



SAINT LOUIS COUNTY DEPARTMENT OF PUBLIC HEALTH
 Division of Environmental Protection
 Food and Environmental Program
 6121 N. Hanley Rd., Berkeley, Mo., 63134
 314-615-8900

For Office Use Only
 (Stamp Received)

**FOOD ESTABLISHMENT
 PLAN REVIEW APPLICATION**

Fee Schedule is
 \$210 (Non-Refundable)

This application must be completed in its entirety. Incomplete applications will not be accepted. The fee of \$ 210.00 is non-refundable.

[] Unincorporated Saint Louis County or [] Name of Municipality _____

Application Type New Remodel Change of Owner Change of Owner & Remodel Onsite (Mobile)

Name of Establishment: _____

Establishment's Address: _____

Establishment's City, State and Zip Code: _____

Establishment's Telephone Number: _____ PAC #: _____

Establishment's Fax Number: _____

Business Owner Information

Name: _____

Address: _____

State: _____ Zip: _____

Phone: _____

Alternate phone: _____

Email Address: _____

Applicant Information (if different from above)

Name: _____

Address: _____

State: _____ Zip: _____

Phone: _____

Alternate phone: _____

Email Address: _____

CONTACTS

Check [✓] one - Direct all correspondence to:

Title: Applicant Architect Consultant Owner Contractor Engineer General Manager
 Legal Counsel Parent Company

Primary Contact

Name: _____ Phone: Office _____ Cell _____

Company: _____ Fax _____

Address: _____

Email Address: _____

Architect/Engineer

Name: _____ Phone: Office _____ Cell _____

Company: _____ Fax _____

Address: _____

Email Address: _____

OPERATION INFORMATION

Hours of Operation:

	Open	Close
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Number of Floors on which operations are conducted: _____

ESTABLISHMENT TYPE

Indicate below the type of license this establishment is applying for. You may check more than one box.

Check [✓]	Establishment Type	Check [✓]	Establishment Type
	Hospital		Mobile Unit
	Nursing Home		Seasonal
	Elementary School K-5/ School 6-12 (circle one)		Push Cart
	Catering		Retail (No food preparation or service)
	Full Service Restaurant		Outdoor Cooking / Outdoor Bar (circle one)
	Fast Food Restaurant		Coffee Shop
	Deli		Bar
	Meat Department		Concession
	Seafood Department		Hotel / Motel (circle one)
	Bakery		Commissary
	Salad Bar		Childcare Center

STATEMENT

Initial: ____ I have received a copy of the Health Permit Requirement Checklist and understand that ALL PLANS are held to the minimum requirements listed in the document.

Initial: ____ I have received a copy of the Retail Health Permit Requirement Checklist and understand that ALL PLANS are held to the minimum requirements listed in the document.

I hereby certify that the submitted information is correct, and I fully understand that any deviation without prior permission from the Saint Louis County Department of Public Health may nullify final approval.

Signature: _____ Date: _____

Print Name: _____

Title: _____

Approval of these plans and specifications by the Saint Louis County Department of Public Health 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.

The items below have been included with the plans being submitted at this time. It is understood that omission of any requested information will result in a delay of plan approval. Once all required items are received and any required fees paid, the initial plan submittal will be reviewed within the time allotted by the Saint Louis County Department of Public Health.

Submitted Information		Yes	No
	Proposed menu and HACCP plan (if required)		
	One complete sets of plans, drawn to scale (recommended ¼ inch scale)		
	One set of manufacturer equipment specification sheets for all equipment to be used in the establishment		
	Vicinity map and site plan showing location of establishment and location of any outside equipment of facilities		
	Equipment plan and schedule showing locations of equipment		
	Electrical plan and/or lighting plan identifying lighting installments		
	Interior room finish schedule		
	Kitchen exhaust ventilation plans including drawings		
	Hand sinks and food preparation sinks		
	Restrooms/toilet facilities		
	Storage rooms/areas for food		
	Service sink/cleaning facilities		
	Chemical storage area		
	Employee storage area/change rooms		

ROOM FINISH SCHEDULE (This is to be included on the plans. Include all food preparation areas, storage areas, service areas, toilet rooms, bar areas, wait stations and vestibules.)									
Room Name and/or I.D. #, and Plansheet #	FLOORS			WALLS				CEILINGS	
<i>Example:</i> Kitchen #101 Plansheet # FP1	Quarry tile	Smooth, sealed	Coved Quarry tile	FRP smooth	FRP smooth	Painted Drywall smooth	Painted Drywall smooth	Vinyl faced gypsum tile	Smooth

FOOD PREPARATION REVIEW	
CATEGORY (Which categories of potentially hazardous foods (PHFs) will be handled, prepared and served?)	
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets; legs; wings).....	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams).....	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Cold processed foods (salads, sandwiches, vegetables)	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles).....	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Bakery goods (pies, custards, cream fillings & toppings)	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Other? _____	

FOOD SUPPLIES/STORAGE

Food Supplies

1. What are the projected frequencies of deliveries for frozen foods _____, refrigerated foods _____, and dry goods _____?

Dry Storage

1. Identify the location that will be used for dry storage of food items. _____

2. Identify the location and containers that will be used to store bulk food products (rice, flour, sugar, etc.) _____

3. Provide information on the amount of space allocated:
Dry Storage: _____ (approximate sq ft)

Cold Storage

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen and refrigerated foods at 41°F (5°C) and below? YES NO
2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES NO
If yes, how will cross contamination be prevented? _____
3. Is there a bulk ice machine available? YES NO
4. Provide information on the amount of space allocated:
Frozen Storage: _____ (approximate sq ft) Refrigerated Storage: _____ (approximate sq ft)

THAWING

1. How will frozen foods be properly thawed? _____
- Please select any of the following that apply:
- Under Refrigeration:
- Running Water less than 70°F (21°C):
- Microwave (as part of cooking process):
- Cooked from frozen state:
- Other (explain):

COOKING

1. What type of food thermometer will be used to ensure proper internal cooking (reheating) temperatures of PHFs are met?

HOT/COLD HOLDING

1. How will hot PHFs be maintained at 135°F (57°C) or above during holding for service? Indicate type and number of hot holding units. _____
2. How will cold PHFs be maintained at 41°F (5°C) or below during holding for service? Indicate type and number of cold holding units. _____

COOLING

1. List all foods that will be cooked and cooled prior to service:
2. How will foods be properly cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hrs)?

Indicate by checking the appropriate boxes (provide description):

- No cooling required
- Shallow Containers:
- Ice Bath:
- Rapid Chill Unit:
- Stirring with frozen stick:
- Other:

REHEATING

1. List all foods that will be cooked, cooled and reheated prior to service:
2. How will PHF's 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

- 1. Please list foods prepared more than 12 hours in advance of service.

- 2. How will food employees be trained in good food safety practices? _____

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

- 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: _____

- 5. Will a chemical wash be used for produce? YES NO
If yes, please describe: _____

- 6. Will the facility be "primarily" serving food to a highly susceptible population (i.e. the elderly, children, or those with weakened immune systems)? YES NO
If yes, how will foods be safely transferred between the kitchen and service areas? _____

PEST CONTROL

- 1. Will all outside doors be self-closing, rodent proof and open outward? YES NO
- 2. Are screen doors provided on all entrances left open to the outside? YES NO
- 3. Do all windows that can be opened have a minimum #16 mesh screening? YES NO
- 4. Is the placement of electrocution devices (bug zappers) identified on the plan? YES NO
- 5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected against pest entry? YES NO
- 6. Is area around building clear of unnecessary brush, litter, boxes and other harborage? YES NO
- 7. Will air curtains be used? YES NO
If yes, where? _____
- 8. Are all drive-thru or service windows self-closing? YES NO

GARBAGE AND REFUSE

1. Will refuse be stored inside? YES NO

If so, where?

2. Is there an area designated for garbage can or floor mat cleaning? YES NO

3. Will a dumpster be used? YES NO

Number _____ Size _____ Frequency of pickup _____ Contractor _____

4. Will garbage cans be stored outside? YES NO

5. Describe surface and location where dumpster/compactor/garbage cans are to be stored: _____

6. Describe location of grease storage receptacles: _____

7. Is there an area to store recyclable containers? YES NO

If yes, what materials are to be recycled? _____

WATER SUPPLY

1. Is the water supply public or private? _____

2. If private, has source been approved? YES NO

***Please attach copy of written approval and/or permit.*

3. Is ice made on premises or purchased commercially?

4. Water heater:

Tank type:

a. Manufacturer and model:

b. Storage capacity:

c. Input rating:

Electric water heater: _____ Kilowatts (kW)

Gas water heater: _____ BTU's

5. Is all water supply equipment installed to prevent back siphonage? YES NO

6. Are floor drains provided easily cleanable? YES NO

EQUIPMENT DRAINAGE

(Check the appropriate box indicating equipment drain.)

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor Sink	Hub Drain	Floor Drain	
Manual Warewashing Sink				
Food Prep Sink(s)				
Handwashing Sink(s)				
Mechanical Warewashing Machine				
Ice Machine				
Garbage Disposal				
Dipper Well				
Refrigeration Unit(s)				
Steam Table				
Other:				

SEWAGE DISPOSAL

1. Is building connected to city sewer?.....YES NO
2. If no, is private disposal system approved?YES NO
***Please attach copy of written approval and/or permit.*
3. Are grease traps provided?.....YES NO
 If so, where? _____

SINKS

1. Is a separate food preparation sink provided?.....YES NO
*** If yes, an air gap must be provided in the drain pipe.*

DISHWASHING FACILITIES

1. What method will be used for warewashing?
 Three (3) compartment sink (required)
 Dishwasher (optional) and 3 compartment sink
Type of Dishwasher:
Is ventilation provided above the dishwashing machine?..... YES NO
 Hot Water Sanitizing (temp. provided): _____
 Chemical Sanitizing: _____
2. Do all dish machines have templates with operating instructions, water temperature and/or chemical requirements?
..... YES NO
3. Do all dish machines have properly working temperature/pressure gauges and alarms or visual display for low chemicals as required?..... YES NO
4. Does the largest pot/pan fit in all compartments of the three (3) compartment sink..... YES NO

DRESSING ROOMS

1. Are dressing rooms with lockers provided?..... YES NO
If not, describe storage facilities for employees' personal belongings (i.e. purses, coats) _____

HANDWASHING/TOILET FACILITIES

1. Is there a hand sink in each food preparation and warewashing area?..... YES NO
2. Do all hand sinks, including those in toilet rooms, have a mixing valve or combination faucet allowing hot and cold water?
..... YES NO
3. Is hand cleanser available at all hand sinks?..... YES NO
4. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand sinks?..... YES NO
5. Are covered waste receptacles available in all ladies' restrooms?..... YES NO
6. Is hot and cold running water under pressure available at each hand sink, with hot water reading at least 100°F?
..... YES NO
7. Are all toilet room doors self-closing?..... YES NO
8. Are all toilet rooms equipped with adequate ventilation?..... YES NO
9. Is a handwashing sign posted at all hand sinks?..... YES NO

GENERAL

- 1. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas?.....YES NO
- 2. Will linens be laundered on site?..... YES NO
If yes, what will be laundered and where? _____
If no, how will linens be cleaned? _____
- 3. Is a laundry dryer available?YES NO
- 4. Are all areas properly vented and hood systems approved by the Fire Marshal?YES NO

SPECIALIZED PROCESSES

- 1. Indicate any specialized processes that will take place:
Curing Acidification (sushi, etc.) Smoking Live Molluscan shellfish Custom Processing Sprouting
Reduced Oxygen Packaging (eg: vacuum packaging, sous vide, cook-chill, etc.) Other (explain):
- 2. Explain checked processes:

****Provide a HACCP plan for identified specialized processing methods.**

HEALTH PERMIT REQUIREMENT CHECKLIST

Please review this information.

All plans are held to the minimum requirements listed in this document.

Definition of Food:

"Food" means a raw, cooked, or processed edible substance, ice, BEVERAGE, or ingredient used or intended for use or for sale in whole or in part for human consumption, or chewing gum.

4-301.12 Manual Warewashing, Sink Compartment Requirements.



(A) Except as specified in ¶ (C) of this section, a sink with at least 3 compartments shall be provided for manually washing, rinsing, and SANITIZING EQUIPMENT and UTENSILS.

4-301.13 Drainboards.

Drainboards, UTENSIL racks, or tables large enough to accommodate all soiled and cleaned items that may accumulate during hours of operation shall be provided for necessary UTENSIL holding before cleaning and after SANITIZING.



5-204.11 Handwashing Sinks.*

A HANDWASHING SINK shall be located:

- (A) To allow convenient use by EMPLOYEES in FOOD preparation, FOOD dispensing, and WAREWASHING areas; and
- (B) In, or immediately adjacent to, toilet rooms.

5-203.13 Service Sink.

At least 1 service sink or 1 curbed cleaning facility equipped with a floor drain shall be provided and conveniently located for the cleaning of mops or similar wet floor cleaning tools and for the disposal of mop water and similar liquid waste.



6-501.16 Drying Mops.

After use, mops shall be placed in a position that allows them to air-dry without soiling walls, EQUIPMENT, or supplies.



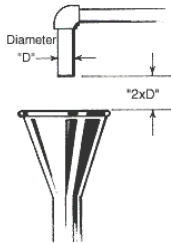
6-201.13 Floor and Wall Junctures, Coved

and 6-101.11 Surface Characteristics Surface Characteristics for any area where food is prepared/stored and dishware is cleaned/stored is required to have floor/wall/ceiling characteristics: Durable, Smooth, Nonabsorbent, Easily Cleanable.

Toilet Rooms and Outer Openings are required to be self-closing and tight-fitting. Drive/Pass thru windows are required to be self-closing and tight-fitting as well. (Section 6-202.14/6-202.15)

Large overhead doors are required to have a dock seal that will protect or shield the opening from the outside while open.

Air curtains are secondary measures for compliance unless approved otherwise by plan review.



5-202.13 Backflow Prevention, Air Gap.*

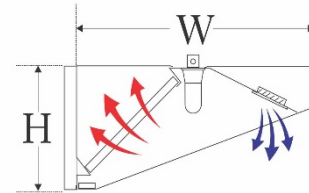
An air gap between the water supply inlet and the flood level rim of the PLUMBING FIXTURE, EQUIPMENT, or nonFOOD EQUIPMENT shall be at least twice the diameter of the water supply inlet and may not be less than 25 mm (1 inch).

Any drain line that is coming from a food service piece of equipment is subject to this requirement. If the equipment has an operating backflow prevention device then the air gap is not required.

Short Cycle Hoods - Noncompliant

4-204.11 Ventilation Hood Systems, Drip Prevention.

Exhaust ventilation hood systems in FOOD preparation and WAREWASHING areas including components such as hoods, fans, guards, and ducting shall be designed to prevent grease or condensation from draining or dripping onto FOOD, EQUIPMENT, UTENSILS, LINENS, and SINGLE-SERVICE and SINGLE-USE ARTICLES.



Please know that Code requirements shown in this document are required to be enforced. There are no “grandfathering” concessions. Not all of the Code requirements are listed in this document.

Saint Louis COUNTY PUBLIC HEALTH

RETAIL PERMIT REQUIREMENT CHECKLIST

Please review this information.

All plans are held to the minimum requirements listed in this document.

5-203.13 Service Sink.

At least 1 service sink or 1 curbed cleaning facility equipped with a floor drain shall be provided and conveniently located for the cleaning of mops or similar wet floor cleaning tools and for the disposal of mop water and similar liquid waste.



6-501.16 Drying Mops.

After use, mops shall be placed in a position that allows them to air-dry without soiling walls, EQUIPMENT, or supplies.



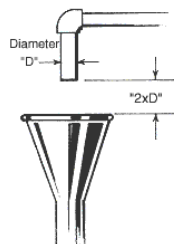
6-201.13 Floor and Wall Junctures, Coved and 6-101.11 Surface Characteristics

Surface Characteristics for areas where food is stored in back of the house and in toilet rooms are required to have coved floor/wall junctures and Durable, Smooth, Nonabsorbent, Easily Cleanable floor/wall/ceilings in toilet and mop service rooms.

Toilet Rooms and Outer Openings are required to be self-closing and tight-fitting. Drive/Pass thru windows are required to be self-closing and tight-fitting as well. (**Section 6-202.14/6-202.15**)

Large overhead doors are required to have a dock seal that will protect or shield the opening from the outside while open.

Air curtains are secondary measures for compliance unless approved otherwise by plan review.



5-202.13 Backflow Prevention, Air Gap.*

An air gap between the water supply inlet and the flood level rim of the PLUMBING FIXTURE, EQUIPMENT, or nonFOOD EQUIPMENT shall be at least twice the diameter of the water supply inlet and may not be less than 25 mm (1 inch).

Any drain line that is coming from a food service piece of equipment, including walk-in units and coffins, is subject to this requirement. If the equipment has an operating backflow prevention device then the air gap is not required.

Gondola Backing

4-101.19 Nonfood-Contact Surfaces.

NonFOOD-CONTACT SURFACES of EQUIPMENT that are exposed to splash, spillage, or other FOOD soiling or that require frequent cleaning shall be constructed of a CORROSION-RESISTANT, nonabsorbent, and SMOOTH material.

4-202.16 Nonfood-Contact Surfaces.

NonFOOD-CONTACT SURFACES shall be free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance.



4-202.17 Kick Plates, Removable.

Kick plates shall be designed so that the areas behind them are accessible for inspection and cleaning by being: (A) Removable by one of the methods specified under Subparagraph 4-202.11(A)(5) or capable of being rotated open; and (B) Removable or capable of being rotated open without unlocking EQUIPMENT doors.

Please know that Code requirements shown in this document are required to be enforced. There are no “*grandfathering*” concessions. Not all of the Code requirements are listed in this document.