



Environmental Health Program
2110 Washington Blvd., Suite 350
Arlington, VA 22204
Phone: 703-228-7400 Fax: 703-228-7401

Application for Foodservice Plan Review

Date Received: Building #:

New Remodel Conversion

Smoking Status:

Smoke Free Outdoor Smoking Area Smoking in Designated Areas Exempt

Establishment Type:

Full Service Fast Food Caterer Hospital School Concession
Other (describe):

Establishment Name:
Address:
Phone (if available):

Owner Name:
Address:
Email:
Phone:

Applicant Name: Title:
Address:
Email:
Phone:

Architect Name:
Email:
Phone:

Hours of Operation: Sun Mon Tues Wed
Thurs Fri Sat

Number of Seats: Indoor Outdoor

Maximum Meals to be Served: Breakfast Brunch Lunch Dinner

Projected Start Date of Project:

Projected Completion Date of Project:

**Please submit the following documents:**

- Proposed menu(s) (including seasonal, off-site, banquet, and menu boards) with Consumer Advisory language/asterisks included as needed
- Manufacturer Specification sheets for each piece of food service equipment shown on the plan, including water heater and dish machine
- Site plan showing location of business in building; location of building on site including alleys and streets; and location of any outside equipment (dumpsters, grease containers, etc.)
- Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- ..... Equipment schedule
- ..... Finish schedule
- Northern Virginia Certified Food Manager Card

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |
| 1. Will establishment offer catering?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will establishment serve as a base of operation for mobile trucks? | <input type="checkbox"/> | <input type="checkbox"/> |

**Food Preparation Review**

1. Check categories of time/temperature control for safety (TCS) foods to be handled, prepared, and served.

<b>Category</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thick meats, whole poultry (roast beef, whole turkey, chickens, hams)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold processed foods (salads, sandwiches, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot processed foods (soups, stews, rice, noodles, gravy, casseroles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bakery goods (pies, custards, cream fillings and toppings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Food Supplies**

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |
| 1. Are all food supplies from inspected and approved sources? | <input type="checkbox"/> | <input type="checkbox"/> |
- List all your food suppliers: \_\_\_\_\_

2. What are the projected frequencies of deliveries for frozen foods \_\_\_\_\_, refrigerated foods \_\_\_\_\_, and dry goods \_\_\_\_\_?

3. How will dry goods be stored off the floor? \_\_\_\_\_

**Cold Storage**

- |   | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               |
|---|--------------------------|--------------------------|--------------------------|
| 1. Is adequate and approved freezer and refrigeration available to store frozen and refrigerated foods at 41°F (5°C) and below? | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 2. Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how will cross-contamination be prevented?  |                          |                          |                          |
| _____   |                          |                          |                          |
| 3. Does each refrigerator/freezer have a thermometer?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Number of refrigeration units: _____ Number of freezer units: _____   |                          |                          |                          |

4. Is there an ice machine available? Yes  No   
 If yes, how will it be cleaned? \_\_\_\_\_

How often will it be cleaned? \_\_\_\_\_

**Thawing Frozen Potentially Hazardous Food**

1. Will you thaw frozen TCS foods? Yes  No

*If yes, check the appropriate boxes to indicate how frozen TCS foods in each category will be thawed. More than one method may apply.*

<b>Thawing Method</b>	<b>Thick Frozen Foods*</b>	<b>Thin Frozen Foods*</b>
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>
Running water less than 70°F (21°C)	<input type="checkbox"/>	<input type="checkbox"/>
Microwave (as part of cooking process)	<input type="checkbox"/>	<input type="checkbox"/>
Cooked from frozen state	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe): _____	<input type="checkbox"/>	<input type="checkbox"/>

\*Frozen foods: approximately one inch or less = *thin*, and more than one inch = *thick*.

**Cooking**

1. What type of temperature measuring device will be used to ensure proper internal cooking temperatures of TCS foods are met? \_\_\_\_\_
2. How will you calibrate the thermometer? \_\_\_\_\_
3. How often will you calibrate the thermometer? \_\_\_\_\_

4. Will you be serving any raw or undercooked foods? Yes  No   
*If yes, a consumer advisory must be present on your menu.*

**Hot/Cold Holding**

1. How will hot TCS foods be maintained at 135°F (60°C) or above during holding for service? N/A  
 Indicate type and number of hot holding units.

\_\_\_\_\_

2. How will cold TCS foods be maintained at 41°F (5°C) or below during holding for service?   
 Indicate type and number of cold holding units.

\_\_\_\_\_

**Cooling**

1. How will TCS foods be properly cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 135°F to 41°F in a total of 6 hours).

\_\_\_\_\_

**Reheating**

1. How will TCS 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? Indicate type and number of units used for reheating foods.

\_\_\_\_\_

**Preparation**

**N/A**

1. List categories of foods prepared more than 12 hours in advance of service.

\_\_\_\_\_

2. How will ready-to eat foods be handled to prevent bare hand contact?

\_\_\_\_\_

3. Is there a policy to exclude or restrict food workers who are sick or have infected cuts and lesions?

**Yes**

**No**

If yes, describe briefly or attach the policy:

\_\_\_\_\_

*If no, a policy is required prior to opening the foodservice facility. (FDA Form 1-B)*

4. How will cooking equipment, cutting boards, counter tops, and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: \_\_\_\_\_

Concentration: \_\_\_\_\_

Test Kit: Yes  No

5. How often will in-use food contact surfaces be cleaned and sanitized?

\_\_\_\_\_

6. Will ingredients for cold ready-to-eat foods such as tuna and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled?

**Yes**

**No**

**N/A**

If no, how will ready-to-eat foods be cooled to 41°F?

\_\_\_\_\_

7. Will a chemical wash be used for produce?

If yes, describe:

\_\_\_\_\_

8. Will foods be vacuum packaged on site?

*If yes, provide a HACCP, operating procedures, and training plan for the specialized processing method.*

9. Will the facility be serving food to a highly susceptible population (elderly, children, or those with weakened immune systems)?

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

\_\_\_\_\_

**Finish Schedule**

1. *Indicate which materials (quarry tile, stainless steel, 4" plastic covered molding, etc.) will be used in the following areas.*

	<b>Floor</b>	<b>Coving</b>	<b>Walls</b>	<b>Ceiling</b>
Kitchen .....				
Bar				
Food storage				
Other storage				
Toilet rooms				
Dressing rooms				
Garbage and refuse storage				
Mop service basin area				
Warewashing area				
Walk-in refrigerators and freezers				

**Insect and Rodent Control**

	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Will all outside doors be self-closing, rodent proof, and open outward?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are screen doors provided on all entrances left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do all openable windows have a minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the placement of electrocution devices identified on the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is area around building clear of unnecessary brush, litter, boxes, and other harborage?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are all drive thru or service windows self-closing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Will air curtains be used?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, where? _____			
9. Will there be a professional pest control company that services establishment?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, provide name and service frequency: _____			

**Garbage and Refuse**

	<b>Yes</b>	<b>No</b>
<b>Inside</b>		
1. Will refuse be stored inside?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, where? _____		
2. Is there an area designated for garbage can or floor mat cleaning?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Outside</b>		
1. Will a dumpster be used?	<input type="checkbox"/>	<input type="checkbox"/>
Number _____ Size _____ Frequency of pickup _____		
2. Will a compactor be used?	<input type="checkbox"/>	<input type="checkbox"/>
Number _____ Size _____ Frequency of pick up _____		
3. Will garbage cans be stored outside?	<input type="checkbox"/>	<input type="checkbox"/>
4. Describe surface and location where dumpster/compactor/garbage cans are to be stored _____		

5. Describe location of grease storage receptacle and servicing schedule

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6. Is there an area to store recycled containers? Yes  No   
 If yes, describe:

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7. Is there an area to store returnable damaged goods?

**Plumbing Connections**

1. *Check where appropriate*

	Air Gap	Air Break	Vacuum Breaker	Not Installed
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice storage bin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks				
a. Mop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 3 Compartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 2 Compartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 1 Compartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration condensate/drain lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beverage Dispenser w/carbonator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Are floor drains provided and easily cleanable? Yes  No   
 If yes, indicate location:

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**Water Supply**

1. What is the capacity of the hot water generator? \_\_\_\_\_

2. Is the hot water generator sufficient for the needs of the establishment? Yes  No

3. Is there a water treatment device?  
 If yes, how will the device be inspected and serviced?  
 \_\_\_\_\_

4. How are backflow prevention devices inspected and serviced?  
 \_\_\_\_\_

**Sewage Disposal**

**Yes**

**No**

1. Are grease interceptors connected to plumbing systems?

If yes, where? \_\_\_\_\_

Provide schedule for cleaning and maintenance:  
\_\_\_\_\_

**Employee Belongings**

1. Describe storage facilities for employees' personal belongings (e.g., purses, coats, personal medication): \_\_\_\_\_

**General**

**Yes**

**No**

**N/A**

1. Will all containers of toxics including sanitizing spray bottles be clearly labeled?

2. Will linens be laundered on site (this includes wiping cloths)?

If yes, what will be laundered and where? \_\_\_\_\_

If no, how will linens be cleaned? \_\_\_\_\_

3. Is a laundry dryer available?

4. Will food storage containers be constructed of safe, durable, and nonabsorbent materials?

Indicate type: \_\_\_\_\_

5. Are all areas properly vented and hood systems approved by the Fire Marshall?

6. How is each listed ventilation hood system cleaned? Frequency of cleaning?  
\_\_\_\_\_

7. Will all light fixtures be shielded or shatter-resistant in food service areas?

A minimum of 50-ft. candles of light in food preparation areas

A minimum of 20-ft. candles of light at hand washing and ware washing areas

A minimum of 10-ft candles of light in storage areas

**Sinks**

**Yes**

**No**

**N/A**

1. Is a mop sink present?

2. If the menu dictates, is a food preparation sink present?

**Dishwashing Facilities**

1. What will be used for warewashing? Dishwasher  Three compartment sink

If a dishwasher, what type of sanitization is used?

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

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

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

**Yes**

**No**

Is ventilation provided?

2. Do all dish machines have templates with operating instructions?

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

4. Does the largest pot and pan fit into each compartment of the pot sink?

If no, what is the procedure for manual cleaning and sanitizing?  
\_\_\_\_\_

5. Are there drain boards on both ends of the pot sink?

If no, what is the method for air drying utensils/equipment?  
\_\_\_\_\_

6. What type of sanitizer is used?

Chlorine  Iodine  Quaternary ammonium  Hot Water  Other (describe): \_\_\_\_\_

	Yes	No
7. Are test papers and/or kits available for checking sanitizer concentration?	<input type="checkbox"/>	<input type="checkbox"/>

**Handwashing/Toilet Facilities**

	Yes	No	N/A
1. Is there a handwashing sink in each food prep and warewashing area?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is soap available at all handwashing sinks?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are covered waste receptacles available in each restroom?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is hot and cold running water under pressure available at each handwashing sink, with hot water reading at least 100F?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are all toilet room doors self-closing?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are all toilet rooms equipped with adequate ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are handwashing signs posted at all hand sinks used by employees	<input type="checkbox"/>	<input type="checkbox"/>	

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Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Public Health Division may nullify final approval.

Signature(s) of owner(s) or responsible representative(s): \_\_\_\_\_

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

Approval of these plans and specifications by the Public Health Division 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 pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

\$40.00 Plan Review Fee is required. Make checks payable to:  
Arlington County Treasurer  
2100 Clarendon Blvd., Suite 201  
Arlington, VA 22201

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**For Official Use:** Plans Reviewed and Approved EHS: \_\_\_\_\_ Date: \_\_\_\_\_