



Retail Food Establishment Operational Plan

Establishment Name
Establishment Address
Contact Person
Phone Number
Email

General Operations

Will the establishment be serving food to a highly susceptible population (nursing home, hospital patients, daycare, etc.)? Yes No

Will the establishment have self-service food bars (buffets, salad bars, etc.)? Yes No
If yes, what method will be used to protect the food (sneeze guard, single service utensils, etc.)?

Does the establishment include a drive-thru window? Yes No

Does the establishment include alcohol or liquor sales? Yes No

Is the establishment inside another business or private home? Yes No

If yes, explain:

Is extensive remodeling going to take place prior to opening? Yes No N/A

Food Preparation

Check categories of food to be handled, prepared, and served:

- Raw poultry, fish, eggs, meats (burgers, filets, etc.)
- Cold processed foods (salads, sandwiches, vegetables, fruits, etc.)
- Hot processed foods (soups, stews, rice, noodles, gravy, casserole, chili, etc.)
- Bakery items (pies, custards, cream fillings, cheesecake)
- Other

From what companies will food items/ingredients be purchased?

Will disposable gloves and/or utensils be used for handling ready-to-eat foods?

Yes No N/A

Will foods be served undercooked? Yes No

If Yes, explain:

Will there be a Consumer Advisory on the menu and located on the appropriate page(s)?

Yes N/A

Employees

Will food employees be trained in food sanitation practices? Yes No

Explain the method of training.

Is there a written policy to exclude or restrict food workers who are sick or have infected cuts?

Yes No

Will employees have a designated break area and/or area to store belongings? Yes No

Food Handling and Practices

Will any foods be cooked and cooled in advance of service? Yes No

If yes, where, and how will these foods be cooled (cooler, freezer, prep sink, shallow pans, ice bath, reducing volume, etc.)?

How will foods be reheated to 165°F (within 2 hours) for hot holding?

Will produce be washed before use? Yes No N/A

If yes, where will it be washed?

Is there an NSF approved food thermometer on site?

Yes No

Plumbing and Sanitizing

Is the hot water generation and distribution system of sufficient size to meet peak water demands?

Yes No

How will oversized cooking equipment, cutting boards, counter tops, slicers, and other food contact surfaces that cannot be submerged in sinks or put through a dish washer be washed, rinsed, and sanitized?

What is the method of dishwashing?

3-compartment sink (NSF approved)

4-compartment sink (NSF approved)

Mechanical dishwasher (NSF approved)

If dishware cannot be effectively cleaned using a 3-compartment sink, a 4-compartment sink may be required to provide pre-washing. Sink compartments shall be large enough to fit the largest piece of equipment or utensil.

Type of sanitizer test strip: Chlorine Quaternary Ammonium Iodine pH Heat

Other _____

Is there adequate space for air drying of equipment and utensils? Yes No

Are there dedicated handwashing sinks in all required areas? (Mark all locations that apply)

Food prep areas Number of sinks: _____

Food dispensing areas Number of sinks: _____

Warewashing areas Number of sinks: _____

Waitstaff areas Number of sinks: _____

Tavern areas Number of sinks: _____

Other _____ Number of sinks: _____

Note: ALL handwashing sinks must be provided with non-hand operated faucet control

Are there activities that will require a dump sink or blender rinse sink, such as a bar or a coffee station? Yes No

If yes, where will liquids be dumped?

Is there a food prep sink? Yes No If yes, is there an air gap present? Yes No

How will foods be thawed?

Is there a bulk ice machine on site? Yes No (provide ice source) _____

If yes, is there an air gap on the ice machine drain line? Yes No

Are there ice bins for holding and scooping ice? Yes No

If yes, is there an air gap on the drain line? Yes No

Will the establishment be bagging ice for retail sale? Yes No

Is there a utility or mop sink to discard wastewater? Yes No If no, where will water be discarded? _____

Source of water supply

Private Well (must submit most recent water test results)

Public: List municipal water source _____

Equipment

Will cold holding and hot holding units be commercial grade / NSF approved? Yes No

Will equipment and utensils be commercial grade / NSF approved? Yes No

Does each cooler have a thermometer? Yes No

Is there adequate space for food preparation to prevent contamination? Yes No

Will the establishment have an approved ventilation hood with grease filters and a fire suppression system? Yes No

List name and type of all cold holding units (include all coolers and freezers).

List name and type of all hot holding units.

List name and type of cooking equipment (include all grills, ovens, microwaves, etc.).

Is there adequate lighting in food prep areas, cold holding units, and food storage areas?

Yes No

Is the lighting shatterproof or shielded? Yes No

Outdoor areas

Will the facility have outdoor tavern areas where beverages are poured or prepared with ice?

Yes No

Will the establishment have outdoor tavern areas with beer taps? Yes No

Is food cooked outside (smoker, outdoor grill, etc.)? Yes No

Will the facility have overhead doors/garage doors in dining areas? Yes No

Waste and grease disposal

Will dumpsters be provided on site? Yes No

Sewage Service

Private septic system: List Type _____

Municipal sewer system

Is there a grease trap/interceptor (contact local building inspector to determine if a grease interceptor is required)? Yes No

How and where will grease from fryers be discarded?

Are public rest-rooms available? Yes No

Do rest-room doors have a self-closing door mechanism? Yes No

Additional Equipment:

Is there a mechanical washer and dryer on site? Yes No

Where will toxic chemicals be stored?

Construction and Finishes

Is the floor constructed of material that is durable, non-absorbent, and easily cleanable?

Yes No

Does the floor/wall juncture have a coved base? Yes No

Are the floors, walls, and ceilings smooth, non-absorbent, and easily cleanable? Yes No

Do food storage areas have shelving to keep food off the floor? Yes No

Does the establishment have a contract with a pest control company? Yes No

Additional Information

Hours of operation: _____

Certified Food Protection Manager:

Name:

Type of certification (ServSafe, etc.):

Certification number:

Expiration date:

- Copy of signed shared kitchen agreement, if applicable
- Copy of HACCP plans, if applicable
- Copy of Building Approval Letter, if applicable
- Copy of other municipal, county, or state approvals relating to the operation of the retail food establishment
- Proposed date of the start of construction or remodel _____
- Proposed date of opening _____

Completed plans submitted to Brown County Public Health will be reviewed within 30 days of receipt. Incomplete plans will extend the plan review process.

Printed Name - Applicant

Signature - Applicant

Date