

Food Service Plan Review Questionnaire

Establishment Name			
Owner's Name		Phone #	
Physical Address			
Mailing Address			
City, State, Zip			
Est. Completion Date		Seating Capacity	
Menu Description			

Please complete and return the following questionnaire (front & back) along with the layout plan (drawn to at least a minimum scale of 1/4" = 1 foot) depicting the kitchen area, at least 30 days prior to the beginning of any construction.

1. Has a scaled drawing showing the layout of the food service establishment (especially the preparation and dispensing area) been provided to the State Health Department for review? Yes No

Date Submitted

2. **Water Supply:** Public Private Rural Water

Note: Private water systems must be analyzed for bacteriological and nitrate contamination. Attach a copy of the laboratory results.

3. **Sewer System:** Public Private

Note: Private sewer systems must be approved by the Department of Environment and Natural Resources. Please contact DENR at (605)773-3351 for more information on obtaining Sewer System approval.

4. Please describe the floor, wall, and ceiling coverings in the kitchen:

Floor:	
Wall:	
Ceiling:	

5. Are floor/wall junctures sealed? Yes No

6. List what cooking equipment will be used:

7. Are hood ventilation systems provided over all cooking equipment? Yes No

8. Does the hood contain removable metal grease filters? Yes No

9. Does the hood extend a minimum of 6" over each side and the front and back of all cooking equipment? Yes No

10. What type of material is used on the following surfaces:

Prep/Work Tables	Dry Storage Shelves
Counter Tops	Cooler/Freezer Shelves

11. Are all lights in the food preparation area, display area, walk-in coolers, and utensil washing areas provided with protective shields or shatterproof bulbs? Yes No

12. What type(s) of utensil washing facilities are provided? Commercial Dishwasher 3-Compartment Sink

13. **Make & Model of Dishwasher:** Chemical Sanitizer Hot Water Sanitizer

NOTE: In those establishments equipped with a commercial dishwasher, it is recommended that a three-compartment sink also be provided. This will enable the business to continue operation should the commercial dishwasher malfunction. A booster heater must be provided on hot water sanitizing units. Adequate drain boards/dish tables must be provided for the commercial dishwasher.

14. Are attached drain boards provided for the 3-compartment sink? Yes No

NOTE: A drain board area of at least 18 inches in length and as wide as the sink must be provided immediately after the sanitizing rinse sink.

15. Is a separate hand-washing lavatory provided in the food preparation area with hot and cold water delivered through a mixing faucet? Yes No

NOTE: Additional hand-washing lavatories may be required depending on the size of the kitchen and the convenience and accessibility of the lavatories provided.

16. Is a mop sink or janitor's sink provided? Yes No

Where is it located?

Note: In all new or extensively remodeled food service establishments, a separate janitor's sink or utility sink must be provided.

17. Is a separate prep sink or vegetable sink provided for washing and rinsing of food items? Yes No

A. Has it been plumbed with a physical air break on the drain? Yes No

NOTE: A prep sink is required in all full-service food service establishments and those in which preparation requires the soaking, washing or draining of food products. All prep or vegetable sinks must be installed with a physical air break on the drain.

18. Number of Restroom Fixtures:

	Men's	Women's
Number of Restrooms		
Toilets		
Urinals		
Lavatories		

19. Are all restrooms mechanically vented to the outside? Yes No

20. Are hot holding units provided? Yes No If Yes, what type?

21. How many cubic feet of refrigeration is provided? Cubic Feet

22. How many cubic feet of freezer space is provided? Cubic Feet

23. Name of person-in-charge who has completed manager certification course

A. Sponsor of course

B. Date of the course

C. Certificate Number

NOTE: If course was taken out of state, send copy of certificate with this form.

SEND YOUR COMPLETED QUESTIONNAIRE AND LAYOUT PLAN TO:

TO:

Office of Health Protection
615 E Fourth Street
Pierre SD 57501-1700
Phone: (605)773-4945
Fax: (605)773-6667
www.doh.sd.gov