



PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

Kansas Department of Agriculture
Food Safety & Lodging
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PLEASE PRINT CLEARLY

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ESTABLISHMENT INFORMATION

Establishment Name/DBA: _____ Phone: _____

Establishment Address: _____ Fax: _____

City, State, Zip Code: _____ County: _____

Opening Date: _____

OWNERSHIP INFORMATION

Owner Name: _____

Owner Mailing Address: _____

Owner Phone and Email Address: _____

ARCHITECT INFORMATION

Architect Name: _____

Architect Mailing Address: _____

Architect Phone and Email Address: _____

Projected Date for Start of Project: _____ Projected Date for Completion of Project: _____

Provide the following documents:

Proposed Menu or complete list of food and beverages to be offered (including seasonal, off-site and banquet menus)

Plan of food establishment drawn to scale showing location of equipment and plumbing services

Equipment schedule including location, plumbing, and drain connections

Manufacturer specification sheets for each piece of equipment to be used in the establishment

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS:

- Plans at minimum of 11 x 14 inches in size drawn to scale (PDF format is encouraged).
- Proposed menu, seating capacity, and projected daily meal volume for the food establishment.
- Location of all food equipment. Each piece of equipment must be clearly labeled, marked, or identified. Food equipment schedule which includes the make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable) must be submitted.
- Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases.
- Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections.
- Service sink or curbed cleaning facility with facilities for hanging wet mops or similar wet cleaning tools and for the disposal of mop water and similar liquid waste.
- Storage location of poisonous or toxic materials.
- Areas for storage of employee personal care items.
- Location of refuse, recyclable, and/or returnable containers.

**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-PHF (TCS) food, curing and smoking for preservation, and molluscan shellfish tanks.

HOT/COLD HOLDING (if applicable)

1. How will hot PHF(TCS) food be maintained at 135°F (57°C) or above during holding for service? Indicate type, number and location of hot holding units.

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

FINISH SCHEDULE

Indicate which materials (quarry tile, stainless steel, Fiberglass Reinforced Panels (FRP), ceramic tile, 4" plastic coved molding, etc.) will be used in the following areas:

AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Sink				
Warewashing Area				
Walk-in Refrigerators & Freezers				
Other				

PEST CONTROL

YES NO NA

- 1. Will all outside doors be self-closing and rodent proof ?

- 2. Will screens be provided on all entrances left open to the outside?

- 3. Will all openable windows have a minimum #16 mesh screening?

- 4. Will electrical insect control devices be used?

- 5. Will air curtains be used?
If yes, where:

DISHWASHING FACILITIES

Manual Dishwashing

- 1. Identify the length, width, and depth of the compartments of the 3-compartment sink:

- 2. Will the largest pot and pan fit into each compartment of the 3-compartment sink? **YES NO**

If no, what will be the procedure for manual cleaning and sanitizing of items that will not fit into the sink compartments?

Mechanical Dishwashing

- 1. Identify the make and model of the mechanical dishwasher: _____

- 2. What type of sanitizer will be used?

Chemical

Hot water

DRESSING ROOMS

1. Will dressing rooms be provided? YES NO

2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.):

OTHER

1. Identify the location for the storage of poisonous or toxic materials:

2. Where will cleaning and sanitizing solutions be stored at workstations? How will these items be separated from food and food contact surfaces?

Approval of these plans and specifications by the Kansas Department of Agriculture 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 and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.