### PLAN REVIEW SPECIFICATION WORKSHEET/OPENING INSPECTION CHECKLIST

**ATTACH TO APPLICATION**

1. Establishment Name:__________________________________________________________  
   Address:_____________________________________________________________________

2. Type Review: [ ] New Establishment [ ] Extensively Remodeled [ ] Not previously licensed by FDOH-H  
   [ ] Closed one or more years

3. Construction Finishes:  
<table>
<thead>
<tr>
<th>Floor*</th>
<th>Wall</th>
<th>Ceiling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Prep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wash Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rest rooms</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   *Coving materials: ____________________________________________________________

**Section Code:**  
S-Satisfactory  U- Unsatisfactory  NA-Not Applicable  C-Caution  
(information inadequate or potential violation, will be checked during inspections)

**O.I. P.R.**

4. [ ] Floors graded to floor drains
5. [ ] No unnecessarily exposed utility lines, pipes on floors, walls, or ceilings
6. [ ] No exposed studs, joists, rafters allowed in walk-ins, food preparation, dish washing areas or toilet rooms. If exposed in other areas, they must be cleanable.
7. [ ] Wall panels, coverings closed at joints, sealed to wall and ceiling.

   Comments: ____________________________________________________________________

**Sinks/Dishmachines**

8. [ ] Sanitizing facilities provided when potentially hazardous food prepared and/or customer dishes re-used: [ ] 3 compartment sink [ ] dishmachine  
   Dishmachine model___________________________________________________________  
   Type: Chemical ______ 180°______ 165°______ Booster ____________________________
9. [ ] Sinks with drain boards (or equiv.), self-draining  
   No. shown: ______, ______, ______ compartments
10. [ ] Compartments sized to accommodate equipment
11. [ ] Adequate facilities to air dry dishware, utensils, equipment
12. [ ] Adequate facilities to store cleaned and soiled utensils, equipment
13. [ ] One compartment food prep sinks. No. shown ______
14. [ ] Hand sink(s) in food prep area(s). No. shown ______
15. [ ] Hand sink in remote mechanical dishwash area
16. [ ] Hot and cold water supplied to all sinks where required

   Comments: ____________________________________________________________________
Equipment: Installation/Design

17. Ice produced and stored in protected area
18. Displayed food protected
19. Running water dipper well for bulk ice cream service
20. Beverage tubing installed properly
21. Adequate storage facilities (dry & refrigerated)
22. Open shelving to be at least 6" above floor
23. Equipment designed to facilitate cleaning, e.g., no raw wood, pegboard, contact paper
24. Equipment installed to facilitate cleaning, e.g., easily cleaned beneath, behind, between
25. Tabletop equipment, not easily movable, not sealed shall be on legs at least 4" high
26. Floor mounted equipment, not easily movable, not sealed shall be on raised platforms or on legs at least 6" high

Comments: ______________________________

Plumbing

27. Backsiphonage and backflow protection if no air gap/break
28. Faucets with hose fitting to have backflow protection device
29. Refrigeration waste piping shall discharge indirectly into floor drain or receptor approved by local plumbing authority
30. Food, equipment, and utensils shall not be placed under exposed sewer lines
31. Restrooms provided for employees and patrons
32. Restrooms accessible by customers without going through food preparation area
33. Restroom doors to be self-closing
34. Hot and cold water to all lavatories used by employees
35. Water heaters located near where hot water is required
36. Wastewater from cleaning of containers drained to sanitary sewer (mopsink/canwash)

Comments: ___________________________________________________________________

Other Facilities

37. Designated area for employee belongings
38. Laundry facilities separate or in storage area only
39. Adequate storage area for maintenance and cleaning equipment
40. Adequate lighting provided. Minimum 20 ft-c on working surfaces, 10 ft-c on other surfaces
41. Lights shielded, coated, covered where food stored, prepared, displayed where food is open or exposed
42. All rooms and equipment that produce appreciable quantity of steam, obnoxious odors, fumes, vapors, grease, smoke to be vented to outside, including restrooms
43. Food service separate from living quarters.
44. Walking and driving surfaces shall be constructed to minimize dust and graded to prevent pooling of water

Comments: ___________________________________________________________________

Solid Waste

45. Waste container, grease receptacle, compactor on smooth non-absorbent surface
46. Compactor area drained to sanitary sewer

Comments: ___________________________________________________________________

Water Supply

47. Type of Supply: Municipal/Public Utility ____ On-Site well ____ Other ____
48. Name of Supplier ___________________________________________
49. Written approval for use issued by/Confirmed: __________________ Date: ____/____/____
50. Public Water system permit number and type: __________________

Comments: ___________________________________________________________________
O.I. P.R. LOG NUMBER ______________

Waste Water Disposal
51. Type of System: Municipal/Public Utility ____ Pkg. Plant ____ OSTDS __
52. Written approval for use issued by/Confirmed: ___________________ Date: ____/____/____
53. Name of System ____________________________________________
54. OSTDS Permit No. _______ Tank Size _______gal. Drainfield _______sq.ft.
55. Grease Trap _______ gal. Location of grease trap (may not be in food storage, prep or storage area) ____________________________________________
Comments: ______________________________________________________

Seating Capacity
56. Maximum seating capacity, if limited by FDOH-H _________
Comments: ______________________________________________________

Plans APPROVED with noted provisos to be corrected prior to opening □

Plans DENIED as submitted □ - RESUBMIT corrected plans as indicated.
Comments: ______________________________________________________

This Plan Review is valid for a period of One Year from the date listed below. The applicant is responsible for adhering to applicable FAC 64E-11 code changes which may occur between the Plan Review and the Permitting period. All items will be verified during construction and pre-opening inspections. Establishment is to meet all applicable standards of FS Chapter 381 and FAC Chapter 64E-11. Applicant understands that this review comprises ONLY those standards outlined in these codes, and separate approvals from other State and local agencies may be necessary.

It is the owner’s responsibility to review compliance with this checklist prior to requesting a pre-opening inspection. A satisfactory pre-opening inspection must be completed by the FDOH-H and all permit fees must be paid prior to opening the facility to the public.

Reviewer Signature __________________________ Date ____/____/____
Applicant Signature __________________________ Date ____/____/____
(Print Name) ___________________________ Phone _________________
Opening inspection comments ______________________________________________________

______________________________________________________________