



City of Moline

PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion	Projected Start Date: _____
	Projected Completion Date: _____

TYPE OF FOOD OPERATION: Restaurant Institution Daycare Retail food store Other: _____

FOOD ESTABLISHMENT INFORMATION

Name of Establishment: _____

Establishment Address: _____	City: _____	State: _____	ZIP: _____
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OWNERSHIP INFORMATION

Name of Owner: _____

Address: _____	City: _____	State: _____	ZIP: _____
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Email: _____	Phone Number: _____
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APPLICANT INFORMATION (e.g., ARCHITECT/ENGINEER/GENERAL CONTRACTOR)

Applicant Name: _____	Contact Person: _____
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Applicant Mailing Address: _____	City: _____	State: _____	ZIP: _____
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Email: _____	Phone Number: _____
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FOOD OPERATION INFORMATION

Hours/Days of Operation <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____	Restaurant Seating Capacity # of Indoor Seats: _____ # of Outdoor Seats: _____ Square Feet of Facility: _____	Type of Service (check all that apply) <input type="checkbox"/> On-site consumption <input type="checkbox"/> Off-site consumption <input type="checkbox"/> Catering <input type="checkbox"/> Single-use utensils <input type="checkbox"/> Multi-use utensils <input type="checkbox"/> Other: _____	Employees Max per shift: _____ Maximum meals to be served <input type="checkbox"/> Breakfast _____ <input type="checkbox"/> Lunch _____ <input type="checkbox"/> Dinner _____
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The following documents must be submitted along with this application:

- Proposed menu or complete list of food and beverages to be offered (including seasonal, catering and banquet menus) – **Standard Operating Procedures or HACCP plans may be required.**
- Plans must be clearly drawn to scale, minimum 11 x 14 inches in size and include these items below:
 - The floor plan must identify: food preparation, serving and seating areas, restrooms, office/employee space, storage, mop sink, grease interceptor and trash area. Include location of any outside equipment or facilities (dumpsters, well, septic system-if applicable, grease interceptor).
 - Provide equipment layout and specifications, clearly numbered and cross-keyed with the equipment list. *Elevation drawings may be requested by the Regulatory Authority.*
 - Identify handwashing, warewashing and food preparation sinks.
 - Plumbing layout may be requested, showing the sewer lines, cleanouts, floor drains, floor sinks, vents, grease trap or grease interceptor, hot and cold water lines, and direction of flow to sanitary sewer.
 - Provide exhaust ventilation layout including location of hood and make-up air returns and ducts, if applicable.
 - Lighting plan, indicating the exact foot candles for each area as required by the FDA Food Code (§6-303.11).
 - Finish schedule showing floor, coved base, wall and ceilings for each area shown on the plans.

Note: A color coded flow chart may be requested by the Regulatory Authority demonstrating flow patterns for: food (receiving, storage, preparation, service); dishes (clean, soiled, cleaning, storage); trash (service area, holding, storage, disposal).

Signature: _____	Date: _____
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Print Name: _____	Title: _____
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FOOD PREPARATION PROCEDURES

FOOD DELIVERY

1. How often will frozen foods be delivered? Daily Weekly Other: _____
2. How often will refrigerated foods be delivered? Daily Weekly Other: _____
3. How often will dry foods or supplies be delivered? Daily Weekly Other: _____

FOOD STORAGE* - Identify amount of space (in cubic feet) allocated for:

Dry Storage _____; Refrigerated Storage (41°F) _____; Frozen Storage _____; Utensil Storage _____

* Identify on plans where storage will be located.

INSTRUCTIONS: Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

PROCESS	IDENTIFY FOOD ITEMS	INDICATE LOCATION AND EQUIPMENT	MEETS CRITERIA (RA to circle and Initial)
Washing FDA Food Code §3-302.15			YES/NO
Thawing FDA Food Code §3-501.13			YES/NO
Cooking FDA Food Code §3-401			YES/NO
Hot Holding Hot food maintained at 135°F			YES/NO
Cooling Time/Temperature Control for Safety food will be cooled to 41°F within 6 hours; 135°F to 70° in 2 hours			YES/NO
Reheating Food must be reheated to a temperature of 165° for 15 seconds within 2 hours			YES/NO

FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, 4" plastic coved molding, etc.). Indicate Not Applicable (NA) as appropriate.

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING	MEETS CRITERIA (RA to circle and Initial)
Food Preparation					YES/NO
Dry Food Storage					YES/NO
Warewashing Area					YES/NO
Walk-in Refrigerators and Freezers					YES/NO
Service Sink					YES/NO
Refuse Area					YES/NO
Toilet Rooms and Dressing Rooms					YES/NO
Other: Indicate					YES/NO
Identify the finishes of cabinets, countertops, and shelving:					

PHYSICAL FACILITIES

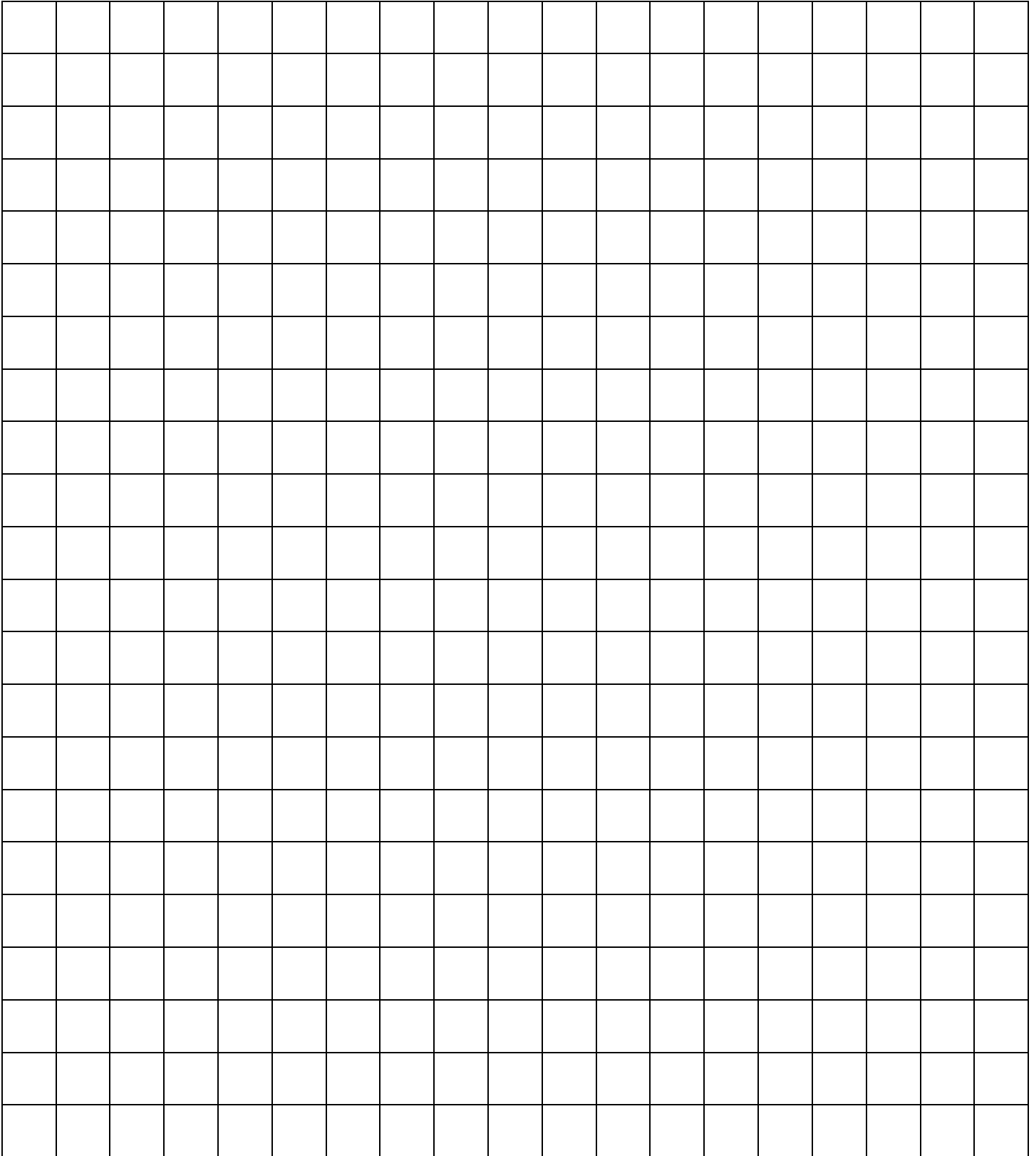
INSTRUCTIONS: Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

TOPIC	MINIMUM CRITERIA	MEETS CRITERIA Circle and Initial)
Handwashing facilities	<ul style="list-style-type: none"> • Identify number of the handwashing sinks in food preparation and warewashing areas: ____ Food Preparation ____ Warewashing Area • Type of hand drying device? <input type="checkbox"/> Disposable towels <input type="checkbox"/> Hand-drying device 	YES/NO
Warewashing Facilities	<p>MANUAL DISHWASHING</p> <ul style="list-style-type: none"> • Identify the length, width, and depth of the compartments of the 3-compartment sink: _____ • Will the largest pot/ pan fit into each compartment of the 3-compartment sink? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments? _____ • Describe size, location and type (drain boards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space: _____ • What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water <p>MECHANICAL DISHWASHING</p> <ul style="list-style-type: none"> • Identify the make and model of the mechanical dishwasher: _____ • What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water Will ventilation be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No 	YES/NO
Water Supply	<ul style="list-style-type: none"> • Is the water supply public or non-public/private? public <input type="checkbox"/> non-public/private <input type="checkbox"/> <ul style="list-style-type: none"> ○ If private, has source been approved? <input type="checkbox"/> Yes* <input type="checkbox"/> No ○ *Attach copy of written approval and/or permit. • Is ice made on premises or purchased commercially? <input type="checkbox"/> Made on-site <input type="checkbox"/> Purchased • Will there be an ice bagging operation? <input type="checkbox"/> Yes <input type="checkbox"/> No 	YES/NO

Sewage Disposal	<ul style="list-style-type: none"> • Is the sewage system public or non-public/private? public <input type="checkbox"/> non-public/private <input type="checkbox"/> If private, has the sewage system been approved? <input type="checkbox"/> Yes* <input type="checkbox"/> No Attach copy of written approval and/or permit. • Will grease traps/interceptors be provided? <input type="checkbox"/> Yes* <input type="checkbox"/> No *Identify location on site plan. 	YES/NO
Backflow Prevention	<ul style="list-style-type: none"> • Will all potable water sources be protected for backflow? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are all floor drains identified on the floor plan? <input type="checkbox"/> Yes <input type="checkbox"/> No 	YES/NO
Toilet Facilities	<ul style="list-style-type: none"> • Identify locations and number of toilet facilities: _____ • Hot and cold water provided? <input type="checkbox"/> Yes <input type="checkbox"/> No 	YES/NO
Dressing Rooms	<ul style="list-style-type: none"> • Will dressing rooms be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No • Describe storage facilities for employee personal belongings _____ 	YES/NO
Linens	<ul style="list-style-type: none"> • Will linens be laundered on site? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what will be laundered and where? _____ If no, how and where will linens be cleaned? _____ • Identify location of clean and dirty linen storage: _____ • How often will linens be delivered and picked up? 	YES/NO
Poisonous/Cleaning Storage	<ul style="list-style-type: none"> • Identify the location and storage of poisonous or toxic materials • Where will cleaning and sanitizing solutions be stored at workstations? _____ • How will these items be separated from food and food-contact surfaces? _____ 	YES/NO

Pest Control	<ul style="list-style-type: none"> • Will all outside doors be self-closing and rodent proof? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will screens be provided on all entrances left open to the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will all openable windows have a minimum #16 mesh screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will insect control devices be used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will air curtains be used? If yes, where? _____ <p>Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.</p>	YES/NO
Refuse, Recyclables, and Returnables	<ul style="list-style-type: none"> • Will refuse/garbage be stored inside? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ • Identify how and where garbage cans and floor mats will be cleaned? _____ • Will a dumpster or a compactor be used? <input type="checkbox"/> Dumpster <input type="checkbox"/> Compactor • Identify locations of grease storage containers: _____ • Will there be an area to store recyclables? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ • Will there be an area to store returnable damaged goods? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ • If drive through window is provided, where will the refuse can be located? _____ *Identify location on site plan. 	YES/NO

FLOOR PLAN



RISK ASSESSMENT SHEET FOR FOOD ESTABLISHMENTS

Name of Establishment _____

CATEGORY I

Relative High Risk of causing foodborne illness

- | | Yes | No |
|--|--------------------------|--------------------------|
| • Cooling of TCS (Time and Temperature Control for Safety) foods. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Preparing and holding (hot or cold) TCS foods for more than 12 hours before serving. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Extensive handling of raw ingredients and hand contact with ready-to-eat foods. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Reheating TCS foods which have been previously cooked and cooled. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Vacuum packaging and/or other forms of reduced oxygen packaging or other special processes that requires an HACCP plan are performed at the retail level. (Food service establishments and food retail stores) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Serving of immunocompromised individuals (where these individuals comprise the majority of the consuming population). | <input type="checkbox"/> | <input type="checkbox"/> |

CATEGORY II

Relative Medium Risk of causing foodborne illness

- | | Yes | No |
|--|--------------------------|--------------------------|
| • Preparing foods for service from raw ingredients using minimal assembly. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Hot or cold holding is restricted to same day service. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Foods requiring complex preparation are obtained (canned, frozen, fresh prepared) from approved processing establishments. | <input type="checkbox"/> | <input type="checkbox"/> |

CATEGORY III

Relative Low Risk of causing foodborne illness

- | | Yes | No |
|--|--------------------------|--------------------------|
| • Only pre-packaged foods are available or served. | <input type="checkbox"/> | <input type="checkbox"/> |
| • TCS foods are commercially pre-packaged in an approved processing establishment. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have limited preparation TCS foods and beverages such as snack foods and carbonated beverages. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Only beverages are served (alcoholic or non-alcoholic). | <input type="checkbox"/> | <input type="checkbox"/> |

Risk Category: _____

Date: _____

Signature: _____

Reasons: _____