

REVIEWER _____
Date Reviewed ____/____/____

LOG NUMBER _____
Date Received ____/____/____

Florida Department of Health / Hillsborough
ENVIRONMENTAL HEALTH SERVICES (813) 307-8059

**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:	Floor*	Wall	Ceiling
Food Prep			
Food Storage			
Wash Area			
Rest rooms			

*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: 4 ___, 3 ___, 2 ___ 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 _____

