

# Food Service Plan Review Questionnaire



<b>Establishment Name</b>		<b>Email</b>	
<b>Owner's Name</b>		<b>Phone</b>	
<b>Physical Address</b>			
<b>Mailing Address</b>			
<b>City, State, Zip</b>			

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. Please refer to the kitchen layout example.

**Estimated Completion Date:**

**Seating Capacity:**

**Is this a medical cannabis manufacturing facility?**                      Yes                      No

**Will facility utilize any specialized food processes?**                      Yes                      No

If yes, please indicate below:

- Reduced-oxygen packaging (ROP) including cook/chill or sous vide                      Drying                      Sprouting
- Curing/Brining/Fermenting                      Food additive to render food non-potentially hazardous (e.g. vinegar for suchi)
- Smoking (for food preservation)                      Live molluscan shellfish tank                      Other

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

**Floor:**

**Wall:**

**Ceiling:**

**3. Are floor/wall junctures sealed?**                      Yes                      No

**4. List what cooking equipment will be used:**

**5. Are commercial hood ventilation systems provided over all cooking equipment?**                      Yes                      No                      N/A

If no, please describe:

**6. Does the hood contain removal beta grease filters?**                      Yes                      No                      N/A

**7. Does the hood extend a minimum of 6" over each side and the front and back of all cooling equipment?**                      Yes                      No                      N/A

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

**Prep/Work Tables:**

**Dry Storage Shelves:**

**Counter Tops:**

**Cooler/Freezer Shelves:**

- 9. 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
- 10. What type(s) of utensil washing facilities are provided?** Commercial Dishwasher 3-Compartment Sink
- 11. Make and 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.*
- 12. Are attached drain boards provided for the 3-compartment sink?** Yes No N/A  
*Note: A drain board area of at least 18 inches in length and as wide as the sink must be provided.*
- 13. 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.*
- 14. Is a separate prep sink or vegetable sink provided for washing and rinsing of food items?** Yes No N/A
- A. Has it been plumbed with a physical air gap 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 gap on the drain. Dipper wells will be required for storage of ice cream scoops/utensils.*
- 15. 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.*
- 16. Number of Restroom Fixtures:**
- |                             |             |               |
|-----------------------------|-------------|---------------|
| <b>Number of Restrooms:</b> | <b>Men:</b> | <b>Women:</b> |
| <b>Number of Toilets:</b>   | <b>Men:</b> | <b>Women:</b> |
| <b>Number of Urinals:</b>   | <b>Men:</b> | <b>Women:</b> |
| <b>Lavatories:</b>          | <b>Men:</b> | <b>Women:</b> |
- 17. Are all restrooms mechanically vented to the outside?** Yes No  
**Do all restrooms have self-closing doors?** Yes No
- 18. Are hot holding units provided:** Yes No **If yes, what type?**
- 19. How many cubic feet of refrigeration is provided?**  
*Note: A visible thermometer must be provided in each refrigeration unit.*
- 20. How many cubic feet of freezer space is provided?**
- 21. Have all employees received training in proper food handling techniques and safe employee practices?** Yes No

Please note the American's with Disabilities Act (ADA) regulations are to be followed for all facilities. ADA requirements are regulated and enforced by the US Department of Justice. For more information, please call the ADA hotline at 1-800-514-0301 or visit their website at <https://www.ada.gov/>

Send your completed questionnaire and layout plan to:

Office of Health Protection, 600 E. Capitol Ave., Pierre, SD 57501-1700  
 Phone: 605-773-4945 Fax: 605-773-5983

