

## 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: _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Close: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Tuesday	Open: _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Close: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Wednesday	Open: _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Close: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Thursday	Open: _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Close: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Friday	Open: _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Close: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Saturday	Open: _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Close: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Sunday	Open: _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Close: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> 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:
<input type="checkbox"/> Proposed menu(s). Include all versions, such as seasonal, off-site, banquet, or menu boards. Your menus should: <ul style="list-style-type: none"> <li>Clearly indicate if any of the 9 major allergens are in the food (wheat, eggs, fish, tree nuts, shellfish, soybeans, peanuts, milk, sesame)</li> <li>Include a consumer advisory and asterisks if you serve raw or undercooked items</li> </ul>
<input type="checkbox"/> Equipment schedule with links to the manufacturer specification sheets for each piece of food service equipment shown on the plan, including water heater and dish machine
<input type="checkbox"/> 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.)
<input type="checkbox"/> Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services, and mechanical ventilation
<input type="checkbox"/> Finish schedule
<input type="checkbox"/> Certified Food Protection Manager Certification
<input type="checkbox"/> (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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thick meats, whole poultry (roast beef, whole turkey, chickens, hams)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold processed foods (salads, sandwiches, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot processed foods (soups, stews, rice, noodles, gravy, casseroles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bakery goods (pies, custards, cream fillings and toppings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? If <b>yes</b> , how will cross-contamination be prevented? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does each refrigerator/freezer have a thermometer? Number of refrigeration units: _____ Number of freezer units: _____	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is there an ice machine available? If <b>yes</b> , how will it be cleaned? _____ How often will it be cleaned? _____	<input type="checkbox"/>	<input type="checkbox"/>	

Thawing Frozen Potentially Hazardous Food		
1. Will you thaw frozen TCS foods? <input type="checkbox"/> No <input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/>
Running water less than 70°F (21°C)	<input type="checkbox"/>	<input type="checkbox"/>
Microwave (as part of cooking process)	<input type="checkbox"/>	<input type="checkbox"/>
Cooked from frozen state	<input type="checkbox"/>	<input type="checkbox"/>
Other, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>

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? <input type="checkbox"/> Yes (a consumer advisory must be present on your menu!) <input type="checkbox"/> 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 <input type="checkbox"/>
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. _____	<input type="checkbox"/>

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 <input type="checkbox"/>

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 <input type="checkbox"/>

Preparation			
1. List categories of foods prepared more than 12 hours in advance of service. _____	N/A <input type="checkbox"/>		
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? <input type="checkbox"/> <b>Yes</b> , describe briefly or attach the policy: _____ <input type="checkbox"/> <b>No</b> , a policy is required prior to opening the foodservice facility ( <a href="#">FDA Form 1-B</a> )			
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? <i>Note: test kits are required.</i> Chemical Type: _____ Concentration: _____			
5. How often will in-use food contact surfaces be cleaned and sanitized? _____			
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 <b>no</b> , how will ready-to-eat foods be cooled to 41°F? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
7. Will a chemical wash be used for produce? If <b>yes</b> , describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Will foods be vacuum packaged on site? If yes, <i>provide a HACCP, operating procedures, and training plan for the specialized processing method.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the facility be serving food to a highly susceptible population (elderly, children, or those with weakened immune systems)? If <b>yes</b> , how will the temperature of foods be maintained while being transferred between the kitchen and service area? _____	<input type="checkbox"/>	<input type="checkbox"/>	

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 <b>yes</b> , openings must be protected against the entry of insects and rodents by effective means (i.e., air curtains or screens).	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are screen doors provided on all entrances left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do all openable windows have a minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the placement of insect/pest electrocution devices identified on the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is area around building clear of unnecessary brush, litter, boxes, and other harborage areas?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are all drive thru or service windows self-closing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Will air curtains be used? If <b>yes</b> , show air curtains in the plans.	<input type="checkbox"/>	<input type="checkbox"/>	
9. Will there be a professional pest control company that services establishment? If <b>yes</b> , provide name and service frequency: _____	<input type="checkbox"/>	<input type="checkbox"/>	

Garbage and Refuse		
Inside	Yes	No
1. Will refuse be stored inside? If <b>yes</b> , where? _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there an area designated for garbage can or floor mat cleaning?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Outside</b>		
1. Will a dumpster be used? Number: _____ Size: _____ Frequency of pickup: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Will a compactor be used? Number: _____ Size: _____ Frequency of pickup: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Will garbage cans be stored outside?	<input type="checkbox"/>	<input type="checkbox"/>
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 <b>yes</b> , describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there an area to store returnable damaged goods?	<input type="checkbox"/>	<input type="checkbox"/>

Plumbing Connections				
1. Check where appropriate	Air Gap	Air Break	Vacuum Breaker	Not Installed
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice storage bin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plumbing Connections (continued)				
Check where appropriate	Air Gap	Air Break	Vacuum Breaker	Not Installed
Sinks a. Mop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 3 Compartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 2 Compartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 1 Compartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration condensate/drain lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beverage Dispenser w/carbonator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are floor drains provided and easily cleanable? <input type="checkbox"/> Yes, indicate location: _____ <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes
3. Is there a water treatment device? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Will linens be laundered on site (this includes wiping cloths)? If <b>yes</b> , what will be laundered and where? _____ If <b>no</b> , how will linens be cleaned? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is a laundry dryer available?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Will food storage containers be constructed of safe, durable, and nonabsorbent materials? Indicate type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are all areas properly vented and hood systems approved by the Fire Marshall?	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>
A minimum of 50-ft. candles of light in food preparation areas	<input type="checkbox"/>	<input type="checkbox"/>
A minimum of 20-ft. candles of light at hand washing and ware washing areas	<input type="checkbox"/>	<input type="checkbox"/>
A minimum of 10-ft candles of light in storage areas	<input type="checkbox"/>	<input type="checkbox"/>

Sinks			
	Yes	No	N/A
1. Is a mop sink present?	<input type="checkbox"/>	<input type="checkbox"/>	
2. If the menu dictates, is a food preparation sink present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

### 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: