



APACHE COUNTY PUBLIC HEALTH SERVICES DISTRICT ENVIRONMENTAL HEALTH

FOOD SERVICE ESTABLISHMENT PLAN REVIEW APPLICATION

Submit this application with your plan and Plan Review fee

Please provide all information requested. Missing information may delay the Plan Review or cause this application to be denied. The Department will evaluate construction plans and the Food Safety Plan for compliance with the requirements of the Food Code. Please print information.

Facility Name	LICENSE #
Physical Address	Telephone
City/State/Zip	APN# (Assessor's Parcel Number)

Business Owner	Telephone
Mailing Address	Fax
City/State/Zip	Email

Applicant/Contact Person	Telephone
Mailing Address	Fax
City/State/Zip	Email

New Square Footage: _____ Remodel Square Footage _____ Food Service/Restroom Square Footage _____

Please provide a copy of the menu or a written description of the foods that will be prepared and served.

Yes No Has your Food Safety Plan been submitted?

Person Responsible for Food Safety _____ **Phone #** _____

Place an "X" next to each type of food service system that most accurately describes the system or systems you will use.

Cook, Serve Menu items that are cooked and immediately served – i.e. Hamburger

Cook, Hot hold, Serve Menu items that are cooked, held hot, then served.

Cook, Chill, Reheat, Hot hold, Serve Menu items, either in their entirety or partially made in advance, cooled down then prepared or reheated for service.

Cold hold, Serve Menu items that are received, no cooking, i.e. salads, deli meats.

Commercially packaged food only Prepackaged food-Purchased prepackaged & sold prepackaged

Other: Please describe : _____

FOOD SERVICE ESTABLISHMENTS ONLY - Please answer all questions below:

Is the Establishment: Stationary Mobile - Lic # _____ Is the Establishment: Permanent Temporary

Is the Establishment one of the following? New Construction that is not yet completed
 (If so, please check the correct box.) Existing structure being converted for use as a Food Establishment
 An existing Food Establishment that is being remodeled.

Does the Establishment do any of the following?

**** POTENTIALLY HAZARDOUS FOODS IS**** "Food of animal origin, food of plant origin that is heat treated or consists of raw sprouts, cut melons or garlic-in-oil mixture."

- Yes No Prepare, offer for sale or serve POTENTIALLY HAZARDOUS FOOD?
- Yes No Prepare, offer for sale or serve POTENTIALLY HAZARDOUS FOOD only to order upon CONSUMER request
- Yes No Prepare, offer for sale or serve POTENTIALLY HAZARDOUS FOOD in advance, in quantities based on projected CONSUMER demand?
- Yes No Prepare, offer for sale or serve POTENTIALLY HAZARDOUS FOOD using time alone, rather than time and temperature, as the public health control as described in FC § 3-501.19?
- Yes No Prepare POTENTIALLY HAZARDOUS FOOD in advance using a multiple stage FOOD preparation method that include the following:

1) Combining POTENTIALLY HAZARDOUS FOOD	5) Hot or Cold holding
2) Cooking	6) Freezing
3) Cooling	7) Thawing
4) Reheating	
- Yes No Prepare FOOD as specified under subsection (A)(7)(d) for delivery to and consumption at a location off of the PREMISES where prepared?
- Yes No Prepare FOOD as specified under subsection (A)(7)(d) for service to a HIGHLY SUSCEPTIBLE POPULATION (A group of persons who are immuno-compromised, older adults in a care facility or preschool age children at a day care)
- Yes No Does not prepare FOOD, but offers for sale only pre-PACKAGED FOOD that is not POTENTIALLY HAZARDOUS FOOD?

Environmental Health Use Only

of Seats _____ # of Rooms _____ Sq Ft _____ Risk type _____ Inspect Frequency _____ Est Type _____

Limits or Conditions: _____

Reviewed for completeness by _____ Approved/Disapproved by _____
 Signature Date Signature Date

All disapprovals must be reviewed by the supervisor. Supervisor's comments: _____

Supervisor Signature : _____ Date: _____

Date Received: _____ Amount Paid: _____

Received by: _____ Cash / Check or MO # _____

Receipt Number: _____

SUBMIT the following items (Per Food Code § 8-201.12):

- Proposed menu (Including seasonal, off-site and catering menus).
- Anticipated volume of food to be stored, prepared, and sold or served.
- One (1) complete set of plans (minimum size 8.5” x 11” or larger) including proposed layout, mechanical schematics, and construction materials.
- Floor plan layout. All equipment shall be clearly labeled on the plan with its common name.
- Finish schedule of interior finishes.
- Include one (1) plumbing site plan (including wells & septic systems if project is not in any city).
- Plumbing schedule.
- Plumbing layout showing type and location of equipment with drains.
- Equipment schedule showing type, manufacturer, model numbers, locations, dimensions, performance capacities, and installation specifications.
- Manufacturer specification sheets “cut sheets” for each piece of equipment shown on the plan.
- Shop drawings of all custom-built equipment.
- Complete exhaust ventilation plans (HVAC), including restroom ventilation.
- Lighting plan.
- All existing equipment and finishes must be defined.
- Site plan showing the location of restrooms, mop basin, alleys, streets, vacant Lots, adjacent businesses, and outside equipment (dumpsters, well, septic system, etc.).
- Written legal agreement for shared restrooms not located within the establishment.

ARIZONA 2001 FOOD CODE

TO OBTAIN A COPY OF THE FOOD, RECREATIONAL, AND INSTITUTIONAL
SANITATION ADMINISTRATIVE CODE

BY TELEPHONE:

*PLEASE CALL THE ARIZONA SECRETARY OF STATE'S OFFICE AT (602) 542-4285 OR
(800) 458-5842 AND REQUEST TITLE 9, CHAPTER 8*

OR

TO DOWNLOAD:

<http://www.azdhs.gov/phs/oeh/rs/pdf/fc2000.pdf>