

DOH - 6/2022

## Food Service Plan Review Questionnaire

Establishment Name			E	-mail			
Owner's Name			Ph	one #			
Physical Address							
Mailing Address							
City, State, Zip							
	epicting the ki	ving questionnaire (front itchen area, <u>at least 30 d</u>					
Estimated Completion	ing Capacity:		_				
Menu Description:	_						
La di la a Madia al Causa		ations for all to 0					N- ()
Is this a Medical Canna		Yes 🔾	No O				
Will facility utilize any s If yes, please indicate be	-	d processes?				Yes 🔾	No O
Curing/Brining/Fermo	enting  reservation)		r food non-potent scan shellfish tan	ially haz k ○	Other:	-	-
	-	e layout of the food servi been provided to the Sta			-	Yes $\bigcirc$	No $\bigcirc$
				ı	Date Submitted		
2. Please describe the	floor, wall, an	d ceiling coverings in the	e kitchen:				
	Floor:						
	Wall:						
	Ceiling:						
3. Are floor/wall junctu	ures sealed?					Yes O	No O
4. List what cooking e	quipment will	be used:					
5. Are commercial hoc If no, please describe		systems provided over al	II cooking equipn	nent?	Yes $\bigcirc$	No O	N/A ○
6. Does the hood cont	ain removable	metal grease filters?			Yes $\bigcirc$	No $\bigcirc$	N/A $\bigcirc$
7. Does the hood externor all cooking equip		of 6" over each side and	d the front and ba		Yes 〇	No $\bigcirc$	N/A $\bigcirc$
8. What type of materi	al is used on t	he following surfaces:					
	Prep/Work Ta	bles	Dry	Storage	Shelves		
	Counter Tops Cooler/Freezer Shelves						-
9. Are all lights in the	food preparat	ion area, display area, wa	alk-in coolers, an	d utensi	l washing		

areas provided with protective shields or shatterproof bulbs?

No  $\bigcirc$ 

Yes  $\bigcirc$ 

10.	10. What type(s) of utensil washing facilities are provided?			Commercia	al Dishwash	compartment Sink			
11.	. Make & Model of Dishwasher:  Note: In those establishments equipped with a commercial dishwasher, it is recommended that a three-compartme provided. This will enable the business to continue operation should the commercial dishwasher malfunction. A bor must be provided on hot water sanitizing units. Adequate drain boards/dish tables must be provided for the commercial dishwasher malfunction.							poster heater	
12.		boards provided for the 3-open of at least 18 inches in length	-		be provided.	Yes $\bigcirc$	No O	N/A O	
13.	Is a separate hand- cold water delivered Note: Additional hand- convenience and access	Yes 🔾	No O						
14.	Is a separate prep s food items?	sink or vegetable sink prov	ided for wash	ing and rins	sing of	Yes 〇	No O	N/A $\bigcirc$	
	A. Has it been plur Note: A prep sink is requires the soaking with a physical air g	installed	Yes O	No O					
15.	Is a mop sink or jan	nitor's sink provided?					Yes O	No O	
		s it located?	establishments	a senarate ian	itor's sink or u	tility sink must h	e provided		
10		•	cotabilorimento,	a soparato jari	noi 3 3iiik 0i u	unity sirik mast b	e provided.		
16.	Number of Restroom	m Fixtures:	Mer	n's	Wo	men's			
		Number of Restrooms							
		Toilets							
		Urinals							
		Lavatories							
17.	17. Are all restrooms mechanically vented to the outside?							No $\bigcirc$	
Do all restrooms have self-closing doors?							Yes $\bigcirc$	No O	
18.	Are hot holding uni	ts provided?	Yes 🔾 📗	No 🔾	If Ye	es, what type?	?		
19.	19. How many cubic feet of refrigeration is provided?  Note: A visible thermometer must be provided in each refrigeration unit.							Cubic Feet	
20.	20. How many cubic feet of freezer space is provided?							Cubic Feet	
21.	Have all employees practices?	received training in prope	r food handlii	ng techniqu	es and safe	employee	Yes 〇	No O	
reg	ulated and enforced	an's with Disabilities Act ( <i>l</i> by the US Department of . <u>http://www/ada.gov/</u>					-		
			Office of He 600 Eas Pierre, SI Phone (	R COMPLETED E AND LAYOUT TO: ealth Protectio at Capitol Ave D 57501-1700 605)773-4945 5) 773-5683	n				

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