ARLINGTON VIRGINIA

DEPARTMENT OF HUMAN SERVICES
Public Health Division/Environmental Health Program

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Application for Foodservice Plan Review

Instructions

Complete this form if you are a new establishment or plan to make alterations to an existing establishment. Submit this form with your building plans and pay the $40 fee at: https://aca-prod.accela.com/ARLINGTONCO/Default.aspx.

Note: Approval of these plans and specifications by the Public Health Division 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.

Establishment Information

Project Name: _____ Project ID: _____

Plan Type: ☐ New ☐ Remodel ☐ Conversion

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

Establishment Type (select all that apply): ☐ Full Service ☐ Fast Food ☐ Caterer ☐ Hospital ☐ School ☐ Concession ☐ Base of operation for mobile trucks ☐ Other (describe): _____

Smoking Status: ☐ Smoke Free ☐ Outdoor Smoking Area ☐ Smoking in Designated Areas ☐ Exempt

Establishment Contact Information

Establishment Name: _____ Phone (if available): _____

Street Address: _____ City: Arlington State: VA Zip: _____

Owner Information

Owner Name: _____ Phone: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Applicant Information

Applicant Name: _____ Title: _____

Phone: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Architect Information

Architect Firm: _____ Phone: _____ Email: _____

Hours of Operation and Type

Monday	Open: _____	☐ a.m. ☐ p.m.	Close: _____	☐ a.m. ☐ p.m.
Tuesday	Open: _____	☐ a.m. ☐ p.m.	Close: _____	☐ a.m. ☐ p.m.
Wednesday	Open: _____	☐ a.m. ☐ p.m.	Close: _____	☐ a.m. ☐ p.m.
Thursday	Open: _____	☐ a.m. ☐ p.m.	Close: _____	☐ a.m. ☐ p.m.
Friday	Open: _____	☐ a.m. ☐ p.m.	Close: _____	☐ a.m. ☐ p.m.
Saturday	Open: _____	☐ a.m. ☐ p.m.	Close: _____	☐ a.m. ☐ p.m.
Sunday	Open: _____	☐ a.m. ☐ p.m.	Close: _____	☐ a.m. ☐ p.m.

Number of Indoor Seats: _____ Number of Outdoor Seats: _____

Maximum Meals Served Per Day: Breakfast: _____ Brunch: _____ Lunch: _____ Dinner: _____

Submission Checklist

Please submit the following documents:

☐ Proposed menu(s) (including seasonal, off-site, banquet, and menu boards) with Consumer Advisory language/asterisks included as needed

☐ Manufacturer Specification sheets for each piece of food service equipment shown on the plan, including water heater and dish machine

☐ Site plan showing location of business in building; location of building on site including alleys and streets; and location of any outside equipment (dumpsters, grease containers, etc.)

☐ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services, and mechanical ventilation

☐ Equipment schedule

☐ Finish schedule

☐ Certified Food Protection Manager Certification

☐ (Optional if using Specialized Processing Methods) HACCP, Variance request, operating procedures, and training plan

Food Preparation Review

1. Check categories of time/temperature control for safety (TCS) foods to be handled, prepared, and served.	Yes	No	N/A
Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)	☐	☐	☐
Thick meats, whole poultry (roast beef, whole turkey, chickens, hams)	☐	☐	☐
Cold processed foods (salads, sandwiches, vegetables)	☐	☐	☐
Hot processed foods (soups, stews, rice, noodles, gravy, casseroles)	☐	☐	☐
Bakery goods (pies, custards, cream fillings and toppings)	☐	☐	☐
Other, describe: _____	☐	☐	☐

Food Supplies

1. All food supplies must be from inspected and approved sources? List all of your food suppliers:

_____

2. Specify projected frequencies of deliveries for: Frozen foods: _____

Refrigerated foods: _____ Dry goods: _____

3. How will dry goods be stored off the floor? _____

Cold Storage			
	Yes	**No**	**N/A**
1. Is adequate and approved freezer and refrigeration available to store frozen and refrigerated foods at 41°F (5°C) and below?	☐	☐	
2. Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? If **yes**, how will cross-contamination be prevented? _____	☐	☐	☐
3. Does each refrigerator/freezer have a thermometer? Number of refrigeration units: _____ Number of freezer units: _____	☐	☐	
4. Is there an ice machine available? If **yes**, how will it be cleaned? _____ How often will it be cleaned? _____	☐	☐	

Thawing Frozen Potentially Hazardous Food		
1. Will you thaw frozen TCS foods? ☐ No ☐ Yes (*check the appropriate boxes to indicate how frozen TCS foods in each category will be thawed. More than one method may apply.)*		
Thawing Method	**Thick Frozen Foods** (More than 1 inch)	**Thin Frozen Foods** (Approximately 1 inch or less)
Refrigeration	☐	☐
Running water less than 70°F (21°C)	☐	☐
Microwave (as part of cooking process)	☐	☐
Cooked from frozen state	☐	☐
Other, describe: _____	☐	☐

Cooking
1. What type of temperature measuring device will be used to ensure proper internal cooking temperatures of TCS foods are met? _____
2. How will you calibrate the thermometer? _____
3. How often will you calibrate the thermometer? _____
4. Will you be serving any raw or undercooked foods? ☐ Yes (*a consumer advisory must be present on your menu!)* ☐ No

Hot/Cold Holding	
1. How will hot TCS foods be maintained at 135°F (60°C) or above during holding for service? Indicate type and number of hot holding units. _____	**N/A** ☐
2. How will cold TCS foods be maintained at 41°F (5°C) or below during holding for service? Indicate type and number of cold holding units. _____	☐

Cooling	
1. How will TCS foods be properly cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 135°F to 41°F in a total of 6 hours)? _____	**N/A** ☐

Reheating

1. How will TCS foods 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. _____	N/A ☐

Preparation

1. List categories of foods prepared more than 12 hours in advance of service. _____	N/A ☐

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

_____

3. Is there a policy to exclude or restrict food workers who are sick or have infected cuts and lesions?

☐ **Yes**, describe briefly or attach the policy: _____

☐ **No**, a policy is required prior to opening the foodservice facility (FDA Form 1-B)

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? *Note: test kits are required.*

Chemical Type: _____ Concentration: _____

5. How often will in-use food contact surfaces be cleaned and sanitized? _____

	Yes	No	N/A
6. Will ingredients for cold ready-to-eat foods such as tuna and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? If **no**, how will ready-to-eat foods be cooled to 41°F? _____	☐	☐	☐
7. Will a chemical wash be used for produce? If **yes**, describe: _____	☐	☐	☐
8. Will foods be vacuum packaged on site? If yes, *provide a HACCP, operating procedures, and training plan for the specialized processing method.*	☐	☐	☐
9. Will the facility be serving food to a highly susceptible population (elderly, children, or those with weakened immune systems)? If **yes**, how will the temperature of foods be maintained while being transferred between the kitchen and service area? _____	☐	☐	

Finish Schedule

1. Indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food storage				
Other storage				
Toilet rooms				
Dressing rooms				
Garbage and refuse storage				
Mop service basin area				
Warewashing area				
Walk-in refrigerators and freezers				

Insect and Rodent Control			
	Yes	No	N/A
1. Will the facility have garage style doors, sliding doors, or windows that open to the outside to provide ventilation? If **yes**, openings must be protected against the entry of insects and rodents by effective means (i.e., air curtains or screens).	☐	☐	
2. Are screen doors provided on all entrances left open to the outside?	☐	☐	☐
3. Do all openable windows have a minimum #16 mesh screening?	☐	☐	☐
4. Is the placement of insect/pest electrocution devices identified on the plan?	☐	☐	☐
5. Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	☐	☐	
6. Is area around building clear of unnecessary brush, litter, boxes, and other harborage areas?	☐	☐	
7. Are all drive thru or service windows self-closing?	☐	☐	☐
8. Will air curtains be used? If **yes**, show air curtains in the plans.	☐	☐	
9. Will there be a professional pest control company that services establishment? If **yes**, provide name and service frequency: _____	☐	☐	

Garbage and Refuse		
Inside	**Yes**	**No**
1. Will refuse be stored inside? If **yes**, where? _____	☐	☐
2. Is there an area designated for garbage can or floor mat cleaning?	☐	☐
Outside		
1. Will a dumpster be used? Number: _____ Size: _____ Frequency of pickup: _____	☐	☐
2. Will a compactor be used? Number: _____ Size: _____ Frequency of pickup: _____	☐	☐
3. Will garbage cans be stored outside?	☐	☐
4. Describe surface and location where dumpster/compactor/garbage cans are to be stored: _____		
5. Describe location of grease storage receptacle and servicing schedule: _____		
6. Is there an area to store recycled containers? If **yes**, describe: _____	**Yes** ☐	**No** ☐
7. Is there an area to store returnable damaged goods?	☐	☐

Plumbing Connections				
1. Check where appropriate	Air Gap	Air Break	Vacuum Breaker	Not Installed
Dishwasher	☐	☐	☐	☐
Garbage disposal	☐	☐	☐	☐
Grinder	☐	☐	☐	☐
Ice machines	☐	☐	☐	☐
Ice storage bin	☐	☐	☐	☐

Plumbing Connections (continued)				
Check where appropriate	Air Gap	Air Break	Vacuum Breaker	Not Installed
Sinks a. Mop	☐	☐	☐	☐
b. 3 Compartment	☐	☐	☐	☐
c. 2 Compartment	☐	☐	☐	☐
d. 1 Compartment	☐	☐	☐	☐
Steam tables	☐	☐	☐	☐
Dipper wells	☐	☐	☐	☐
Refrigeration condensate/drain lines	☐	☐	☐	☐
Beverage Dispenser w/carbonator	☐	☐	☐	☐
Other, describe: _____	☐	☐	☐	☐
2. Are floor drains provided and easily cleanable? ☐ Yes, indicate location: _____ ☐ No				

Water Supply

1. What is the capacity of the hot water generator? _____
2. Is the hot water generator sufficient for the needs of the establishment? ☐ No ☐ Yes
3. Is there a water treatment device? ☐ No ☐ Yes, indicate how the device will be inspected and serviced: _____

_____

4. How are backflow prevention devices inspected and serviced? _____

Sewage Disposal

1. Are grease interceptors connected to plumbing systems? ☐ No ☐ Yes, indicate where: _____

Provide schedule for cleaning and maintenance: _____

Employee Belongings

1. Describe storage facilities for employees' personal belongings (e.g., purses, coats, personal medication):

_____

General			
	Yes	No	N/A
1. Will all containers of toxics including sanitizing spray bottles be clearly labeled?	☐	☐	
2. Will linens be laundered on site (this includes wiping cloths)? If **yes**, what will be laundered and where? _____ If **no**, how will linens be cleaned? _____	☐	☐	☐
3. Is a laundry dryer available?	☐	☐	
4. Will food storage containers be constructed of safe, durable, and nonabsorbent materials? Indicate type: _____	☐	☐	
5. Are all areas properly vented and hood systems approved by the Fire Marshall?	☐	☐	
6. How is each listed ventilation hood system cleaned? _____ Frequency of cleaning? _____			

General		
	Yes	No
7. Will all light fixtures be shielded or shatter-resistant in food service areas?	☐	☐
A minimum of 50-ft. candles of light in food preparation areas	☐	☐
A minimum of 20-ft. candles of light at hand washing and ware washing areas	☐	☐
A minimum of 10-ft candles of light in storage areas	☐	☐

Sinks			
	Yes	No	N/A
1. Is a mop sink present?	☐	☐	
2. If the menu dictates, is a food preparation sink present?	☐	☐	☐

Dishwashing Facilities		
1. What will be used for warewashing? ☐ Dishwasher ☐ Three compartment sink If a dishwasher, what type of sanitization is used? ☐ Hot water, temp. provided: _____ ☐ Booster heater _____ ☐ Chemical, type: _____ Is ventilation provided?	Yes ☐	No ☐
2. Do all dish machines have templates with operating instructions?	☐	☐
3. Do all dish machines have temperature/pressure gauges as required that are accurately working?	☐	☐
4. Do all dish machines automatically dispense detergent/sanitizer and provide a visual means to verify dispensing?	☐	☐
5. Does the largest pot and pan fit into each compartment of the pot sink? If **no**, describe the procedure for manual cleaning and sanitizing? _____	☐	☐
6. Are there drain boards on both ends of the pot sink? If **no**, what is the method for air drying utensils/equipment? _____	☐	☐
7. What type of sanitizer is used? *Note: Appropriate test kits are required for each type of sanitizer used.* ☐ Chlorine ☐ Iodine ☐ Quaternary ammonium ☐ Hot water ☐ Other, describe: _____		

Handwashing/Toilet Facilities			
	Yes	No	N/A
1. Is there a handwashing sink in each food prep and warewashing area?	☐	☐	
2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?	☐	☐	
3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?	☐	☐	☐
4. Is soap available at all handwashing sinks?	☐	☐	
5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?	☐	☐	
6. Are covered waste receptacles available in each restroom?	☐	☐	
7. Is hot and cold running water under pressure available at each handwashing sink, with hot water reading at least 100°F?	☐	☐	
8. Are all toilet room doors self-closing?	☐	☐	
9. Are all toilet rooms equipped with adequate ventilation?	☐	☐	
10. Are handwashing signs posted at all hand sinks used by employees?	☐	☐	

Certification

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Public Health Division may nullify final approval.

Printed name of owner(s) or responsible representative(s): _____ Title: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Date Received:

EHS Review and Approval: _____ Date: _____

Variance: ☐ Yes ☐ No
If yes, conditions:

Comments: