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Buffalo County Health Department

Prevent. Promote. Protect.

Food Establishment Plan Review Application

All new or extensively remodeled food establishments in Buffalo County must complete and submit this plan review application in advance of construction or licensing.

- Plan review fees will be assessed for new construction or major remodel. If operators are found to have built new or have extensively remodeled without a plan review submission and approval, then they shall be subject to a double plan review fee and/or delay in the opening of the business.
- The plan review will also be needed to place the food facility into the correct licensing category.
- The Department will notify the Establishment's Local Contact within 10 business days of submittal if the plans are incomplete and cannot be reviewed. The department will review applications within 20 business days from notification that the application is complete.
- **Please note: at change of ownership the facility will be required to meet the current WI Food Code.**
- **Please provide a set of plans along with the plan review document.**

General establishment information

1) Establishment Information:

Local contact/operator: _____

Phone: ___ - ___ - _____ E-Mail: _____

Establishment name: _____

Establishment address: _____

Licensee Name: ex: LLC, Corp., Inc

Address: _____ E-Mail: _____

This plan review is for:

- New construction
 Remodel
 New/Change of ownership

Give a general description of what food and/or food service will be?

Planned Hours of Operation:

M _____ T _____ W _____ TH _____ F _____

Sa _____ Su _____

Seating/Restrooms:

_____ Total number of seats

_____ Number of staff

_____ Outdoor seating

_____ Number of employee restrooms

_____ Number of Public Restrooms

Drive Thru: _____ yes _____ No

2) Outdoor seating/service

a. If outdoor seating and a secondary entrance are provided, will dogs be allowed in outdoor area?

Yes No

b. Will there be any food or beverage preparation in areas that could remain open to the outside? (i.e. outdoor tiki bar, roll up garage doors)

Yes No

3) Number of fixtures in restrooms:

Male

Female

Unisex

_____ Toilets/Urinals

_____ Toilets

_____ Toilets/Urinals

_____ Hand sinks

_____ Hand sinks

_____ Hand sinks

4) Has an owner, manager, or employee taken a food safety class and become a WI Certified Food Manager?

Yes

No

N/A

If yes, please list the certified individual and expiration date: _____

5) Types of food service

Check all type of services provided:

Catering

Wholesaling

Catering

Bar

Buffet

Delivery

Meat Market

Bulk food sales

Will the following highly susceptible populations be served or catered?

Nursing Home

Assisted Living

Child Care

Schools

Health Care

Other: _____

Menu

Submit the Proposed Menu for the Food Establishment and answer the following:

6) Special Processes:

Check any special processes to be conducted at the establishment:

Curing

Smoking

Drying

Sous Vide

Sushi

Wholesale

Vacuum packaging

Canning

Lacto-fermentation e.g. Kombucha

Other: _____

Note: These processes may require a variance and/or HACCP Plan, and licensing by the WI Department of Agriculture.

7) Consumer advisory: (Consumer advisory is required for raw or lightly cooked items. Ex: eggs, burgers, sushi)

Will any menu items require a consumer advisory?

- Yes No

If yes, then provide a sample on the menu of how it will be displayed to inform and advise the public.
(Please review the fact sheet on: Menu's and Consumer Advisory)

8) Food source:

Where will food supplies be purchased?

Will raw meats, poultry, and seafood will be used?

Ice source: No ice Ice machine Purchase Ice

Food Processing Procedures

9) Cooling potentially hazardous foods:

List all foods that will be cooled using each of the following methods. Foods must be cooled from 135°F to 70°F within 2 hours and from 70°F to 41°F in 4 additional hours for a total of 6 hours or less.

- Uncovered shallow pans in refrigerator: _____
- Ice baths: _____
- Ice paddles: _____
- Other: _____

10) Thawing

List foods that will be thawed using the following methods:

- Refrigeration: _____
- Under running water in food prep sink: _____
- Microwave as part of cooking process: _____
- Cook from frozen: _____

11) Reheating:

List types of foods and methods used to rapidly reheat to 165°F in 2 hours or less.

12) Ready to Eat Food Preparation

Will produce come pre-washed or will it be washed at the establishment?

- Onsite Comes pre-washed

Where will produce be washed? _____

When ready-to-eat foods are being prepared how will bare hand contact be avoided?

- Disposable gloves Deli tissue Tongs/utensils Other: _____

13) Date marking

If potentially hazardous ready-to-eat foods are prepped and held longer than 24 hours how will it be date marked?

14) Thermometers:

To verify cooking, cooling, storage, and hot hold temperatures, what type of thermometer will be used? (a digital thermometer is required for measuring temperature of thin foods)

How will it be cleaned? _____

Plumbing

15) Waste and water supply:

Municipal water Municipal waste Well Septic system

Grease trap located: _____

Size/gallon capacity: _____

Not applicable because: _____

16) Water Heater:

Make/Model (Provide specification sheet) _____

Proposed size: Electric _____ KW Gas _____ BTU's

Storage tank capacity _____ gallons

Hot water heater second hour recovery rate _____ gallons/hour at a 100o F rise

17) Dish Machine (if applicable)

Commercial dishwasher Make/Model (Provide specification sheet): _____

High temp Low temp

Located:

Above counter Under counter

If above counter used is a Type II hood installed?

Yes No

Does all equipment fit into dish washer?

Yes No

18) Utensil Wash Sinks:

Three compartments Four compartment Other

19) Mop Sink:

Location of mop sink: _____

20) Handwashing:

Handwash sinks shall be located in areas where food, beverages, or ice are handled and shall be provided with paddle style (hands-free) faucets, soap, single use paper towel, and signage. Please check the areas provided in your restaurant below:

Food prep Utensil wash Grill line

- Customer service Bar Beverage carts
 Wait stations Mobile bar & food service

21) Chemicals:

Bulk Storage Location: _____

Sanitizer used: _____

- Chlorine Quaternary Ammonia Iodine

Test Strips provided:

- Chlorine test strips Quaternary Ammonia test strips Iodine test strips

22) Back flow prevention and air gaps:

The following items require back flow prevention/air gaps to protect water supply. Check the applicable equipment/fixtures:

- Food prep Soda dispenser Hose bib
 Chemical dispenser Ice machine/bins

23) Hoods:

HVAC inspector or County building inspector will need to assess need for hood based on proposed equipment.

Facility Details/Finishes

24) Linens:

How will wiping cloths, aprons and other linens will be cleaned?

- Onsite washer Make: _____ Model: _____

- Onsite dryer Contract service Other: _____

- How will soiled and clean linens be stored? _____

25) Pest Control:

Service Provided: Yes No

If Yes, list company name: _____

26) Employee Personal Item Storage:

How and where will employee personal items be stored? _____

27) General Cleaning and Equipment Requirements

Equipment must all be commercial grade, and NSF approved

All heavy floor mounted equipment must be installed on 6-inch legs or casters, and heavy counter mounted equipment must be installed on 4-inch legs or neatly sealed to counters to facilitate cleaning.

28) Finishes:

All finishes in food storage and preparation areas must be smooth, durable, and easily cleanable. List below and be able to provide samples if requested.

	Example	Kitchen	Wait stations	Walk in	Dry storage	Bar area
Floors	Quarry tile					
Walls	FRP					
Coving	Vinyl base cove					
Ceilings	Smooth panel					
Shelving	Metro racks					

29) General Cleaning and Equipment Requirements:

- a. All heavy floor mounted equipment must be installed on casters or 6-inch sanitary legs
- b. All heavy counter mounted equipment must be installed on 4-inch sanitary legs or neatly sealed to the countertop
- c. All equipment must be commercial grade, and NSF/ANSI approved

Facility Floor Plan

Submit a floor plan drawn to scale—refer to General Food Establishment Plan Review Guidelines for WI Food Service Operators

Standard Operating Procedures

The following items must be discussed prior to opening:

30) Written employee health policy: What training or means will be provided to inform employees of their responsibility to report illnesses, review foodborne illness symptoms, and report any diagnosed illness?

31) Allergen Awareness: How will employees be instructed on allergen control and awareness?

32) Employee training: How will employees be instructed on food safety principles?

Short summary of business plan (include date construction will begin and proposed opening date):

Contact Information:

This application, a set of plans, and a menu may be mailed to:

Buffalo County Health Department

Attn: Jamie Weaver

407 S 2nd St.

Alma, WI 54610

If you have any questions about this application or need to schedule a preplan review appointment call 608-685-6331 or email jamie.weaver@co.buffalo.wi.us

For office use only

Date Submitted: _____ Date Add'l info requested: _____ Date Reviewed: _____