



**Umatilla County Public Health**  
**Environmental Health for Umatilla, Morrow, & Gilliam**  
 200 SE 3<sup>rd</sup> St., Pendleton, OR 97801  
 Phone: 541-278-6394 Fax: 541-278-5433  
 Website: [www.ucohealth.net](http://www.ucohealth.net) E-Mail: Health@umatillacounty.gov



## Food Service Plan Review Application

Full Service Restaurant = \$439 Limited Service Restaurant = \$220 Bed & Breakfast = \$190 Commissary = \$240 Warehouse = \$150	  	<b><u>Remodel Only</u></b> <i>(No changes to ownership or menu)</i> Full Service Restaurant = \$225 All Other Facility Types = \$100
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Business name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Owner name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner mailing address: \_\_\_\_\_

Facility type: \_\_\_\_\_ Number of seats: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Oregon Administrative Rule 333-162-0920 requires that a completed plan review packet be submitted and reviewed before your facility can be issued a license and approved to operate. Incomplete plans may be returned for additional information. **Please be sure to include the following:**

**Floor plan**; showing complete layout of the facility with equipment, plumbing, and ventilation system. Make sure to include handwashing location, food preparation area, and warewashing facilities.

**Equipment layout**; list the manufacturer and model number of all food service equipment.

**Complete menu**; the menu needs to explain how you are going to prepare and serve your food items.

*I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from UCo Health may nullify final approval.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Date received: \_\_\_\_\_ Approved:  Denied:  Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

## Type of Service

(Check the food service that best describes your operation)

- Cook and Serve
- Cook, Hold Hot and Serve
- Cook, Chill, Reheat, Hold Hot and Serve
- Commercially prepackaged food only (except beverage)
- Other \_\_\_\_\_

Will food be transported to another location such as with a catering operation or satellite kitchen?

Yes

No

Will you provide self-service food to your customers? (Buffet, Grab and Go, etc.)

Yes

No

Days and hours of operation: \_\_\_\_\_

Number of Staff: \_\_\_\_\_

Number of floors on which food preparation or storage takes place: \_\_\_\_\_

Number of handwashing sinks in the facility: \_\_\_\_\_

Number of food preparation sinks in the facility: \_\_\_\_\_

Number of 3-compartment sinks in the facility: \_\_\_\_\_

Do you have a service sink or curbed drain for non-food liquid waste?  Yes  No

Brand and model of mechanical dishwasher -- Brand: \_\_\_\_\_

Model: \_\_\_\_\_

Brand and model of hot water heater – Brand: \_\_\_\_\_

Model: \_\_\_\_\_

Have you submitted plans or applications to all necessary or appropriate authorities?

(Building Department, Planning & Zoning, etc.)

Yes

No

**Submitting incomplete plans may delay the plan review process.**

Please answer **every** question that applies to your food service operation.

Use the following chart to indicate all finishes or reference number on plans  
**Oregon Administrative Rules (OAR) 333-150-0000, Section 6-101.11A(3)**

**Menu & Procedure Review**

Answer only the questions that apply to your facility. Add additional documents or pages as needed to fully describe your operation. The Food Sanitation Rules, OAR 333-150-0000 may be obtained at:

[www.healthoregon.org/foodsafety](http://www.healthoregon.org/foodsafety)

	Floors	Cove Base	Walls	Ceilings	Food Contact Surfaces	Shelving
<b>Kitchen</b>						
<b>Bar</b>						
<b>Storage Rooms</b>						
<b>Toilet Rooms</b>						
<b>Garbage &amp; Refuse Storage</b>						
<b>Mop Service Area</b>						
<b>Dish Washing Area</b>						
<b>Walk-in Refrigerators &amp; Freezers</b>						
<b>Outdoor Cooking Area</b>						
<b>Outdoor Beverage Dispensing Area</b>						
<b>Example:</b> Kitchen	Quarry tile Smooth seal	Quarry tile Smooth seal	FRP smooth Stainless steel Painted smooth	Vinyl acoustical tile Smooth	Stainless steel Hardwood cutting surfaces Formica	Wood Painted smooth Stainless steel

## Training & Policies

1. Describe your current policy to exclude or restrict food workers who are sick or have infected cuts and lesions. Also include how employees are informed about this policy.
  
2. Please provide your established handwashing policy. Also include how employees are informed about this policy.
  
3. How do you plan to enforce handwashing and ill employee requirements?
  
4. Describe your glove use policy.
  
5. Are you aware of the rule that requires a “knowledgeable” person to be present at all times of operation?  
 Yes                       No

*Note: One way to meet this is to obtain certification in a **Food Safety Program** designed for food managers:  
[www.healthoregon.org/foodsafety](http://www.healthoregon.org/foodsafety)*

6. Explain how you will ensure that a food probe thermometer (0-220°F) is available and calibrated for use by food handlers.
  
7. What type of chemical sanitizer do you use? (Chlorine, Quaternary ammonium, Iodine)
  - a. At what concentration do you use this sanitizer? \_\_\_\_\_
  - b. What type of test kit do you have? \_\_\_\_\_

8. Describe how cutting boards, counter tops, equipment and other food contact surfaces that are too big to be submerged into sinks and too big for the dishwasher are cleaned and sanitized.
  
9. What is done with leftover food?
  
10. Describe how you will minimize bare hand contact with ready-to-eat food. For example, will you use deli tissues, spatulas, tongs, single-use gloves, or dispensing equipment to prepare ready-to-eat food?
  
11. Describe the types of produce that will be washed prior to use, and where this activity will happen.

## **Food Preparation**

1. List any food from animals that you will serve raw or partially cooked; such as burgers and steaks cooked to order, eggs over easy, sushi, steak tartar, and oyster shooters.
  - ii. Are you aware of the proper wording required for a consumer advisory on the menu?
  
2. If serving raw fish (sushi, lox, ceviche) will parasite destruction be done on-site or by the supplier?
  - On-site** Please provide a copy of the complete parasite destruction procedure.
  
  - Off-site** Please provide documentation from the provider that shows proper parasite destruction has taken place.

**List food suppliers for the following categories**

Category	Supplier(s)
<b>Game meats</b> <i>(Emu, Ostrich, Elk)</i>	
<b>Raw or partially cooked fish products</b> <i>(lox, ceviche, raw oysters, sushi)</i>	
<b>Fresh or live shellfish</b>	
<b>Wild mushrooms</b>	

3. Describe any special food processing within your facility. (Smoking or curing meats, Reduced oxygen packaging, Sous vide, Canning, Sprouting beans, etc.)

4. Will you have an outdoor cooking and/or beverage dispensing operation?  Yes  No

a. How will food/beverages be protected from insects, birds, dust, overhead leakage, and other potential sources of contamination?

b. What type of outdoor cooking equipment will be used?

c. How will food service employees monitor outdoor cooking and/or beverage dispensing operations?

d. How will the cooking and/or beverage operation be designed and secured to protect the food, equipment, utensils, etc. from potential contamination when not in operation?

*Note: Outdoor cooking is limited to the use of a barbecue, hearth oven, tandoori oven, barbecue pit or other similar cooking equipment.*

**Not allowed: flat top grills, griddles, woks, steamtables, or other cooking, storage or holding devices designed or intended to be used inside of a food service establishment.**

5. Do you plan to have open-air dining via unprotected outer openings such as large windows, moveable walls, rollup doors, etc.?  Yes  No

a. Please provide your pest control plan to prevent insects, rodents, and birds from entering the facility.

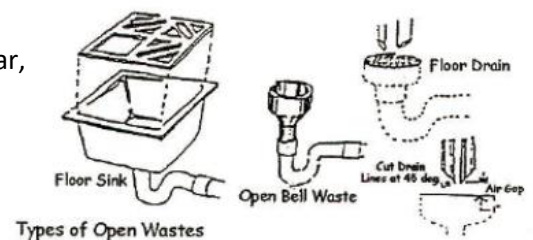
### Holding Food Temperatures Cold & Hot

Refrigerator Name	Size/Capacity	Manufacturer	Type of food stored inside	Will cooling PHF happen in this unit?
<b>Example:</b> Reach-in cooler #1	43.5 Cu. Ft.	True	Prepared Foods & Dairy Products	Yes

*Please ensure that all refrigerator units are equipped with a working thermometer and that any thermometer located inside of the unit **must** be located in near the front.*

1. Is an ice machine provided and indirectly drained?  
 Yes  No

2. If you will be using ice for keeping food cold such as in a salad bar, describe how you will store the food in the ice.



Example of Indirect Drains

3. Will time as a control be utilized instead of temperature control for any food items?

Yes

No

**b.** List the specific food items that will be under the time as a control plan, and attach a written copy of the plan to this application packet.

4. Describe your procedure for date marking of ready-to-eat potentially hazardous food items.

**(Be specific)** – *Will you mark the date the food is created, or the date the food shall be discarded?*

5. How will you store raw animal food to prevent contamination of ready-to-eat food?

6. How and where will frozen food be thawed?

7. What type of equipment will you use for holding food hot? How will you ensure that this food is at the required temperature throughout the day?

8. Describe how food temperatures (hot and cold) will be maintained while in transport and at the catered site or satellite kitchen.



## Cooling

List all of the food items that will be cooled in the appropriate box for the cooling method.

Cooling Method	Solid Food (roasts, turkey, solid cuts of meat)	Soft, Thick Food (refried beans, rice, potatoes, stews, soups, sauces, & chili)	Liquid Food (thin broths)
Shallow Pans*			
Ice Baths**			
Reduced Volume or Size			
Blast Chiller			
Other (Describe)			

\* Approximately 2 inch pans, adequate and appropriate refrigeration is required.

\*\* Food-preparation sink and ice machine are required.

- How will food handlers know that the food has cooled from 135°F to 70°F within **two** hours and then from 70°F to 41°F within **four** hours?

## Cooking & Reheating

1. Describe how the food worker will know when raw animal products are fully cooked.
2. How will the cook know that all parts of the food being reheated has reached at least 165°F within 2 hours?

## Self Service

1. Will you provide self-service food to your customers?  Yes  No
2. How will you protect food in self-service areas from customer contamination?

## Food Sanitation Rules

1. Do you have a copy of the Food Sanitation Rules?  Yes  No  
**The rules are online at: [www.healthoregon.org/foodsafety](http://www.healthoregon.org/foodsafety). If you do not have access to the internet, you can obtain a copy from UCo Health.**

*Approval of these plans and specifications by the regulatory authority does not indicate compliance with any other code, law or regulation that may be required – federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operations will be necessary to determine if it complies with the Food Sanitation Rules (Oregon Administrative Rules Chapter 333).*