

**\*Office Use Only\***

Receipt #: \_\_\_\_\_

Amt Paid: \_\_\_\_\_

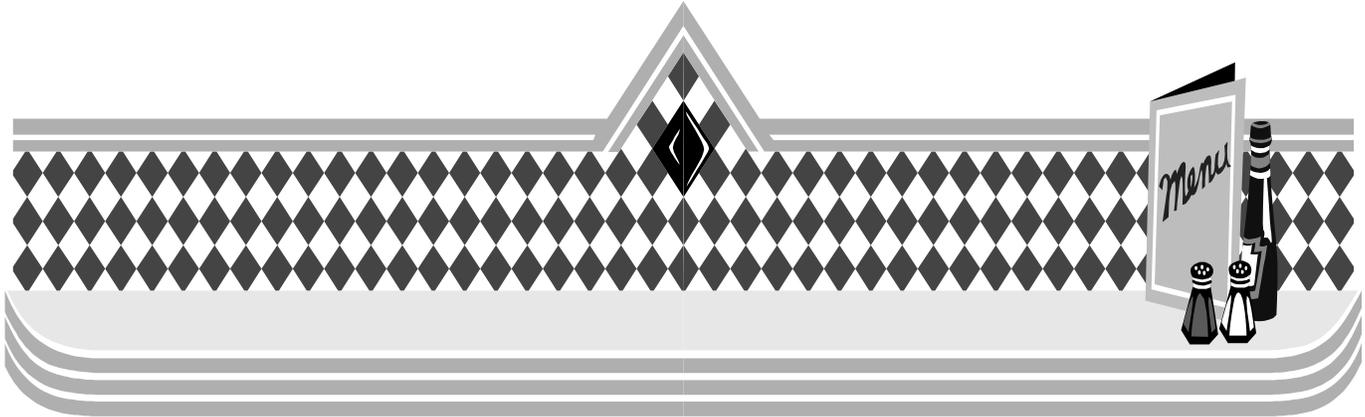
Date Rec'd: \_\_\_\_\_

Rec'd By: \_\_\_\_\_

Referred To: \_\_\_\_\_

District: \_\_\_\_\_

**Packet 2 of 2  
(Application Packet)**



ENVIRONMENTAL HEALTH SERVICES  
Formatting and Designs provided by the Maricopa County  
Environmental Services Department

**PLAN REVIEW  
PROCEDURES**  
  
for  
  
**FOOD  
ESTABLISHMENTS**



## **Table of Contents**

<b>Construction Application.....</b>	<b>3</b>
<b>User Fee Definitions.....</b>	<b>4</b>
<b>Environmental Fee Update.....</b>	<b>7</b>
<b>Development Requirements.....</b>	<b>8</b>
<b>The Menu.....</b>	<b>9</b>
<b>Plumbing Schedule.....</b>	<b>17</b>
<b>Food Equipment.....</b>	<b>18</b>
<b>Finish Schedule.....</b>	<b>19</b>
<b>Miscellaneous Items.....</b>	<b>20</b>

2625 North King Street, Flagstaff, Az. 86004  
(928)679-8750 Fax: (928)679-8771

**APPLICATION FOR APPROVAL TO CONSTRUCT, ALTER, REMODEL, IMPROVE:**

[ ] Plans, Specifications [ ] Onsite Inspection/Meeting

**Name of Project:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
(street/no.) (city) (state) (zip code)

**Phone:** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**PROJECT INFORMATION**

**Project Description:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Architect:**  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Address \_\_\_\_\_

**Project Supervisor:**  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Address \_\_\_\_\_

**Contractor:**  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Address \_\_\_\_\_

**Other:**  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Address \_\_\_\_\_

**Other:**  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Address \_\_\_\_\_

**Construction Time Estimates: \*\*\*\*\***  
Start of Construction: \_\_\_\_\_  
End of Construction: \_\_\_\_\_

**DOCUMENTS SUBMITTED:** \_\_\_\_\_

**CONSTRUCTION AGREEMENT:**

The undersigned hereby agree to construct the facilities according to the approved plan documents/specifications. The undersigned also understands that said plan documents/specifications must be reviewed and approved prior to construction.

\_\_\_\_\_  
(Type or Print Name) (Affiliation) (Signature) (Date)

\_\_\_\_\_  
(Type or Print Name) (Affiliation) (Signature) (Date)

# User fee definitions

## ENVIRONMENTAL HEALTH

A permit shall be issued to operate any of the following facilities. This includes one to two on-site inspections of the facility, an itemized review and education. These inspections are required by law.

Additional Follow-up Inspection: A fee charged for **more than** three inspections per year for any single facility.

Pre-Opening Inspections: Inspection of a facility that is opening under a new license, or a facility that has been closed and requires inspection before re-opening.

### TYPE I FOOD SERVICE LICENSE:

1. Only commercially processed pre-packaged potentially hazardous foods are available or served; and/or
2. Only limited preparation of non-potentially hazardous foods and beverages; and/or
3. Only non-potentially hazardous beverages are served or dispensed.

### TYPE II FOOD SERVICE LICENSE:

1. Foods prepared from raw (not cooked) ingredients require only minimal assembly; and/or
2. Hot or cold preparation is restricted to same day service; and/or
3. Commercially processed foods requiring only minimal assembly; and/or
4. Food processors that process only non-potentially hazardous foods for wholesale and distribution.

### TYPE III FOOD SERVICE LICENSE:

1. Preparing and holding hot or cold food for more than 12 hours before serving; and/or
2. Cooking and cooling of foods as part of the handling process; and/or
3. Preparing food for off-site service; and/or
4. Vacuumed packaging and or other forms of reduced oxygen packaging are performed at the retail level; and/or
5. Food processors that process potentially hazardous foods for wholesale and distribution; and/or
6. A food service for a HIGHLY SUSCEPTIBLE POPULATION.

Co-located Food Service License: This permit is for a food service business that is located on the same premises and uses the same equipment, food preparation area and facilities as another food service business that is owned by the same owner. The original permit cost will be for the highest level of food service type; the second permit of equal or lower level of food service

type will be charged for the co-located license that may be a FS1, FS2, or a FS3.

Seasonal Food Service Permits: A seasonal permit applies to food service operations that operate 6 months or less, meet all Food Code equipment and plumbing requirements, and operate outside of a special event. Facilities that qualify for a seasonal permit may include: Little league snack bars, some food stands, and some mobile food units. The following permits are good for 6 months:

Temporary Food Service Permits: The following permits are good for 6 months unless otherwise specified:

- Non-profit food and samplers ( $\leq$  6mos)
- For profit vendors - one event only
- For profit food at non-profit event; vendors that sell non-phf's (lemonade, etc.) ( $\leq$  6mos)
- For profit vendors ( $\leq$  6mos)
- For non-profit vendors ( $\leq$  6mos)
- Temporary Group (Mass) Event (1 event)
- Temporary Group (Mass) Event ( $\leq$  6 mos)
- *Penalty fee* for application received less than 10 days before the event
- *Penalty fee* for application received at the event

Food Handler Certificate: A course that is required for anyone who handles food for the public (except individuals that have a Food Manager Certificate), which is obtained by taking the approved Food Handler Course; the certificate is valid for three years.

Food Manager Certificate: A course that is required for at least one person per shift (or a minimum of two per establishment) for any food service establishment, which is obtained by taking the approved Food Manager Course; the certificate is valid for three years.

Food Manager Re-certification: Food handlers who already hold a Food Manager Certificate from the County may renew their three-year certificate by re-taking the exam without re-taking the class.

River Guide Certificate: A course for commercial river guides who handle food, water and waste; the certificate is valid for three years.

Body Art Certificate: A course for body artists; the certificate is valid for two years.

Trailer Parks/Campgrounds: Sanitary inspection of places people park trailers and motor homes, and places people camp.

School Inspection > 500: Sanitary inspections of public, private and parochial schools with more than 500 students.

School Inspection < 500: Sanitary inspections of public, private and parochial schools with less than 500 students.

Motel/Hotel: Sanitary inspections of places the public sleeps overnight or for several nights.

Spa: Sanitary inspection of small pools of water used by people in public places or by multiple non-related people, e.g., hot tub in hotel or apartment complex.

Swimming Pool: Sanitary inspections of large pools of water used by the public for swimming and playing, e.g., schools, recreation centers, hotels, etc.

Type 3 Food Service Plan Review: Plan reviews for the highest risk food services including restaurant, bakery, catering, day care, and school cafeteria.

Type 2 Food Service Plan Review: Plan reviews for medium risk food services including ice manufacturing, meat department, limited services, food processing, bed & breakfast, rafting warehouse, river outfitter, mobile food unit.

Type 1 Food Service Plan Review: Plan reviews for lower risk food services including bar/lounge, retail food, food warehouse, vending machine operator.

Food Service Minor Remodel Plan Review: Plan reviews for the remodeling of the highest risk food services including restaurant, bakery, catering, day care, and school cafeteria.

Trailer Parks/Campgrounds Plan Review: Plan reviews for places people park trailers and motor homes, and places people camp.

Motel/Hotel Plan Review: Plan reviews for places the public sleeps overnight or for several nights.

Schools Plan Review: Plan reviews for all new schools, public or private, for grades kindergarten through 12<sup>th</sup> grade.

Body Art Facility Plan Review: Plan reviews for facilities that provide body art.

Revised by meg 11-1-07



## The Menu

Please provide the following information:

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Phone if Available: \_\_\_\_\_ Fax if Available: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Owner Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Hours of Operation: Sunday \_\_\_\_\_ Thursday \_\_\_\_\_  
Monday \_\_\_\_\_ Friday \_\_\_\_\_  
Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_  
Wednesday \_\_\_\_\_

Seating Capacity: Inside \_\_\_\_\_ Outside \_\_\_\_\_

Number of Staff/Maximum Per Shift: \_\_\_\_\_

Total Square Footage of Facility: \_\_\_\_\_

Maximum meals to be served Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_  
(Approximate) Dinner \_\_\_\_\_ Other \_\_\_\_\_

Type of Activity (Circle All That Apply): Sit Down Meals Take-Out Meals  
Drive-Thru Grocery Bakery Meat Bar Caterer Warehouse Processor  
Deli Continental Breakfast Snack Bar Buffet  
Other (describe): \_\_\_\_\_

List ALL related areas (example: grocery store with deli & bakery & meat market; OR restaurant with bar & buffet).

---

---

---

## FOOD PREPARATION REVIEW

Check all categories of Potentially Hazardous Foods (PHF's) to be displayed, stored, transported, handled, prepared, processed, served etc.

CATEGORY	[YES]	[NO]
1. Thin meats, poultry, fish eggs (hamburger, sliced meats; fillets)	[   ]	[   ]
2. Thick meats, whole poultry (roasts, whole turkey, chicken, ham)	[   ]	[   ]
3. Cold processed foods (salads, sandwiches, vegetables)	[   ]	[   ]
4. Hot processed foods (soups, stews, chowders, casseroles)	[   ]	[   ]
5. Bakery goods (pies, custards, creams)	[   ]	[   ]
6. Other _____		

Please Answer the Following Questions:

1. Are all foods supplied from inspected and approved sources? YES NO  
(If "NO", please explain): \_\_\_\_\_

2. Is there adequate refrigeration and freezer space available to store all potentially hazardous foods (PHF's) at 41°F or less? YES NO Number of refrigeration units: \_\_\_\_\_ Number of freezer units: \_\_\_\_\_

3. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with ready-to-eat foods? YES NO If "YES" how will cross-contamination be prevented? \_\_\_\_\_

4. Does each refrigerator/freezer have a thermometer? YES NO

5. Is there a bulk ice machine available? YES NO

6. Are there any blast chillers available? YES NO

7. Thawing:

Please indicate by checking the appropriate boxes how potentially hazardous foods (PHF'S) in each category will be thawed?

	Thick Meats	Thin Meats	Cold Foods	Hot Foods	Baked
Refrigeration	[ ]	[ ]	[ ]	[ ]	[ ]
Running Cold Water Less than 70°F	[ ]	[ ]	[ ]	[ ]	[ ]
Microwave (as part of cooking process)	[ ]	[ ]	[ ]	[ ]	[ ]
Cooked Frozen (indicate weight)	[ ]	[ ]	[ ]	[ ]	[ ]

Other (describe)

---

---

---

8. List types of cooking/re-heating equipment:\_\_\_\_\_

---

---

9. How will hot PHF's be maintained at 140°F and above during holding-for-service periods (include customer self-service, catering, transportation, etc.)? Indicate type and number of hot holding units:\_\_\_\_\_

---

---

---

10. How will cold PHF's be maintained at 41°F and below during holding-for-service periods (include customer self-service, catering, transportation, etc.)? Indicate type and number of cold holding units:\_\_\_\_\_

---

---

---

11. Cooling:

Please indicate by checking the appropriate boxes how PHF's will be cooled to 70°F or less within 2 hours, then to 41°F or less within 4 hours.

	THICK MEATS	THIN MEATS	COLD FOODS	HOT FOODS	BAKED GOODS
Shallow Pans	[ ]	[ ]	[ ]	[ ]	[ ]
Ice Baths	[ ]	[ ]	[ ]	[ ]	[ ]
Cold Water Baths	[ ]	[ ]	[ ]	[ ]	[ ]
Reduce Volume	[ ]	[ ]	[ ]	[ ]	[ ]
Rapid Chill	[ ]	[ ]	[ ]	[ ]	[ ]

Other (describe) \_\_\_\_\_

---

---

---

12. Please list categories of food to be prepared more than 12 hours in advance of service:

---

---

---

---

13. Number of Coconino County Public Health Services District Certified Food Managers: \_\_\_\_\_

14. Number of Coconino County Public Health Services District Certified Food Handlers: \_\_\_\_\_

15. Will disposable gloves or other utensils be used to minimize handling of ready-to-eat foods? YES NO Specify: \_\_\_\_\_

16. Is there an established policy to exclude or restrict food workers who are sick or who have infected cuts or lesions? YES NO Please Describe:\_\_\_\_\_

---

---

17. List and describe ALL equipment to be used for the cleaning and sanitation of food contact equipment and utensils:\_\_\_\_\_

---

---

---

18. How will cooking equipment, cutting boards, counter tops, and other food contact surfaces which cannot be submerged in sinks or be put through a dishwasher be sanitized?\_\_\_\_\_

---

19. Chemical Type of Sanitizer: Chlorine/Bleach Iodine Quaternary Ammonia (Please circle which type or types)

Concentration:\_\_\_\_\_

Type of Test Kit:\_\_\_\_\_

Other Clean-in-Place):\_\_\_\_\_

20. How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed or assembled?

---

---

---

21. Is there an indirectly connected food prep sink provided for washing produce and/or for other food preparation such as thawing? YES NO

22. Describe ALL procedures to be employed for minimizing the length of time PHF's will be kept in the temperature danger zone (41-140°F) during times of preparation:

---

---

---

---

23. Is there an adequate number of hand washing sinks provided (in addition to those found in restrooms) that are convenient and easily accessible to all food preparation, dishwashing and service areas? (Note: NOT simply a function of horizontal distances – must consider both physical and operational “barriers”) YES NO Number of hand wash sinks provided:\_\_\_\_\_

24. Will there be any transportation of food and/or food-related items away from your facility (delivery services, catering services, food peddling, etc.) YES NO  
(If “YES”, please describe below, AND include “temperature-control” and “contamination-prevention” methodologies.)

a. Vehicle (s) description:\_\_\_\_\_

\_\_\_\_\_.

b. Transport containers description:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. “Packaged” food/beverage? YES NO

Please describe:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. “Unpackaged” food/beverage? YES NO

Please describe:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e. Equipment/Dinnerware/Utensils/etc.? YES NO

Please describe\_\_\_\_\_

25. Will there be any “Customer Self-Service” activities (salad bars, buffets, condiment/utensil/beverage dispensers, hot dog machines, bulk foods, etc.)? YES NO (If “YES”, please describe below, AND include “temperature-control” and “contamination-prevention” methodologies.)

a. “Packaged” food/beverage? YES NO

Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b. “Unpackaged” food/beverage? YES NO

Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

c. Multi-use (reusable) “Dinnerware/Glassware/Utensils”? YES NO

Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

d. Single-Service “Dinnerware/Dinnerware/Utensils”? YES NO

Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

26. Will the establishment offer raw or undercooked PHF’s? YES NO (Note: If “YES” a Consumer Advisory is required on your menu).

Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

27. Will the establishment prepare, offer for sale, or serve PHF's using "time alone", rather than "time and temperature", as the public health control. YES NO

Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(IF "Yes", provide separate written standard operating procedures for each food item).

28. Will the establishment prepare food for a highly susceptible population? YES NO

Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

29. Is there a three bin sink with two drain boards available? (Note: Mandatory in situations where multi-use utensils and etc., need to be washed and sanitized) YES NO

30. Is there a dishwashing machine available? (Optional) YES NO If "YES" is it:  
Lo-temp (Chemical) Hi-temp

31. Is an accurate metal stem thermometer available? YES NO

32. Please provide a "MENU" with your submittal of this application packet. The plan review cannot be completed without a menu submission.

# Plumbing Schedule

Indicate all plumbing connections applicable to the establishment.  
Please print. Write "N/A" if not applicable.

	Indirect drain connection/Air Gap	Direct drain connection/P-Trap	Backflow Preventers	Condensate Pump	Locations on plans/drawings
Sinks:					
Hand sink					
Mop					
3-comp					
Food Prep					
Dishwashers					
Ice Machines					
Water Stations					
Refrigeration Equipment					
Steam Tables					
Dipper Wells					
Beverage Stations					
Garbage Disposals					
Other					

Remarks:



# Finish Schedule

Indicate which type of materials will be used in the following areas:  
Please print. Write "N/A" if not applicable.

Rooms	Floors	Walls	Base/Cove	Ceilings	Remarks:
Cooking Area					
Food Prep Area					
Food Storage					
Other Storage					
Restrooms					
Dressing Rooms					
Garbage & Refuse Storage					
Mop Sink Areas					
Ware Washing					
Bar Area					
Walk-in Freezers and Refrigerators					

Other:

# Miscellaneous Items

## Lighting

1. Restrooms at 20 foot candles at 30 inches = Yes or No
2. Hand wash station at 20 foot candles at 30 inches = Yes or No
3. Under hood area at 20 – 50 foot candles at 30 inches = Yes or No
4. Walk-in at 10 foot candles at 30 inches = Yes or No
5. Dry storage areas at 10 foot candles at 30 inches = Yes or No
6. Customer self-service areas at 20 foot candles at 30 inches = Yes or No
7. Cooking and food prep areas at 20 – 50 foot candles at 30 inches = Yes or No
8. Reach-in refrigeration units at 20 foot candles at 30 inches = Yes or No
9. Lights shielded in areas where there is exposed food, clean equipment, utensils and linens, or unwrapped single-service and single use articles = Yes or No

## Ventilation

1. Restrooms mechanically ventilated = Yes or No
2. Required hoods are sanitation underwritten by A.N.S.I –affiliated laboratory (NSF approved = Yes or No)
3. Required hoods are fitted with correct filters (if required) = Yes or No

## Doors

1. Restroom doors are self-closing, tight fitting = Yes or No
2. Outer doors are self-closing, tight fitting = Yes or No
3. If outer screen door used as barrier it is self-closing, tight fitting and 16 grid per square inch = Yes or No
4. Door surfaces exposed to interior of kitchens and restrooms smooth-surfaced, easy-to-clean and washable = Yes or No

## Windows

1. Exterior windows tight-fitting, fixed, screened (16 grid per square inch) or self-closing = Yes or No
2. Window surfaces exposed to interior of kitchens and restrooms smooth-faced, easy-to-clean and washable = Yes or No

## Other

1. Water at kitchen and restroom hand sinks provides hot water at 110°F or greater and cold water = Yes or No
2. Mixing faucet provided at kitchen and restroom hand sinks = Yes or No
3. Single use sanitary hand drying devices provided at kitchen and restroom hand sinks = Yes or No
4. Dispensed soap provided at kitchen and restroom hand sinks = Yes or No
5. Covered waste receptacles provided at women's/unisex restrooms = Yes or No
6. If air curtains utilized they are sanitation underwritten by A.N.S.I –affiliated laboratory (NSF approved = Yes or No)
7. Food Managers are certified = Yes or No
8. Food Handlers are trained = Yes or No
9. Trash service approved = Yes or No
10. Dumpster/cans and tallow bins on pad of Asphalt/Concrete = Yes or No
11. Refrigeration thermometers = Yes or No
12. Stem type thermometers = Yes or No
13. Test kits for sanitizers = Yes or No
14. Food prep sinks located away separate from other sinks to avoid contamination = Yes or No
15. Storage areas for cleaning and utility equipment located away from where there is exposed food, clean equipment, utensils and linens, or unwrapped single-service and single use articles = Yes or No

## General Construction

1. Wall-to-wall, wall-to-floor and wall-to-ceiling junctures sealed = Yes or No
2. Junctures between fixed equipment and walls, floors, ceilings and other fixed equipment sealed or space gapped to allow easy accesses = Yes or No
3. All plumbing and electrical conduits concealed within the structure as much as possible = Yes or No
4. Where not possible lines are at least  $\frac{3}{4}$  inch away from wall or ceiling and at least 6 inches off the floor = Yes or No
5. Structural penetrations around lines are sealed = Yes or No
6. Conduit or plumbing lines not installed across aisle, traffic area, doorway or at the floor surface = Yes or No
7. All food equipment holding food and beverage equipped with a drain line drained indirectly to the sewer through an air gap of at least one inch and suspended above the floor sink or floor drain = Yes or No
8. Floor sinks and floor drains installed flush to floor finish and are accessible for cleaning = Yes or No

