

CABINET FOR HEALTH SERVICES
 KENTUCKY DEPARTMENT FOR PUBLIC HEALTH
 INFORMATION SHEET FOR PLAN REVIEW OF RETAIL FOOD ESTABLISHMENTS

I. TYPE OF ESTABLISHMENT (Check all applicable 1-13)

- ___ 1. Restaurant--Carry out Copy of Menu Attached ___
- ___ 2. Restaurant--Catering
- ___ 3. Restaurant--Sit down service with seating for ___ customers
- ___ 4. Mobile Food Unit
- ___ 5. Retail Market--Full processing
- ___ 6. Retail Market--W/ Deli
- ___ 7. Retail Market--Prepackaged or limited to slicing cold cut sandwiches only
- ___ 8. Bed & Breakfast
- ___ 9. Restricted
- ___ 10. Salvage Processor/Dealer
- ___ 11. New Establishment-Name _____
- ___ 12. Existing Establishment-Permit Number _____
- ___ 13. Number of Employees (per shift) _____

II. PLUMBING FIXTURES (indicate number)

- ___ A. Three Compartment sinks w/ drainboards
- ___ B. Two Compartment sinks
- ___ C. Service and/or Mop sinks
- ___ D. Handwashing lavatories in food prep/utensil washing areas
- ___ E. Other sinks in food handling areas (bar, vegetable, etc.) Describe and locate _____
- ___ F. Commercial Dishwashing machine-type _____
- ___ G. Number of restrooms; Men: ___ Closets ___ Urinals Women: ___ Closets
 ___ Lavatories ___ Lavatories
- ___ H. Number of floor drains. Locations _____
- ___ I. Equipment drains. Indicate which units have drains and where they discharge. _____
- ___ J. Backflow preventers. Give locations and types _____
- ___ K. Size of Hot water heater _____ gallons
- ___ L. Sewage disposal system. Type and size _____
 Grease trap and size _____
- ___ M. Water: Municipal/Private _____

III. BUILDING CONSTRUCTION

A. Type of Floor Materials/Finishes

- 1. Preparation/utensil washing areas _____
- 2. Storage areas _____
- 3. Service or display area _____
- 4. Toilet room areas _____

B. Type of Wall Materials/Finishes

- 1. Preparation/utensil washing areas _____
- 2. Storage areas _____
- 3. Service or display area _____
- 4. Toilet room areas _____

C. Are floor and wall junctures covered? Yes() No()

D. Type of Ceiling Materials and Finishes

- 1. Indicate types and where used _____

E. <u>Lighting</u>	TYPE	SHIELDED	
1. Food Prep	_____	_____	(50 fcp req)
2. Dishwashing	_____	_____	(20 fcp req)
3. Food storage	_____	_____	(10 fcp req)
4. Dining	_____	_____	(20 fcp req)
5. Toilet rooms	_____	_____	(20 fcp req)

F. Ventilation-Food Preparation Areas

- 1. Description _____
- 2. CFM _____ Area ventilated in cubic feet _____
- 3. Make-up air source _____
- 4. Location of air discharge in relation to air source _____

G. Method of Garbage Disposal _____

I certify that the above information is correct to the best of my knowledge and accurately reflects my plans for the completed establishment.

Signed _____
 Title _____
 Date _____