



**GREENWICH DEPARTMENT OF HEALTH**

<b>DATE:</b>	<b>APPROVED</b>

**FOOD SERVICE ESTABLISHMENT/FOOD STORE  
PLAN REVIEW CHECKLIST (OWNERS CHECKLIST)**

**NAME OF ESTABLISHMENT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

<u>MENU</u>	
Y/N	
<input type="checkbox"/>	Menu provided
<input type="checkbox"/>	Recipes provided
<input type="checkbox"/>	Flow charts provided
<input type="checkbox"/>	Delivery schedules provided M__T__W__Th__F__S__
<b><u>SINKS/DISHWASHERS</u></b>	
<b><u>HOT WATER HEATERS</u></b>	
<b><u>GREASE TRAPS</u></b>	
<input type="checkbox"/>	Handsinks provided:
<input type="checkbox"/>	Cooking line
<input type="checkbox"/>	Prep area
<input type="checkbox"/>	Service area
<input type="checkbox"/>	Warewashing area
<input type="checkbox"/>	Food preparation sink(s) in each prep area
<input type="checkbox"/>	3 compartment sink
<input type="checkbox"/>	Mop sink
<input type="checkbox"/>	Dishwasher
<input type="checkbox"/>	Grease trap(s)
<input type="checkbox"/>	Grease trap(s) approved by sewer department
<input type="checkbox"/>	Hot water capacity adequate
<b><u>REFRIGERATION</u></b>	
<input type="checkbox"/>	Adequate refrigeration provided
<input type="checkbox"/>	Adequate freezer storage
<input type="checkbox"/>	Are thermometers provided in each unit

<u>CALCULATION INFORMATION</u>	
SEATING CAPACITY (include from all areas of establishment) ⇒	
MAXIMUM MEALS SERVED (number of meals served between deliveries)⇒	
What is the largest piece of equipment that will need to fit in the 3 compartment sink?	_____
What is it's dimensions: ___h x ___w x ___d	
What are the dimensions of one well of the 3 compartment sink: ___x ___x ___	
<b><u>HOT WATER HEATER:</u></b>	
<b><u>POT SINK ONLY-</u></b> size must equal total gallons of full pot sink + plus recovery rate in gph(see spec sheet) = ___gallons	
<b><u>POT SINK AND DISHMACHINE:</u></b> size must equal full pot sink + ½ water consumption in gph of dishmachine: ___gallons	
<b><u>TO CALCULATE VOLUME (IN GALLONS) OF POTSINK:</u></b> length x width x height x 7.5 x 3	
<b><u>GREASE TRAP(S):</u></b>	
Grease trap(s) must be provided for:	
→Pot sink	
→Waterwash cooling exhaust hood	
→Wok stoves w/inline food waste sink that strains food debris	
→Large stationary kettles w/floor drain/grates	
<b>TO CALCULATE:</b> You need GPM of each(see spec sheets on equipment) for potsink-total gallons to full capacity x .40 = GPM (gallons per minute)	
<b><u>REFRIGERATION CAPACITY:</u></b>	
<u>Max # of meals served x .085</u>	
.40	=cubic ft req for walk in space
<u>Max # of meals served x .085</u>	
.75	=cubic ft req for reach in space
To get cubic ft = h x w x d = cubic feet	
To convert cubic ft. to sq. ft:	
cubic ft ÷ht of unit = sq ft interior of unit, then multiple that number by 1.25 to get exterior size of square footage of storage space	

**OWNERS PLAN REVIEW  
CHECKLIST PAGE 2**

**ESTABLISHMENT:** \_\_\_\_\_

<b>FLOOR SURFACES</b>	
HAVE YOU PROVIDED THE PROPER FLOORING FOR:	
Y/N	
<input type="checkbox"/>	Cooking line Surface _____
<input type="checkbox"/>	Preparation area Surface _____
<input type="checkbox"/>	Service area Surface _____
<input type="checkbox"/>	Walk in refrigeration Surface _____
<input type="checkbox"/>	Stairwells Surface _____
<input type="checkbox"/>	Storage rooms Surface _____
<input type="checkbox"/>	Basement (if used) Surface _____
<input type="checkbox"/>	Warewashing area Surface _____
<input type="checkbox"/>	Are all floor to wall connections covered properly?

<b>CEILING SURFACES</b>	
HAVE YOU PROVIDED THE PROPER CEILING FOR:	
Y / N	
<input type="checkbox"/>	Cooking line Type _____
<input type="checkbox"/>	Preparation area Type _____
<input type="checkbox"/>	Service area Type _____
<input type="checkbox"/>	Walk in refrigeration Type _____
<input type="checkbox"/>	Warewashing area Type _____
<input type="checkbox"/>	Storage rooms Type _____
<input type="checkbox"/>	Basement (if used) Type _____
<input type="checkbox"/>	<i>Areas with waste lines cannot be used for food prep or storage</i>

<b>WALL SURFACES</b>	
HAVE YOU PROVIDED THE PROPER WALL SURFACES FOR:	
Y/N	
<input type="checkbox"/>	Cooking line Surface _____
<input type="checkbox"/>	Preparation area Surface _____
<input type="checkbox"/>	Service area Surface _____
<input type="checkbox"/>	Walk in refrigeration Surface _____
<input type="checkbox"/>	Warewashing area Surface _____
<input type="checkbox"/>	Storage rooms Surface _____
<input type="checkbox"/>	Basement (if used) Surface _____

<b>Y / N STORAGE SPACE</b>	
<input type="checkbox"/>	Is there adequate storage space for this facility?
TO CALCULATE:	
$\# \text{ OF MAX MEALS} \times .050 \text{ FT}^3$ $\text{USABLE HEIGHT} (a - \{b + c\}) \times .4 = \text{REQ SQ FT AREA NEEDED}$	
a = height from floor to ceiling b = distance bottom shelves are from floor c = distance top shelves are from ceiling	
Square feet provided on plan = _____ (length X width)	
<b>Y / N AISLE SPACE</b>	
<input type="checkbox"/>	Have the plans provided a minimum 36" aisle space in all areas of the establishment?

**PLAN REVIEW CHECKLIST**  
**PAGE 3**

**ESTABLISHMENT:** \_\_\_\_\_

<b>Y / N BATHROOMS</b>	
	Are there two bathrooms provided (male/female) and are Handicap accessible?
<b>LOCKER/EMPLOYEE STORAGE</b>	
	Has an area been provided for employee's personal belongings separate from food areas?
<b>GARBAGE/RODENT PREVENTION</b>	
	Is there adequate garbage storage?
	Do all garbage storage containers have tight covers?
	Are all openings to outside tight and screened when necessary?
<b>LIGHTING</b>	
	Have you provided adequate lighting in all areas?
<b>SIGNS</b>	
	Have signs been posted for smoking areas?
	Has the food risk warnings been posted either visible to public or in the menu?

<b>FOOD PROTECTION</b>	
	Are sneeze guards been provided for displayed food items?
	Has overhead protection been provided? (It shlds)

<b>QUALIFIED FOOD OPERATOR/DESIGNATED ALTERNATE/TRAINING MATERIALS</b> Y / N	
	Is there a Qualified Food Operator? If yes, who? _____ Hours scheduled to work: M ___ T ___ W ___ Th ___ F ___ Sa ___ S ___
	Is there a Designated Alternate? If yes, who? _____ Hours scheduled to work: M ___ T ___ W ___ Th ___ F ___ Sa ___ S ___
	Does this satisfy coverage of facility if QFO is not present?
	Have training materials and records been organized for all employees? If yes, specify what is in place _____ _____ _____ _____ _____ _____ _____

**ADDITIONAL ITEMS/COMMENTS:**

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**Owner:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_  
**ESTABLISHMENT:** \_\_\_\_\_