

TANEY COUNTY HEALTH DEPARTMENT

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

320 Rinehart Rd., Branson, MO 65616

417-334-4544 EXT. 247

417-336-9604 FAX



Application must be completed and submitted to TCHD a minimum of 10 days prior to opening.

FOR OFFICE USE ONLY

High Medium Low City of Branson County City of Hollister

BUSINESS CONTACT INFORMATION

Establishment Name:		Category <input type="checkbox"/> Restaurant <input type="checkbox"/> Grocery <input type="checkbox"/> Concession <input type="checkbox"/> Other _____	
Establishment Phone:		Establishment Fax:	Date:
Establishment Email:			<input type="checkbox"/> New Construction Proposed opening date: _____ <input type="checkbox"/> Re-opening/Remodel <input type="checkbox"/> Location Change <i>In addition to completing this application it is necessary to contact the City of Branson to obtain a business license.</i>
Owner Name:		Owner Email:	
Owner Phone:		Owner Fax:	
Establishment Address:		Billing Address:	

Plans/applications have been submitted to the following authorities on the following dates: _____ City of Branson _____ City of Hollister _____ County Planning & Zoning _____ County Fire District	If your establishment is in the county, please contact your fire department regarding a fire inspection. Western: 417-334-3440 Central: 417-337-8311
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Could this potentially be a seasonal establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No Seasonal Dates: _____ to _____ Number of seats: _____ Number of staff: _____ (Max per shift) Total square feet of facility: _____ Number of floors on which operations are conducted: _____ Maximum meals to be served: Breakfast _____ (approximate number) Lunch _____ Dinner _____ Type of service: <input type="checkbox"/> Sit down meals <input type="checkbox"/> Take out <input type="checkbox"/> Caterer <input type="checkbox"/> Other _____	Hours of Operation: <input type="checkbox"/> Monday _____ am/pm to _____ am/pm <input type="checkbox"/> Tuesday _____ am/pm to _____ am/pm <input type="checkbox"/> Wednesday _____ am/pm to _____ am/pm <input type="checkbox"/> Thursday _____ am/pm to _____ am/pm <input type="checkbox"/> Friday _____ am/pm to _____ am/pm <input type="checkbox"/> Saturday _____ am/pm to _____ am/pm <input type="checkbox"/> Sunday _____ am/pm to _____ am/pm
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PLEASE ENCLOSE THE FOLLOWING DOCUMENTS:

- ✓ Proposed menu
- ✓ Manufacturer specification sheets for each piece of equipment shown on the plan
- ✓ A HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority
- ✓ Site plan showing location of business in building: location of building on site including alleys, streets, and location of any outside equipment (dumpster, well, septic system-if applicable)
- ✓ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services, and mechanical ventilation
- ✓ Equipment schedule

FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF'S) to be handled, prepared, and served.

Category	Yes	No
<input type="checkbox"/> Raw meats (hamburger, chicken, seafood)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pre-cooked potentially hazardous foods	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cut leafy greens, cut tomatos, raw garlic in oil mixtures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unpasteurized shell eggs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Smoked, cured, or special process foods*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____		

*Submit a HACCP plan for special process foods.

HACCP PLAN REQUIREMENTS

Special Processes Requiring a HACCP Plan:

HACCP: A written document that delineates the formal procedures for following the HAZARD Analysis and CRITICAL CONTROL POINT principles developed by The National Advisory Committee on Microbiological Criteria for Foods.

- *Reduced Oxygen Packaging (ROP)* The term ROP can be used to describe any packaging procedure that results in a reduced oxygen level in a sealed package. The term is often used because it is an inclusive term and can include packaging options such as: *Cook-chill, Controlled Atmosphere Packaging (CAP), Modified Atmosphere Packaging (MAP), Sous Vide, Vacuum Packaging*
- *Other Food Manufacturing/Processing Operations*
- *Smoking and Curing* (for preservation not for flavoring)
- *Fermentation and Dehydration*
- *Raw juicing for Retail sale*

If you are unsure if you have a special process that would require a HACCP Plan or have questions, please contact an inspector at the health department for more information.

FOOD SUPPLIES

- Are all food supplies from an approved source? Yes No
- What are the projected frequencies of deliveries for:
 - Frozen foods _____
 - Refrigerated foods _____
 - Dry goods _____
- How will food and single use items be stored off the floor:

COLD STORAGE

- Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat food? Yes No

If yes, how will cross-contamination be prevented? _____

- Does each refrigerator/freezer have a thermometer? Yes No

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD

Please indicate by checking the appropriate boxes how frozen Potentially Hazardous Food (PHF's) in each category will be thawed. More than one method may apply.

Thawing Method	Thick Frozen Foods (more than an inch)	Thin Frozen Foods (approx. one 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

- What type of temperature measuring devices will be available: _____
- List types of cooking equipment: _____

HOT/COLD HOLDING

- How will hot PHF's be maintained at 135°F (60°C) or above and cold PHF's be maintained at 41°F (5°C) or below during holding service?
 Indicate type and number of hot holding units: _____

COOLING

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 135°F to 41°F in 6 hours).

Cooling Method	Thick Meats	Thin Meats	Thin Soups/Gravy	Thick Soups/Gravy	Rice/Noodles
Shallow pans					
Ice Bath					
Reduce volume/size					
Rapid chill					
Other (describe)					

REHEATING

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 within 2 hours. Indicate type and number of units used for reheating foods: _____

PREPARATION

- Please indicate all employees that have documented food safety training:

Total number of employees: _____ Number of certified food managers: _____ Number of certified food handlers _____

- Will disposable gloves be available for handling of ready-to-eat foods? Yes No
- Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? Yes No
- 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? A test kit for the sanitizer must be readily available at all times.

Chemical Type:

Chlorine

Iodine

Quaternary Ammonium

Hot Water

Other: _____

- Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise, and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? Yes No

If not, how will ready-to-eat foods be cooled to 41°F? _____

- Will all produce be washed on-site prior to use? Yes No
- Is there a planned location used for washing produce? Yes No

Please describe produce washing area: _____

- Describe the procedure for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F-135°F) during preparation: _____
- _____

- Will the facility be serving food to a *highly susceptible population? Yes No

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

* **Highly Susceptible Population:** Persons who are more likely than other people in the general population to experience foodborne disease because they are:

(1) Immunocompromised; preschool age children, or older adults; and

(2) Obtaining FOOD at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such as a senior center.

FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic covered molding, etc.) will be used in the following areas:

AREA	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Ware Washing Area				
Walk-in Refrigerators & Freezers				

INSECT AND RODENT CONTROL

- Will all outside doors be self-closing and rodent proof? Yes No NA
- Are screen doors provided on all entrances left open to the outside? Yes No NA
- Do all operable windows have a minimum #16 mesh screening? Yes No NA
- Is the placement of electrocution devices identified on the plan? Yes No NA
- Will all pipes and electrical conduit chases be sealed and ventilation systems, exhaust, and intakes protected? Yes No NA
- Is area around the building clear of unnecessary brush, litter, boxes, and other harborage? Yes No NA
- Will air curtains be used? Yes No NA
- Will facility have monthly professional pest control? Yes No

GARBAGE AND REFUSE

Inside

- Do all containers have lids? Yes No
- Will refuse be stored inside? Yes No
If so, where? _____
- Is there an area designated for garbage can or floor mat cleaning? Yes No NA

Outside

- Will a dumpster be used? Yes No NA Number: _____ Size: _____ Stored on Non-porous Surface? Yes No
Frequency of Pickup: _____ Contractor: _____
- Will a grease bin be used? Yes No NA Frequency of Pickup: _____ Contractor: _____

PLUMBING CONNECTIONS

○ Are floor drains provided and easily cleanable? Yes No NA

If so, indicate location: _____

Please mark all that apply on table below

Plumbing Fixture	Air Gap	Air Break	Integral Trap*	"P" Trap*	Vacuum Breaker	Condensate Pump
Dishwasher						
Garbage Grinder						
Ice Machines						
Ice Storage Bin						
Sinks 3 Compartment 2 Compartment 1 Compartment						
Steam Tables						
Dipper Wells						
Refrigeration Condensate/ Drain Lines						
Beverage Dispenser w/Carbonator						

*Trap: a fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A "P" trap is a fixture trap that provides a liquid seal in the shape of the letter "P". Full "S" traps are prohibited.

WATER SUPPLY

- Is water supply public or private? Public Private
- If private, has source been approved? Yes No Pending
- What is the capacity of the water heater? _____
- Will water heater meet peak water demand? Yes No
- Is ice made on premises or purchased commercially? Made on Premises Purchased Commercially

Describe provision for ice scoop storage: _____

SEWAGE DISPOSAL

- Is building connected to a municipal sewer? Yes No
- If no, is private disposal system approved? Yes No Pending
- Are grease traps provided? Yes No

If so, where? _____

Provide schedule for cleaning and maintenance: _____

GENERAL

- Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, etc.): _____

- Are all chemicals for use on the premise or for retail sale, stored away from food preparation and storage areas? Yes No

- Will linens be laundered on site? Yes No

If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

Location of clean linen storage: _____

Location of dirty linen storage: _____

- Are bulk food containers constructed of food grade materials? Yes No

Indicate type: _____

EXHAUST HOODS

Indicate all areas where exhaust hoods are installed

Location	Hood Type	Fire Protection	Air Capacity CFM	Air Makeup CFM	Cleaning Frequency

SINKS

- Is a mop sink present? Yes No

If no, please describe facility for cleaning mops and other equipment: _____

- If the menu dictates, is a food preparation sink present? Yes No

DISHWASHING FACILITIES

Will sinks or a dishwasher be used for ware washing?

Dishwasher

Three compartment sink

Two compartment sink*

*Health Department must approve before
Installation or use.

Type of sanitization used: _____

Hot Water (provide temp): _____

Chemical Type:

Chlorine

Iodine

Quaternary Ammonium

Other

Is ventilation provided? Yes No

- Do all dish machines have templates with operating instructions? Yes No
- Do all dish machines have temperature/pressure gauges as required that are accurately working? Yes No
- Are there drain boards on both ends of the pot sink? Yes No
- Are test papers and/or kits available for checking sanitizer concentration? Yes No

HANDWASHING/TOILET FACILITIES

- Is there a handwashing sink in each food preparation and warewashing area? Yes No
- Do all handwashing sinks have a minimum water temperature of 100F? Yes No
- Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? Yes No
- Is hand cleanser available at all handwashing sinks? Yes No
- Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? Yes No
- Are covered waste receptacles available in each restroom? Yes No
- Are all toilet rooms' doors self-closing? Yes No
- Are all toilet rooms equipped with adequate ventilation? Yes No
- Is a handwashing sign posted in each employee restroom and at all handwashing sinks? Yes No

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

Signature(s): _____ Date: _____

Owner(s) or Responsible Representative(s) Date: _____

Approval of these plans and specifications by this Regulatory Authority 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.

Approved: _____ Date: _____
Inspector Signature

Updated 04/2018