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MENU

IMPORTANT:

Plan review CANNOT begin until a specific menu (and specific information related to the menu) is established!!! Decisions about adequate refrigeration, ventilation, numbers and types of sinks, equipment location, etc., all begin with the menu and associated activities. It is the menu that will determine how much physical space is needed for storage, walkways, etc. It is the associated activities required for the menu that determine whether or not sinks are needed for food preparations, whether or not one or several handwash sinks will be needed etc.

Trying to squeeze an acquired physical space to accommodate a menu is usually an exercise in designing violations of the Food & Drink Codes (R392-100) into an establishment. The menu, instead, determines how much space and what type of equipment will be needed. How do I make this 3000 square feet, fit my menu? Is the WRONG question!! What will I need to have for this menu and associated activities? Is the RIGHT question!!

Therefore, the following information must precede and/or accompany the application for approval to construct and plans submittal. We strongly recommend a preplan review meeting with TriCounty Health Department, the owner-operator, architect, contractor (if selected) etc. to provide better coordination of all the components that have to be brought together in the final plans and specifications. This is especially important if those persons do not understand the requirements of the food/drink code and the relationship that exist between physical requirements and operational requirements. In other words THERE IS NOT JUST ONE PATTERN THAT FITS ALL OPERATIONS. The applicability of the code and different approaches to achieving compliance by the menu and activities associated with it.

FOOD ESTABLISHMENT PLAN REVIEW/MENU

Establishment Name: _____

Address: _____

Phone #: _____ Fax #: _____

Owner: _____

Owner mailing address: _____

Email: _____

Owner phone #: _____ Fax #: _____

**FOOD ESTABLISHMENT PLAN REVIEW/MENU AND RELATED
ACTIVITIES**

Hours of Operation: Hours
 Sunday _____ **Thursday** _____
 Monday _____ **Friday** _____
 Tuesday _____ **Saturday** _____
 Wednesday _____

Number of Seats **Inside** _____ **Outside** _____

Number of Staff/Maximum Per Shift _____

Total Square Footage of Facility _____

Maximum Meals to be Served **Breakfast** _____ **Lunch** _____
(Approximate) **Dinner** _____ **Other** _____

Type of Activity **Sit Down Meals** _____ **Take Out Meals** _____
 Caterer _____ **Mobile** _____
 Drive-thru _____ **Commissary** _____
 Buffet _____ **Bar** _____
 Other activities) _____

FOOD PREPERATION REVIEW
“ HACCP PLAN”

This form must be completed by your Certified Food Safety Manager and a copy of their current certificate must be attached (26-15a-106).

Check all categories of Potentially Hazardous Foods (PHF) to be displayed, stored, transported, handled, prepared, processed, served etc.

- | | Yes | No |
|--|-----|-----|
| 1. Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets) | [] | [] |
| 2. Thick meats (ham, roasts, whole chickens, turkey) | [] | [] |
| 3. Cold processed foods (salads, sandwiches, vegetables or sliced fruit) | [] | [] |
| 4. Hot processed foods (soups, stews, chowder, casseroles) | [] | [] |
| 5. Other: _____ | | |
| _____ | | |

FOOD SUPPLIES

Are all foods supplied from an inspected and approved source? Yes No

If No, please explain: _____

How will you verify proper temperature control upon delivery?

COLD STORAGE

1. Are adequate and approved ANSI freezer and refrigeration available to store frozen and refrigerated foods 41 F and below? Yes No

2. If raw meats, poultry and seafood are stored in the same refrigerators with ready-to-eat foods, how will CROSS-CONTAMINATION be prevented?

3. Does each refrigeration/freezer unit have a working thermometer? Yes No

Number of refrigeration units? Walk-ins _____	Reach-ins _____
Number of freezer units? Walk-ins _____	Reach-ins _____

4. Is there a bulk ice machine available? Yes No

How will these items be managed? _____

THAWING

How will each potentially hazardous food be thawed?

Under refrigeration Yes No

Under cold running water Yes No

Cooked frozen or microwave (as part of cooking process) Yes No

How will this be managed? _____

COOKING

List types of cooking/reheating equipment:

How will these items be managed? _____

HOT/COLD HOLDING

1. How will hot potentially hazardous foods be maintained at 135 F and above? during holding-for-hot serve?

Indicate types and numbers of hot holding units.

How will this be managed? _____

2. How will cold potentially hazardous foods be maintained at 41 F or below?

during holding-for-service?

Indicate types and numbers of cold holding units.

How will this be managed? _____

COOLING

1. How are you going to cool potentially hazardous foods from 135 F to 70 F within 2 hours and then from 70 F to 41 F or less within 4 hours?

How will this be managed? _____

PREPARATION

1. Please list categories of food to be prepared more than 12 hours in advance of service;

2. What steps or procedures will be used to limit bare-hand contact with ready-to-eat foods?

3. How will food equipment be cleaned and sanitized?

4. Is ware-wash sink big enough for the biggest item to be cleaned?

5. Is automatic dish washing machine high temperature or low temperature?

6. How will clean in place equipment be cleaned and sanitized?

7. What type of sanitizer do you plan on using and how are will you keep the right concentration?

8. How will produce be cleaned prior to being served or used? If washed do you have an approved produce sink?

9. How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise, and eggs for salad or sandwiches be pre-chilled before mixing or assembling?

10. What is your policy and procedure for employees that are sick?

11. How will you maintain all potentially hazardous foods are not kept in the food danger zone too long (no more than 4 hours)?

12. How will all these items be managed?

13. If catering, how do you plan to transport food and equipment?

14. What type of containers do you plan on using to keep food hot or cold?

15. Will there be any self-service?

16. If yes, how do you plan to keep the food at proper temperature and prevent contamination?

17. How will this be managed?

PREPARED BY _____
(please print)

SIGNATURE _____

MAILING ADDRESS _____

PHONE NUMBER _____

FAX _____

CELL _____

DATE _____

