  for Facility:  Contact Name:  Phone Number:  incorporated Area (County)		

VERIFICATION continued								
Yes	N/A	Requirement						Sheet Number:
		Indicate source of water supply:						
		□ Municip Water c		e (required):				
		□ Well/Wa	ater System					
		NOTE: A TECHNICAL, MANAGERIAL AND FINANCIAL (TMF) ASSESSMENT IS REQUIRED FOR A CHANGE OF OWNERSHIP OR A NEW WELL/WATER SYSTEM.						
		ADDITIONAL INFORMATION - AVAILABLE BY CALLING THE EHS OR AT THE State Water Resources Control Board Drinking Water Program.						
		Floor plans show all equipment, are drawn to a minimum scale of ½" = 1' and include sneeze guard locations if applicable.						
		Equipment Schedule includes make, manufacturer and model number of all equipment, all food equipment listed is American National Standards Institute/ National Sanitation Foundation (ANSI/NSF) approved for sanitation and all equipment is shown on the floor plan.						
		Equipment Specification Sheets provide manufacturer specification sheets numbered with the corresponding number on the equipment schedule for all proposed food equipment which indicates an approved ANSI/NSF sanitation listing.  NOTE: EQUIPMENT MUST BE ABLE TO SUPPORT PROPOSED MENU.						
		Finish Schedule: List the type of finish used for each area of the food facility.  (Finish schedule <u>must</u> be provided on the plans.)						
			Floor	Integral Coved Base	4' Wainscot	Walls	Ceiling	
		Example:	Sealed Concrete	Topset tile base cove with 3/8" radius keyed into ceramic tile	FRP	Drywall/ painted semi- gloss above tile	Vinyl faced T- bar panels	
		Food Prep Area						
		Dry Storage						
		Walk-in Cooler						
		Restroom(s)						
		Dishwashing Area						
		Mop Sink Area						
		Employee restrooms are located inside or within 200 feet of the facility for food court operations and have handwashing sink(s). Consumer restrooms must be provided when there is on-site dining and must be located where consumers do not pass through food preparation, food storage or utensil washing areas.						
		Mop Sink provided with chemical shelf and mop rack nearby.						
		Handwashing Sink(s) are accessible and within 25 feet of each open food handling and warewashing area.						
		Food preparation sink provided for facilities that wash, rinse, soak, thaw or similarly prepare foods.						
		Three-compartment warewashing sink with dual integral drainboards provided.						

VERIFICATION continued						
Yes	N/A	Requirement:		Sheet Number:		
		Dry Storage: Racks must be 4-tiers high, and ANSI/NSF	certified.			
		Check the applicable food facility operation:				
		☐ Full Service- Provide a minimum of 24 linear feet (96	s feet total).			
		☐ Limited Preparation- Provide a minimum of 18 linea	r feet (72 feet total).			
		☐ Bar- Provide an additional 12 linear feet (48 feet total	).			
		NOTE: BASED ON SIZE AND TYPE OF OPERATION ADDIT MAY BE REQUIRED.	IONAL STORAGE RACKS			
		Exhaust Hood: Detailed drawings, specifications and cale				
		(Completed Mechanical Exhaust Hood Data Sheet is inc	,			
		Floor sink locations are shown on the plumbing or equipr show consistent floor sink locations.				
		Select the applicable option:				
		☐ Tanked Water Heater ☐ Tankless Wa	iter Heater			
		Manufacturer Name: Manufacture	er Name:			
			per:			
			Minute (GPM) at 50°F rise			
			mountain regions):			
		The location of grease trap/interceptor is shown on the p	• ,			
		trap/interceptor is not required, provide proof from the loc				
		or a written statement that indicates a grease interceptor				
		which agency was contacted.				
		NOTE: GREASE INTERCEPTORS SHALL NOT BE LOCATE PREPARATION, STORAGE, WAREWASHING OR RESTRO				
		Entrances to food preparation areas are no wider than 3	feet (36 inches).			
		Microswitch activated air curtain provided above the deliv				
		Employee lockers are shown on the plans. If employees dressing room is required.				
		Remodels include layout of facility before and after propo				
		any change to a currently permitted food facility made by				
		COMMON REASONS FOR REJECT				
		sons for rejection are listed below. Initial in the right columne items.	acknowledging you have	Initial:		
		y enclosed.				
		n to scale or inconsistent floor plan/equipment information	on different pages.			
		cated in an unapproved location.				
		ion sink was incorrectly sized or was not provided when or				
	inks we etely exp	ere not provided for equipment producing liquid waste, composed.	ipletely covered by equipme	nt or		
Unapp	roved o	r incorrectly sized three-compartment warewashing sink.				
Mop si	nk was	not provided.				
		not provided in all food handling areas or are not conveni				
Finish	schedul	le was not provided, or plan proposed unapproved materia	ıls.			
Equipn	nent sch	nedule with make and model number was missing, incomp	lete or inconsistent.			
Unapp	roved e	quipment.				
Menu indicates food/beverages will be sold but equipment to prepare them was not provided.						
Customer seating is provided without a customer-accessible restroom.						
Restro	om is n	ot within the facility or within 200 feet for food court type or	perations.			
Exhau	st hood	information was not provided or needs correction.				

COMMON REASONS FOR RE	EJECTION continued	Initial:	
Equipment proposed requires an exhaust hood and was no	ot provided.		
Septic system was not approved for facilities in unincorporated areas.			
Domestic Water Supply Permit for use of well not obtained or initiated.			
Insufficient storage.			
Insufficient refrigeration.			
Large customer-accessible entrances to food preparation areas.			
Owner/Agent Signature:			
☐ Electronic Signature Only: By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.			
For Office	ce Use Only		
☐ Plans accepted for plan check	SR Number:		
☐ Plans NOT accepted for plan check			
Environmental Health Specialist/Technician Signature:			