

WASHOE COUNTY HEALTH DISTRICT <small>ENHANCING QUALITY OF LIFE</small>	WASHOE COUNTY HEALTH DISTRICT ENVIRONMENTAL HEALTH SERVICES DIVISION 1001 East Ninth Street, Building B • Reno, NV 89512 Telephone (775) 328-2434 • Fax (775) 328-6176 www.washoecounty.us/health health@washoecounty.us	Permit # _____ Date: _____ Health # _____
FOOD ESTABLISHMENT REVIEW		

Submitting incomplete plans can delay the review process.

Please answer every question that applies to your food service operation.

[Regulations of the Washoe County District Board of Health Governing Food Establishments](#)

APPROVAL of the plans and specifications is required PRIOR to construction or remodel.

A Final / Opening inspection should be scheduled with Washoe County Health District (Health) at least 5 working days before anticipated opening of the food facility.

Type of Review (select one):
 New construction (may require construction permit)
 Change of owner
 Remodel (may require construction permit)
 New permit (no construction)

Type Of Food Facility (select all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Meat Market | <input type="checkbox"/> Satellite Food Distribution Site |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Mobile Unit / Servicing | <input type="checkbox"/> School / Childcare Kitchen |
| <input type="checkbox"/> Delicatessen | <input type="checkbox"/> Outdoor Food Establishment | <input type="checkbox"/> Snack Bar _____ |
| <input type="checkbox"/> Food Manufacturing | <input type="checkbox"/> Portable Unit for Food Service | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Vending |

Name of Food Establishment: _____

Address: _____ City: _____ Zip: _____
 Phone: _____ Email: _____

Owner / Owner's Representative: _____

Address: _____ City: _____ Zip: _____
 Phone: _____ Email: _____

I certify that the information in this application is correct, and I understand that any change without prior approval from the Washoe County Health District may delay or prevent timely opening of this food establishment.

Signature: _____ Date: _____

Full menu or list attached of all food or drink stored displayed or served.

Plan review cannot be completed without the menu; failure to provide this information may delay the review process.

What are the estimated number and type of meals to be served per day:

Breakfast: _____ Lunch: _____ Dinner: _____

Will this food establishment serve raw or undercooked foods? Yes No

Will this food establishment serve alcohol? Yes No

Operational Plans:

Will this food establishment do any of the following (select all that apply)?

- BBQ'ing
 Dogs on Patio
 Outdoor Food Establishments
 Catering
 Non-Continuous / Par Cooking
 Satellite Food Distribution Site

Will time be used as the only form of public health control? Yes No

What Food?	How Long?	Location?	Standard Operating Procedure (SOP) for monitoring?
<i>(example) Sushi rice</i>	<i>4 hours</i>	<i>Line 1</i>	<input checked="" type="checkbox"/> <i>I have attached the SOP for this process</i>
			<input type="checkbox"/> I have attached the SOP for this process
			<input type="checkbox"/> I have attached the SOP for this process
			<input type="checkbox"/> I have attached the SOP for this process
			<input type="checkbox"/> I have attached the SOP for this process

Check the box next to the special processes used in this food establishment:

- Not Applicable - this food establishment performs no special processes**
 Acidification, (sushi rice, marinara sauce, BBQ sauces)
 Curing, Meat, Poultry or Fish
 Custom Processing of Game Animals
 Fermenting products, making Sauerkraut or Sausage
 Juice Processing and Packaging
 Molluscan Shellfish Display Tank (e.g. oysters, clams, mussels, or scallops)
 Packaging food that requires a label to be approved by Health
 Pickling
 Reduced Oxygen Packaging (e.g. vacuum sealed packaging, cook-chill, sous vide)
 Smoking for Preservation
 Sprouting (seeds or beans)

Explain the special processes checked above:

Will food be transported to another location (e.g. catering, satellite kitchen, etc.)? Yes No

Will this food establishment be bagging ice for retail sales? Yes No

Will this food establishment make food to be sold to other retail food establishments? Yes No

Cold Storage (Time Temperature Controlled for Safety (TCS) ≤ 41°F)

Not Applicable – this food establishment does not store any food items that require refrigeration

Cold Storage Types	Refrigeration (# of units)	Freezer (# of units)
Reach-In <input type="checkbox"/> 1-Door <input type="checkbox"/> 2-Door <input type="checkbox"/> Multiple		
Refrigerated drawers <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Multiple		
Sandwich Prep Table		
Under counter <input type="checkbox"/> 1-Door <input type="checkbox"/> 2-Door <input type="checkbox"/> Multiple		
Walk-in <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Display		

Cubic-feet of reach-in cold storage:	Square-feet of walk-in cold storage:
--------------------------------------	--------------------------------------

Refrigerator storage (cubic feet): _____ Refrigerator storage (square feet): _____

Freezer storage (cubic feet): _____ Freezer storage (square feet): _____

Hot Holding (Time Temperature Controlled for Safety (TCS) ≥ 135°F)

Not Applicable – this food establishment does not store any food items that require hot holding

How will TCS food(s) be maintained above 135-degree F during holding prior to service?

Cooling Method

How will TCS food(s) be cooled from 135° F to 70° F in 2 hours or less and from 70° F to 41° F in 4 hours or less (the total time from 135° F to 41° F should be no more than 6 hours)?







Check the box for the cooling method(s) that is used

Cooling Method	Shallow pan	Ice Paddle	Ice Bath	Rapid Chill Equipment (e.g. blast chiller)	Volume Reduction (e.g. quartering)
					
<i>Example: Pinto Beans</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Solid Food: Roast(s), Turkey, Steaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft, Thick Foods: Beans, Rice, Gravy, Soups, Sauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bake/Boiled Potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deli Salads (Tuna/Chicken)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thawing Method

Not Applicable – this food establishment does not thaw any food items

How will frozen TCS foods be thawed (thawed is temperatures below 41°F)?

<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Submerged under running water 70°F	<input type="checkbox"/> Cooked from a frozen state	<input type="checkbox"/> Microwave as part of cooking process	<input type="checkbox"/> NO THAWING ON COUNTER
				
<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish	

Food Handling Procedures

Explain the handling procedures for the following food categories. Describe the process from receiving to service.

Reheating:

How will TCS food that is 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? Indicate the type and number of units for reheating foods.

Food Preparation

Ready-To-Eat Food Handling:

(Edible without additional preparation, e.g. produce, salads, cold sandwiches, raw molluscan shellfish, etc.)

Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? Yes No

If not, explain how ready-to-eat foods will be cooled to 41°F?

Will all produce be washed on-site prior to use? Yes No

Is there a location for washing produce (e.g. prep sink, etc.)? Yes No

Will disposable gloves, utensils, and food grade paper be used to prevent handling of ready-to-eat foods? Yes No

Poultry Handling

- Describe the procedure for minimizing the length of time TCS food will be kept in the temperature danger zone (41°F - 135°F) during preparation (e.g. small batches, made to order, etc.).
- How will food arrive (e.g. frozen, fresh, packaged, etc.)?
- What equipment will be used to prepare, handle, and cook food? (match to equipment schedule provided)

Meat Handling

- Describe the procedure for minimizing the length of time TCS food will be kept in the temperature danger zone (41°F - 135°F) during preparation (e.g. small batches, made to order, etc.).
- How will food arrive (e.g. frozen, fresh, packaged, etc.)?
- What equipment will be used to prepare, handle, and cook food? (match to equipment schedule provided)

Seafood Handling

- Describe the procedure for minimizing the length of time TCS food will be kept in the temperature danger zone (41°F - 135°F) during preparation (e.g. small batches, made to order, etc.).
- How will food arrive (e.g. frozen, fresh, packaged, etc.)?
- What equipment will be used to prepare, handle, and cook food? (match to equipment schedule provided)

Dry Storage

How many square feet of dry storage shelf space? _____

Explain where dry goods will be stored and identify the plan page(s) and location?

Employee Accommodations

Explain where employee personal items are stored and identify the plan page(s) and location?

What equipment is included in the specifications?

- | | | |
|--|--|---|
| <input type="checkbox"/> Bar Service Areas | <input type="checkbox"/> Floor Sinks and Floor Drains | <input type="checkbox"/> Personal Storage Areas |
| <input type="checkbox"/> Buffet Lines | <input type="checkbox"/> Food Preparation Sinks | <input type="checkbox"/> Toilet Facilities |
| <input type="checkbox"/> Chemical Dispensing Units | <input type="checkbox"/> Garbage/Recyclables Storage | <input type="checkbox"/> Utility Mop Sinks |
| <input type="checkbox"/> Chemical Storage Areas | <input type="checkbox"/> Hand sinks | <input type="checkbox"/> Ventilation Hoods |
| <input type="checkbox"/> Dipper Wells | <input type="checkbox"/> Ice Bins/Machines | <input type="checkbox"/> Wait Stations |
| <input type="checkbox"/> Dish machines | <input type="checkbox"/> Indoor/Outdoor Seating | <input type="checkbox"/> Warewashing Sinks |
| <input type="checkbox"/> Dry Storage Areas | <input type="checkbox"/> Laundry Establishment Locations | <input type="checkbox"/> Water Heater Locations |
| <input type="checkbox"/> Dump Sinks | <input type="checkbox"/> Outdoor Cooking/Bar/Patio | <input type="checkbox"/> Other _____ |

Water Source

What is the source of water for the food establishment?

- Municipal --- provide the name of the water utility _____
- Well

Is ice made in the food establishment? Yes No

All backflow prevention devices and assemblies must be identified on the permit plans with the following information:

--- types, locations, and installation details (e.g. soda machine, water service, mop sink, etc.)

Water Heater Information

Gas (BTUs): _____
 Electric (kW): _____
 Tank
 Tankless
 Manufacturer: _____
 Model: _____

What is the hot water storage capacity (gallons)? _____

Hot water heater recovery rate (gallons per hour at 80°F temperature rise)? _____

Sewer

What is the source of sewer for the food establishment?

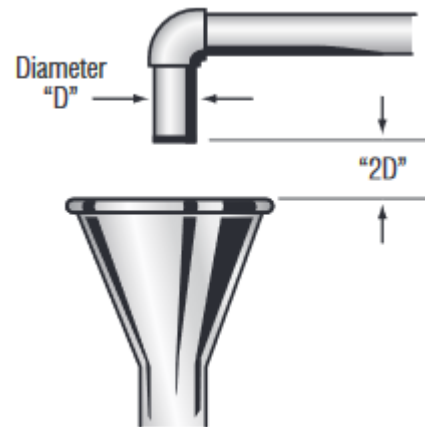
Municipal --- provide the name of the sewer utility: _____
 Septic

Plumbing Cross Connections (sewer) Sewage Disposal*

Fixture	Indirect	Direct
3 compartment sink		
Bain-Marie / Kettle / Steamer		
Beverage lines (soda guns)		
Coffee / Espresso machine		
Dipper wells		
Dishwasher		
Glass washer		
Hand sink		
Hose connections		
Ice machine		
Ice storage bin		
Mop sink		
Prep sink		
Refrigeration condensation lines		
Rethermalizer		
Soda machine		
Walk-in floor drain		
Wok range		

*Sewage Disposal:

Air Gap: is the unobstructed vertical space between the water outlet and the flood level of a fixture.



Warewashing Equipment

Manual Warewashing (e.g. 3 compartment sink)

Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____

What type of sanitizer will be used? _____

Does the largest pot or pan fit into each compartment of the sink? Yes No

Describe the cleaning procedure if the largest pot or pan doesn't fit in the sink,:

Mechanical Warewashing (e.g. dishwasher, glass washer, etc.)

Is a warewashing machine used? Yes No Manufacture & model: _____

What type of sanitizer will be used? Hot water (180°F) Chemical: _____

Does the largest pot or pan fit into the mechanical warewashing? Yes No

Describe the cleaning procedure if the largest pot or pan doesn't fit in mechanical warewashing:

Tableware

Single-use(Disposable) Reusable (Food Grade, Washable) Both

Handwashing

Describe the number, and location of all handwashing sinks, and identify on the permit plan(s):

Mop / Utility Sink:

Describe the number, size, and location of all mop sinks, and identify on the permit plan(s):

Is a separate mop storage area provided? Yes No

Describe the mop sink type and location:



--- "Y" or any other valves are not allowed on mop sinks ---

Refuse And Recyclables

Will refuse be stored inside? Yes No Where: _____

How will refuse be disposed? Dumpster Compactor

Describe location for storage of recyclables (e.g. cooking grease, cardboard, glass, etc.):

Insect and Rodent Control

What protection is provided on all outside doors? Self-closing door Fly Fan Screen Door

What protection is provided on windows? Self-closing Fly Fan Screening

Is commercial pest control used at this food establishment? Yes No

Poisonous or Toxic Materials

Describe the location for storage of poisonous / toxic materials (e.g. chemicals, sanitizers, etc), and identify on the permit plan(s):