



## PRELIMINARY FOOD FACILITY CHECKLIST- PREPACKAGED

Complete this form and submit it to Environmental Health Services (EHS) with proposed plans. If the form is incomplete, the submitted plans will be returned to the applicant and will delay processing.

### FACILITY INFORMATION

Name of Facility:	Contact Name:
Address:	Phone Number:
<input type="checkbox"/> Unincorporated Area (County) <input type="checkbox"/> Incorporated Area (City) *If unincorporated provide proof of plan submittal with Building and Safety (i.e., a receipt).	
<input type="checkbox"/> Existing Structure <input type="checkbox"/> New Structure *If submitting plans for a remodel all items must be completed regardless of new or existing structure.	

### ELECTRONIC PLANS

Initial:	Requirement:
	Plan sheets have been submitted to EHS in a single PDF file via email (max. file size 20MB) or a file sharing service.
	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.
	All plan sheets are legible and in proper orientation face up ( <u>not</u> sideways or upside down).
	All sheets are labeled with sheet number and title (i.e. P1.0 Plumbing Schedule).
	Plans are not locked or password protected.
	Specification sheets have been submitted separately in a single PDF file for all food related equipment.

### VERIFICATION

Complete the verification requirements checklist below. (Must include Sheet Number unless N/A.)

Yes	N/A	Requirement:	Sheet Number:
<input type="checkbox"/>	<input type="checkbox"/>	Three identical sets of complete paper plans or one set of complete digital plans.	
<input type="checkbox"/>	<input type="checkbox"/>	Name of facility, site address, owner or contractor's mailing address, email and contact phone number is listed on plans.	
<input type="checkbox"/>	<input type="checkbox"/>	A complete list of food and beverages sold at the facility is included.	
<input type="checkbox"/>	<input type="checkbox"/>	Site plan includes trash enclosure or dumpster location.	
<input type="checkbox"/>	<input type="checkbox"/>	Indicate method of sewage disposal: <input type="checkbox"/> Sewer Sewer company name ( <i>required</i> ): _____ <input type="checkbox"/> Septic: <ul style="list-style-type: none"> <li>• <b>Existing Septic Systems:</b> Existing septic systems in unincorporated areas must submit an <a href="#">Onsite Wastewater Treatment System (OWTS) Certification</a> to the EHS Wastewater program.</li> <li>• <b>New Septic Systems:</b> New septic systems in unincorporated areas must submit an <a href="#">Application for Onsite Wastewater Treatment (OWTS) Review</a> to the EHS Wastewater program.</li> <li>• <b>Septic Systems in Incorporated Cities:</b> Contact local City for requirements.</li> </ul> <p><b>NOTE: SEPTIC APPROVAL IN UNINCORPORATED AREAS IS REQUIRED PRIOR TO PLAN APPROVAL. CONTACT THE EHS WASTEWATER PROGRAM FOR ADDITIONAL INFORMATION.</b></p>	

**VERIFICATION** *continued*

Yes	N/A	Requirement:	Sheet Number:																																				
<input type="checkbox"/>	<input type="checkbox"/>	Indicate source of water supply: <input type="checkbox"/> Municipal Water Water company name ( <i>required</i> ): _____ <input type="checkbox"/> Well/Water System  <b>NOTE: A TECHNICAL, MANAGERIAL AND FINANCIAL (TMF) ASSESSMENT IS REQUIRED FOR A CHANGE OF OWNERSHIP OR A NEW WELL/WATER SYSTEM.</b>  <b>ADDITIONAL INFORMATION - AVAILABLE BY CALLING EHS OR BY VISITING <a href="#">State Water Resources Control Board Drinking Water Program</a>.</b>																																					
<input type="checkbox"/>	<input type="checkbox"/>	Floor plan shows all equipment and is drawn to a minimum scale of ¼" = 1'.																																					
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Schedule includes make, manufacturer and model number of all equipment. All food equipment listed must be American National Standards Institute/ National Sanitation Foundation (ANSI/NSF) approved for sanitation.																																					
<input type="checkbox"/>	<input type="checkbox"/>	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.  <b>NOTE: EQUIPMENT MUST BE ABLE TO SUPPORT PROPOSED MENU.</b>																																					
<input type="checkbox"/>	<input type="checkbox"/>	<b>Finish Schedule:</b> List the type of finish used for each area of the food facility. (Finish schedule <u>must</u> be provided on the plans.)  <table border="1" data-bbox="293 825 1263 1266"> <thead> <tr> <th></th> <th>Floor</th> <th>Integral Coved Base</th> <th>4' Wainscot</th> <th>Walls</th> <th>Ceiling</th> </tr> </thead> <tbody> <tr> <td><i>Example:</i></td> <td>Quarry Tile</td> <td>Quarry Tile 3/8" radius</td> <td>Ceramic Tile</td> <td>Drywall/ painted semi-gloss above tile</td> <td>Drywall/ painted semi-gloss</td> </tr> <tr> <td><b>Dry Storage</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Walk-in Cooler</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Restroom(s)</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Mop Sink Area</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Floor	Integral Coved Base	4' Wainscot	Walls	Ceiling	<i>Example:</i>	Quarry Tile	Quarry Tile 3/8" radius	Ceramic Tile	Drywall/ painted semi-gloss above tile	Drywall/ painted semi-gloss	<b>Dry Storage</b>						<b>Walk-in Cooler</b>						<b>Restroom(s)</b>						<b>Mop Sink Area</b>						
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<b>Mop Sink Area</b>																																							
<input type="checkbox"/>	<input type="checkbox"/>	Employee restrooms are located inside or within 200 feet of the facility for food court operations and have handwashing sink(s).																																					
<input type="checkbox"/>	<input type="checkbox"/>	Mop Sink provided with chemical shelf and mop rack nearby.																																					
<input type="checkbox"/>	<input type="checkbox"/>	Dry Storage: Provide a minimum of 12 linear feet (48 feet total) of minimum 4-tier ANSI/NSF certified dry storage racks.  <b>NOTE: BASED ON SIZE AND TYPE OF OPERATION ADDITIONAL STORAGE RACKS MAY BE REQUIRED.</b>																																					
<input type="checkbox"/>	<input type="checkbox"/>	Floor sink locations are shown on the plumbing or equipment floor plan. All sheets show consistent floor sink locations.																																					
<input type="checkbox"/>	<input type="checkbox"/>	Employee lockers are shown on the plans. If employees change clothing onsite, a dressing room is required.																																					
<input type="checkbox"/>	<input type="checkbox"/>	Remodels include layout of facility before and after proposed remodel. A remodel is any change to a currently permitted food facility made by the current permit																																					
<input type="checkbox"/>	<input type="checkbox"/>	Select the applicable option: <input type="checkbox"/> Tanked Water Heater Manufacturer Name: _____ Model Number: _____ BTU: _____ kW: _____ <input type="checkbox"/> Tankless Water Heater Manufacturer Name: _____ Model Number: _____ Gallons per Minute (GPM) at 50°F rise (70°F rise in mountain regions): _____																																					

<b>COMMON REASONS FOR REJECTION</b>		<b>Initial:</b>
Common reasons for rejection are listed below. Initial in the right column acknowledging you have reviewed these items.		
Facility not fully enclosed.		
Plan not drawn to scale or inconsistent floor plan/equipment information on different pages.		
Floor sinks were not provided for equipment producing liquid waste, completely covered by equipment or completely exposed.		
Mop sink was not provided.		
Finish schedule was not provided, or plan proposed unapproved materials.		
Equipment schedule with make and model number was missing, incomplete or inconsistent.		
Unapproved equipment.		
Menu indicates food/beverages will be sold but equipment to prepare them was not 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.		
<b>Owner/Agent Signature:</b>		<b>Date:</b>
<input type="checkbox"/> 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.		
<b>For Office Use Only</b>		
<input type="checkbox"/> Plans accepted for plan check	SR Number:	
<input type="checkbox"/> Plans NOT accepted for plan check		
<b>Environmental Health Specialist/Technician Signature:</b>		<b>Date:</b>