

Appendix B – REGULATORY COMPLIANCE REVIEW LIST

FOOD PREPARATION PROCEDURES

FOOD DELIVERY

1. How often will frozen foods be delivered? Daily Weekly Other: _____
2. How often will refrigerated foods be delivered? Daily Weekly Other: _____
3. How often will dry foods or supplies be delivered? Daily Weekly Other: _____

FOOD STORAGE* - Identify amount of space (in cubic feet) allocated for:

Dry Storage _____; Refrigerated Storage (41°F) _____; Frozen Storage _____; Utensil Storage _____

* Identify on plans where storage will be located.

INSTRUCTIONS: Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

PROCESS	IDENTIFY FOOD ITEMS	INDICATE LOCATION AND EQUIPMENT	MEETS CRITERIA (RA to circle and Initial)
Washing Food and Drug Administration (FDA) Food Code §3-302.15			YES/NO
Thawing FDA Food Code §3-501.13			YES/NO
Cooking FDA Food Code §3-401			YES/NO
Hot Holding Hot food maintained at 135°F			YES/NO
Cooling Time/Temperature Control for Safety (TCS) food will be cooled to 41°F within 6 hours; 135°F to 70° in 2 hours			YES/NO
Reheating Food must be reheated to a temperature of 165° for 15 seconds within 2 hours			YES/NO

FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, 4" plastic coved molding, etc.). Indicate Not Applicable (NA) as appropriate.

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING	MEETS CRITERIA (RA to circle and Initial)
Food Preparation					YES/NO
Dry Food Storage					YES/NO
Warewashing Area					YES/NO
Walk-in Refrigerators and Freezers					YES/NO
Service Sink					YES/NO
Refuse Area					YES/NO
Toilet Rooms and Dressing Rooms					YES/NO
Other: Indicate					YES/NO
Identify the finishes of cabinets, countertops, and shelving:					

PHYSICAL FACILITIES

INSTRUCTIONS: Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

TOPIC	MINIMUM CRITERIA	MEETS CRITERIA (Circle and Initial)
Handwashing facilities	<ul style="list-style-type: none"> • Identify number of the handwashing sinks in food preparation and warewashing areas: _____ Food Preparation _____ Warewashing Area • Type of hand drying device? Disposable towels <input type="checkbox"/> Hand-drying device <input type="checkbox"/> 	YES/NO
Warewashing Facilities	<p>MANUAL DISHWASHING</p> <ul style="list-style-type: none"> • Identify the length, width, and depth of the compartments of the 3-compartment sink: _____ • Will the largest pot/ pan fit into each compartment of the 3-compartment sink? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments? _____ • Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space: _____ • What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water <p>MECHANICAL DISHWASHING</p> <ul style="list-style-type: none"> • Identify the make and model of the mechanical dishwasher: _____ • What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water • Will ventilation be provided? Yes <input type="checkbox"/> No <input type="checkbox"/> 	YES/NO

Water Supply	<ul style="list-style-type: none"> • Is the water supply public or non-public/private? public <input type="checkbox"/> non-public/private <input type="checkbox"/> • If private, has source been approved? Yes <input type="checkbox"/>* No <input type="checkbox"/> • Attach copy of written approval and/or permit. • Is ice made on premises or purchased commercially? Made on-site <input type="checkbox"/> Purchased <input type="checkbox"/> • Will there be an ice bagging operation? Yes <input type="checkbox"/> No <input type="checkbox"/> 	YES/NO
Sewage Disposal	<ul style="list-style-type: none"> • Is the sewage system public or non-public/private? public <input type="checkbox"/> non-public/private <input type="checkbox"/> • If private, has the sewage system been approved? Yes <input type="checkbox"/>* No <input type="checkbox"/> • Attach copy of written approval and/or permit. • Will grease traps/interceptors be provided? Yes <input type="checkbox"/>* No <input type="checkbox"/> *Identify location on plan. 	YES/NO
Backflow Prevention	<ul style="list-style-type: none"> • Will all potable water sources be protected for backflow? Yes <input type="checkbox"/> No <input type="checkbox"/> • Are all floor drains identified on the submit floor plan? Yes <input type="checkbox"/> No <input type="checkbox"/> 	YES/NO
Toilet Facilities	<ul style="list-style-type: none"> • Identify locations and number of toilet facilities: _____ • Hot and cold water provided? Yes <input type="checkbox"/> No <input type="checkbox"/> 	YES/NO
Dressing Rooms	<ul style="list-style-type: none"> • Will dressing rooms be provided? Yes <input type="checkbox"/> No <input type="checkbox"/> • Describe storage facilities for employee personal belongings _____ 	YES/NO
Linens	<ul style="list-style-type: none"> • Will linens be laundered on site? Yes <input type="checkbox"/> No <input type="checkbox"/> • If yes, what will be laundered and where? _____ • If no, how and where will linens be cleaned? _____ • Identify location of clean and dirty linen storage: _____ 	YES/NO

Poisonous/Cleaning Storage	<ul style="list-style-type: none"> • Identify the location and storage of poisonous or toxic materials • Where will cleaning and sanitizing solutions be stored at workstations? _____ • How will these items be separated from food and food-contact surfaces? _____ 	YES/NO
Pest Control	<ul style="list-style-type: none"> • Will all outside doors be self-closing and rodent proof? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will screens be provided on all entrances left open to the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will all openable windows have a minimum #16 mesh screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will insect control devices be used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will air curtains be used? If yes, where? _____ <p>Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.</p>	YES/NO
Refuse, Recyclables, and Returnables	<ul style="list-style-type: none"> • Will refuse/garbage be stored inside? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ • Identify how and where garbage cans and floor mats will be cleaned? _____ • Will a dumpster or a compactor be used? <input type="checkbox"/> Dumpster <input type="checkbox"/> Compactor • Identify locations of grease storage containers: _____ • Will there be an area to store recyclables? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, where _____ • Will there be an area to store returnable damaged goods? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, where _____ 	YES/NO