



**KANAWHA-CHARLESTON HEALTH DEPARTMENT**  
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Dr. Steven Eshenaur, DO, MBA  
Executive Director/Health Officer

## **FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

The permit applicant must submit plans and specifications at least 45 days prior to the start of construction, conversion, or remodeling.

### **A PLAN REVIEW FEE MUST ALSO BE SUBMITTED.**

Food 76+ seats, Hotel 51+ rooms, - **\$325.00**

Food 26-75 seats, Hotel 0-50 rooms, - **\$225.00**

Food 0-25 seats, Bed and Breakfast - **\$125.00**

**IMPORTANT:** This information must be accompanied with the following documents:

1. A floor plan drawn to scale indicating the location of all food service equipment including toilet rooms, dining areas, fixtures and plumbing details provided therein.
2. A list of all food service equipment including manufacturer and model numbers.
3. Proposed menu.

**FAILURE TO PROVIDE ALL OF THE ABOVE DOCUMENTS WILL RESULT IN THE  
DELAY OF REVIEW AND/OR APPROVAL OF PLANS.**

**NOTE: NOT ALL SECTIONS MAY BE APPLICABLE TO EVERY ESTABLISHMENT. CONTACT ABOVE REGULATORY AGENCY IF YOU HAVE ANY QUESTIONS.**

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION FOR:

\_\_\_NEW      \_\_\_REMODEL      \_\_\_CHANGE OF MENU

Name of Establishment: \_\_\_\_\_

Category: Restaurant \_\_\_\_\_ Institution \_\_\_\_\_ Daycare \_\_\_\_\_ Retail Market \_\_\_\_\_ Other \_\_\_\_\_

Physical and Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Title (owner, manager, architect, etc.): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Projected Date for Start of Project: \_\_\_\_\_

Projected Date for Completion of Project: \_\_\_\_\_

**Hours of Operation:**

Sun \_\_\_\_\_

Thurs \_\_\_\_\_

Mon \_\_\_\_\_

Fri \_\_\_\_\_

Tues \_\_\_\_\_

Sat \_\_\_\_\_

Wed \_\_\_\_\_

Number of Indoor Dining Seats: \_\_\_\_\_

Number of Outdoor Dining Seats: \_\_\_\_\_

**Number of Staff:** \_\_\_\_\_  
(Maximum per shift)

**Total Square Feet of Facility:** \_\_\_\_\_

**Maximum Meals to be Served:**

(Approximate number)

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

**Type of Service:**

(Check all that apply)

Sit Down Meals \_\_\_\_\_

Take Out \_\_\_\_\_

Caterer \_\_\_\_\_

Mobile Vendor \_\_\_\_\_

Other \_\_\_\_\_

**DISHWASHING FACILITIES**

1. Will sinks or a dishwasher be used for warewashing?

Dishwasher ( )

Two compartment sinks ( )

Three compartment sinks ( )

2. Dishwasher—type of sanitization used?

Hot water (temp. provided) \_\_\_\_\_

Booster heater \_\_\_\_\_

Chemical type \_\_\_\_\_

Is ventilation provided? YES ( ) NO ( )

3. Do all dish machines have templates with operating instructions? YES ( ) NO ( )

4. Do all dish machines have temperature/pressure gauges as required that are accurately working?

YES ( ) NO ( )

5. What type of sanitizer is used?

Chlorine ( )

Quaternary ammonium ( )

Hot Water ( )

Iodine ( )

Other ( )

6. Are test papers and/or kits available for checking sanitizer concentration? YES ( ) NO ( )

**WATER SUPPLY**

1. Is water supply public ( ) or non-public/private ( )?

If served by public, Name \_\_\_\_\_

2. If private, has source been approved? YES ( ) NO ( ) PENDING ( )

Please attach copy of written approval and/or permit.

3. Is ice made on premises ( ) or purchased commercially ( )?

If made on premise, are specifications for the ice machine provided? YES ( ) NO ( )

Describe provision for ice scoop storage: \_\_\_\_\_

5. Is there a water treatment device? YES ( ) NO ( )

If yes, how will the device be inspected & serviced?

6. Water pressure at least 20 psi in all areas? YES ( ) NO ( )

## **PLUMBING**

1. Backflow prevention devices (vacuum breakers) installed on all fixtures and equipment where an air gap at least twice the diameter of the water supply inlet is not provided between the inlet and the fixture's flood level rim? ( Enclosed water filled equipment like disposals, coffee urns, potato peelers, dishwashing machine, etc.).  
YES ( ) NO ( )
2. Direct connection between the sewer system and enclosed equipment having waste drain lines such as ice makers, ice bins, dishwashing machine, etc. YES ( ) NO ( )
3. Safety "pop off" valve installed on water heaters, etc. ? YES ( ) NO ( )
4. Floor drain provided for disposition of condensate water, etc., from walk-in refrigeration units?  
Yes ( ) NO ( ) NA ( )
5. Running water dipper well provided for ice cream dippers? YES ( ) NO ( ) NA ( )
6. All plastic potable water lines NSF approved or equivalent? YES ( ) NO ( ) NA ( )
7. All plumbing complies with applicable local ordinances or state and/or national plumbing code?  
YES ( ) NO ( )
8. Piping of nonpotable water system, such as air conditioning or fire protection, durably identified so that it is readily distinguishable from potable water piping? YES ( ) NO ( )
9. Backflow prevention devices installed on all faucets to which a hose will be attached?  
YES ( ) NO ( )

## **SEWAGE DISPOSAL**

1. Is a mop sink/curbed cleaning facility with a floor drain present? YES ( ) NO ( )

**If no, please describe facility for cleaning of mops and other equipment:**

2. Are grease traps provided? YES ( ) NO ( ). If so, where?

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3. Size of trap? \_\_\_\_\_ Approval letter from Sanitary Board Provided? YES ( ) NO ( )  
Attach a letter from the Sanitary Board or Public Service District approving/accepting size of grease trap or stating that a grease trap will not be required.

4. Served by public sewerage system? Name \_\_\_\_\_

5. Served by individual sewerage system? Type \_\_\_\_\_

**NOTE: If facility is not served by public sewer, applicant must contact West Virginia Division of Environmental Protection ( WVDEP) to apply for a UIC permit. Phone number is 304-926-0495.**

## **LIGHTING**

Minimum 50 footcandles artificial light provided on all food preparation surfaces and at utensil and equipment washing levels? YES ( ) NO ( )

Minimum 20 footcandles artificial light provided 30 inches above floor level in utensil and equipment storage areas and in lavatory and toilet areas? YES ( ) NO ( )

Minimum 10 footcandles artificial light provided 30 inches above floor level in walk in refrigeration units, dry food storage areas, and all other areas ( including dining areas during cleaning operations)? YES ( ) NO ( )

Artificial light fixtures shielded or shatterproof in food preparation, service, and display areas, and utensil and equipment washing and storage areas? YES ( ) NO ( )

## **VENTILATION**

1. All combustion type heating devices, except those for cooking purposes, properly vented to outside (water heaters, area heaters, furnaces, etc.)? YES ( ) NO ( )

2. Hood provided on all cooking units having four or more burners? YES ( ) NO ( )

3. Stove hoods constructed of durable, easily cleanable materials? YES ( ) NO ( )

4. Hood exhaust rate not less than one hundred cfm over the face of the hood area, when three sides of hood are open: four sides open, minimum of one hundred fifty cfm? YES ( ) NO ( )

5. All exhaust ducts at least 6" in diameter or equivalent area? YES ( ) NO ( )

6. One exhaust duct provided for every six feet or fraction thereof of hood length? YES ( ) NO ( )

7. No point under hood area more than three feet vertical distance from duct vent unless exhaust fan rating compensates for any change made in distance? YES ( ) NO ( )

8. Exhaust system equipped with filters? YES ( ) NO ( )

9. Exhaust fans outer opening protected by self-closing louvers or screens against entry of flying insects? YES ( ) NO ( )

10. Ventilation systems complies with State Fire Marshal's and local fire prevention requirements or standards? YES ( ) NO ( )

11. Ventilation system exhaust and exhaust fans installed in such a manner so as not to create a nuisance or health problem at point of discharge? YES ( ) NO ( )

## **HANDWASHING/TOILET FACILITIES**

1. Is there a handwashing sink in or within 20 feet of each food preparation and warewashing area?  
YES ( ) NO ( )
2. Do all handwashing sinks, including those in the restrooms, have hot and cold water tempered by means of a mixing valve or combination faucet? YES ( ) NO ( )
3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES ( ) NO ( )
4. Is hand cleanser available at all handwashing sinks? YES ( ) NO ( )
5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?  
YES ( ) NO ( )
6. Are covered waste receptacles available in the women's restroom? YES ( ) NO ( )
7. Are all toilet room doors self-closing? YES ( ) NO ( )
8. Are all toilet rooms equipped with adequate ventilation? YES ( ) NO ( )
9. Is a handwashing sign posted in each employee restroom? YES ( ) NO ( )
10. Are separate employee toilet rooms provided? YES ( ) NO ( )  
Number of flushing toilets \_\_\_\_\_ Number of Urinals \_\_\_\_\_ Number of Lavatories \_\_\_\_\_
11. Are public toilets provided for each sex? YES ( ) NO ( )

### Male

Number of flushing toilets \_\_\_\_\_  
Number of Urinals \_\_\_\_\_  
Number of Lavatories \_\_\_\_\_

### Female

Number of flushing toilets \_\_\_\_\_  
Number of Lavatories \_\_\_\_\_

12. Do toilet rooms open to the outside of establishment? YES ( ) NO ( )

## **INSECT & RODENT CONTROL**

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?  
YES ( ) NO ( )  
Indicate location: \_\_\_\_\_

2. All outer openings protected against entry of insects and rodents by use of doors, screens, fans or equivalent?  
YES ( ) NO ( )
3. All outer doors self-closing? YES ( ) NO ( )
4. Openings in floors, walls, ceilings for pipes, cables and conduits properly caulked or otherwise protected?  
YES ( ) NO ( )

### **DRESSING ROOMS**

1. Will employees routinely change clothes within the establishment YES ( ) NO ( )
1. Are dressing rooms provided? YES ( ) NO ( )
2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)  
Location: \_\_\_\_\_

### **STORAGE**

1. Facilities (racks, shelves) provided for the storage of food, single service articles, and clean utensils and equipment a minimum of six (6) inches above the floor? YES ( ) NO ( )
2. Separate cabinet storage facilities provided for storage of poisonous and toxic materials?  
YES ( ) NO ( )
3. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES ( ) NO ( )
4. Are all containers of toxics including sanitizing spray bottles clearly labeled? YES ( ) NO ( )

### **LAUNDRY**

1. Will linens, cloths, uniforms, and aprons be laundered on site? YES ( ) NO ( )  
If yes, what will be laundered and where? \_\_\_\_\_  
\_\_\_\_\_
- If no, how will linens be cleaned? \_\_\_\_\_
2. Is a laundry dryer available? YES ( ) NO ( )  
Location of clean linen storage: \_\_\_\_\_  
\_\_\_\_\_
- Location of dirty linen storage \_\_\_\_\_  
\_\_\_\_\_



3. Nonabsorbent containers or washable laundry bags provided for storage of soiled clothes and linens?

YES ( ) NO ( )

### EXTERIOR AREAS

1. Walking and driving surfaces constricted of \_\_\_\_\_ material.

2. Walking and driving area graded to drain? YES ( ) NO ( )

### EQUIPMENT

1. List of all equipment, manufacturer name and model numbers accompanying plans? YES ( ) NO ( )

2. Shop drawings of fabricated food service equipment accompanying plans? YES ( ) NO ( )

3. Is nonportable table mounted equipment sealed to table or counter or elevated on legs 4 inches above table or counter? YES ( ) NO ( )

4. Is floor mounted equipment, unless readily movable, sealed to the floor; elevated on legs 6 inches above floor, or installed on a raised platform of concrete or smooth masonry? YES ( ) NO ( )

5. Is sufficient space provided to facilitate easy, cleaning between, behind and above each unit of fixed equipment OR the space between it and adjoining equipment units and adjacent walls or ceilings not more than 1/32 inch? YES ( ) NO ( )

6. Is equipment exposed to seepage sealed to adjoining equipment or adjacent walls and ceilings? YES ( ) NO ( )

7. Sneezeguards and other protection devices provided where food is exposed to the public? YES ( ) NO ( )

8. Three compartment stainless steel sink with drainboards on both right and left sides provided? YES ( ) NO ( ) Type of Sanitizer \_\_\_\_\_

a) will the 3-compartment sink be used for any type of other purpose aside from warewashing, food preparation ( i.e., washing of produce, thawing of product etc.)? YES ( ) NO ( )

9. Mechanical dishwasher provided? YES ( ) NO ( )

Type: Chemical \_\_\_\_\_ Hot Water \_\_\_\_\_

Manufacturer and model number \_\_\_\_\_

Booster heater manufacturer and model number \_\_\_\_\_

Minimum temperature at which domestic hot water will be supplied to dishwasher booster heater? \_\_\_\_\_

¼ inch IPS valve provided immediately upstream from the final rinse control valve to permit checking the flow pressure of the final rinse water? YES ( ) NO ( )

If answer to both 8 and 9 is no, please explain below:

### **REFRIGERATION**

1. Refrigerated food storage capacity provided? \_\_\_\_\_ cubic feet.
2. Frozen food storage capacity provided? \_\_\_\_\_ cubic feet.
3. Thermometers provided in each refrigeration unit? YES ( ) NO ( )

### **FLOORS**

1. List type of floor material or covering:

Food preparation areas \_\_\_\_\_  
Food storage area \_\_\_\_\_  
Utensil washing areas \_\_\_\_\_  
Dressing/locker rooms \_\_\_\_\_  
Toilet rooms and vestibules \_\_\_\_\_

2. Floor drains provided in floors that are water flushed for cleaning or receive fluid wastes from equipment or in areas where pressure spray cleaning methods are used? YES ( ) NO ( )  
Floors graded to drain? YES ( ) NO ( )  
Floor/wall junctures sealed and coved? YES ( ) NO ( )
3. Floor/wall juncture seams not grater than 1/32 inch in all other areas? YES ( ) NO ( )
4. Exposed horizontal utility lines and pipes on the floor? YES ( ) NO ( )

### **WALLS & CEILINGS**

1. List type of materials:

	<b>Walls</b>	<b>Ceilings</b>
Food preparation areas	_____	_____
Equipment/utensil washing areas	_____	_____
Walk-in refrigeration units	_____	_____
Toilet rooms and vestibules	_____	_____

2. Are the above materials light colored, smooth, nonabsorbent, and easily cleanable? YES ( ) NO ( )
3. Studs, joists and rafters exposed in walk-in refrigeration units, food preparation areas, and equipment/utensil washing areas? YES ( ) NO ( )
4. Utility service lines and pipes unnecessarily exposed on walls or ceilings? YES ( ) NO ( )
5. Exposed utility service lines and pipes installed in such a way that does not obstruct or prevent cleaning of walls and ceilings? YES ( ) NO ( )
6. Exposed overhead sewer lines? YES ( ) NO ( )

**If answer to 3,4, or 6 above is yes, please explain below:**

**GARBAGE & REFUSE STORAGE & DISPOSAL**

1. Storage room provided? YES ( ) NO ( )
2. Outdoor storage on metal rack or smooth, nonabsorbent surface such as concrete or machine-laid asphalt?  
YES ( ) NO ( )
3. Solid waste container washing facilities including hot and cold water with vacuum breaker and drain to sewer provided? YES ( ) NO ( )  
Location? \_\_\_\_\_ Protected from freezing? YES ( ) NO ( )
4. Refuse to be incinerated on premises? YES ( ) NO ( )
5. Incinerator meets standards established by Air Pollution Control Commission and State Health Department (approved certificate on file with local health department)? YES ( ) NO ( )

**FOOD PREPARATION PROCEDURES:**

Explain the following with as much detail as possible. Provide descriptions of the specific areas on the plan where food is prepared.

Explain the handling/preparation procedures for the following categories of food.

Describe the processes from receiving to service including:

- ☐ How the food will arrive (frozen, fresh, packaged, etc.)
- ☐ Where the food will be stored
- ☐ When (time of day and frequency/day) food will be handled/prepared

**READY-TO-EAT FOOD (salads, cold sandwiches, raw shellfish)**

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**PRODUCE**

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**POULTRY**

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**MEAT**

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**SEAFOOD**

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**THAWING FROZEN PHF (TCS) FOOD:**

Thawing Method(s) (check all that apply and indicate where thawing will take place):

- ☐ Under Refrigeration: \_\_\_\_\_
- ☐ Running Water less than 70° F \_\_\_\_\_
- ☐ Microwave (as part of cooking process): \_\_\_\_\_
- ☐ Cooked from frozen state: \_\_\_\_\_
- ☐ Other: (describe) \_\_\_\_\_

List all foods that will be cooked and served

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List all foods that will be held hot prior to service

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List all foods that will be cooked and cooled

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List all foods that will be cooked cooled, and reheated

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**Provide a HACCP Plan for specialized processing methods of foods such as Reduced Oxygen Packaging, (Vacuum packaging, cook-chill, etc.), use of additives to render a food Non Time/Temperature Control For Safety (TCS), curing and smoking for preservation and molluscan shellfish tanks.**

**COOKING:**

1. Will food product thermometers be used to measure final cooking/reheating temperatures of Time/Temperature Control For Safety foods? YES ( ) NO ( )

What type of temperature measuring device? \_\_\_\_\_

**HOT/COLD HOLDING:**

1. How will hot Time/Temperature Control For Safety Foods be maintained at 135°F or above during holding for service?

2. How will cold Time/Temperature Control For Safety Foods be maintained at 41°F or below during holding for service?

**REHEATING:**

1. How will Time/temperature Control For Safety Foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds within two (2) hours?

**EMPLOYEE TRAINING**

1. Will food employees be trained in good food sanitation practices? YES ( ) NO ( )

Method of training:

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Number(s) of employees: 

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2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready to-eat foods? YES ( ) NO ( )

3. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES ( ) NO ( )

Please describe briefly:

4. Is there a written procedures for employees to follow when responding to vomiting or diarrheal events onto surfaces in the food establishment ? YES ( ) NO ( )

Please describe briefly:

5. Will employees have paid sick leave? YES ( ) NO ( )  
(\*Not required)

6. Is there a Certified Food Manger/Person in Charge? YES ( ) NO ( )

**FOOD SUPPLIES:**

1. Are all food supplies from approved sources? YES ( ) NO ( )

**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

**Signature(s)** \_\_\_\_\_

**Owner(s) or responsible representative(s)** \_\_\_\_\_

\_\_\_\_\_  
**Phone Number**

**Date:** \_\_\_\_\_

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Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

**M E N U**