



NORTHWEST GEORGIA  
PUBLIC HEALTH

# FOOD SERVICE ESTABLISHMENT PLAN REVIEW FORM

## I. INFORMATION

- Remodel
- New

- Any changes in plans or on this form must receive advance approval.
- Please return completed checklist with your plans.

➤ ESTABLISHMENT NAME \_\_\_\_\_  
 Physical Location \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

➤ OWNER \_\_\_\_\_ PHONE \_\_\_\_\_  
 Address \_\_\_\_\_ FAX \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_

➤ AUTHORIZED AGENT \_\_\_\_\_ PHONE \_\_\_\_\_  
 Address \_\_\_\_\_ FAX \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_

➤ ARCHITECT \_\_\_\_\_ PHONE \_\_\_\_\_  
 Address \_\_\_\_\_ FAX \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_

➤ CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_  
 Address \_\_\_\_\_ FAX \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_

➤ EQUIPMENT SUPPLIER \_\_\_\_\_ PHONE \_\_\_\_\_  
 Address \_\_\_\_\_ FAX \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_

➤ SIGNATURE OF OWNER OR AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_

### Locations

|                  |                     |                   |                 |                     |                   |
|------------------|---------------------|-------------------|-----------------|---------------------|-------------------|
| Bartow County    | Phone: 770-387-2614 | Fax: 770-383-7435 | Gordon County   | Phone: 706-624-1440 | Fax: 706-624-1442 |
| Catoosa County   | Phone: 706-935-6322 | Fax: 706-935-6740 | Haralson County | Phone: 770-646-9212 | Fax: 770-646-8193 |
| Chattooga County | Phone: 706-857-3471 | Fax: 706-857-6941 | Paulding County | Phone: 770-443-7877 | Fax: 770-443-7879 |
| Dade County      | Phone: 706-657-4213 | Fax: 706-657-7813 | Polk County     | Phone: 770-749-2270 | Fax: 770-749-2298 |
| Floyd County     | Phone: 706-295-6316 | Fax: 706-802-5445 | Walker County   | Phone: 706-639-2574 | Fax: 706-639-2576 |

TYPE OF FACILITY \_\_\_\_\_ NUMBER OF SEATS \_\_\_\_\_ HOURS OF OPERATION \_\_\_\_\_

Plan Reviewed Paid (Date) \_\_\_\_\_ Amount \_\_\_\_\_

Permit Fee Paid (Date) \_\_\_\_\_ Amount \_\_\_\_\_

## II. GARBAGE AND REFUSE DISPOSAL

➤ CIRCLE your response

The type of disposal provided: Dumpster(s)      Compactor      Exterior grease container(s)  
Interior self-contained system for grease      Recycling container(s)

**REMINDER:** *All containers must be easily cleanable with tight fitting lids, doors, covers, and shall be kept covered when not in use. If designed with drains, plugs must be in place except during cleaning.*

Type of surface provided for storage of disposal containers:

Concrete pad      Machine-laid asphalt

Will an enclosure be installed for the storage of containers?      Yes      No      N/A  
Describe \_\_\_\_\_

Is a grease trap required by the local Building Department?      Yes      No  
Indicate proposed size of grease trap \_\_\_\_\_ Gallons

## III. LIGHTING

CIRCLE your response to each

Have you supplied fluorescent lights with vapor-proof fixtures or additional incandescent light kits for your walk-in refrigerator and freezer units?      Yes      No      N/A

Are all of your light fixtures over food preparation, display, service, storage, and utensil-washing areas shielded with explosion tubes and end caps, shatterproof lenses, or shatter resistant bulbs?      Yes      No      N/A

SEE: 290-5-14-.07(3) Lighting for specific requirements

#### IV. ROOM FINISH SCHEDULE

*Specific brand names and colors for materials should be specified whenever possible to ensure acceptability.*

| ROOM OR AREA                     | FLOOR | FLOOR BASE OR COVE | WALLS | CEILING |
|----------------------------------|-------|--------------------|-------|---------|
| FOOD PREPARATION                 |       |                    |       |         |
| UTENSIL WASHING                  |       |                    |       |         |
| FOOD STORAGE                     |       |                    |       |         |
| WALK-IN REFRIGERATOR/<br>FREEZER |       |                    |       |         |
| JANITORIAL STATION               |       |                    |       |         |
| WAITRESS AREAS                   |       |                    |       |         |
| BAR                              |       |                    |       |         |
| RESTROOMS                        |       |                    |       |         |
| DRESSING AND LOCKER ROOM         |       |                    |       |         |
| BUFFET AND SALAD BARS            |       |                    |       |         |
| OTHER                            |       |                    |       |         |

Remarks \_\_\_\_\_

REMINDER: All surfaces utilized must be smooth, easily cleanable, and non-absorbant

## V. EMPLOYEE AREAS, RESTROOMS, & HAND WASHING SINKS

➤ CIRCLE your response to each

### EMPLOYEE AREA

Indicate the total number of employees \_\_\_\_\_

Have you shown the location for personal belonging storage on the plans? Yes No N/A

Have you provided for each employee: Coat hooks Lockers Other \_\_\_\_\_

REMINDER: *Break area, office area, dressing room, and personal belonging storage areas cannot be located in areas of food and/or utensil storage, preparation, food service or dish areas.*

### RESTROOMS

REMINDER: *Check with local Building Department on handicap accessibility questions.*

Can the public access the restrooms without going through the kitchen, storage area, or utensil-washing area? Yes No N/A

**\*All dine-in facilities must have patron toilet facilities.**

Are toilet facilities provided for employees? Yes No N/A

Are the rooms mechanically vented to the outside? Yes No N/A

Have you provided garbage containers with lids for sanitary items and also diapers? Yes No N/A

Are restroom doors equipped with self-closers? Yes No

### HAND WASHING SINKS

How many hand washing sinks excluding bathroom lavatories are you providing? \_\_\_\_\_

Indicate the locations of the hand sinks \_\_\_\_\_

Are all hand washing sinks supplied with dispensed soap? Yes No

Are all hand washing sinks supplied with dispensed towels? Yes No

Do you have a handsink in the food preparation area? Yes No

Do you include a vegetable preparation sink? (Required) Yes No

# WINDOWS, DOORS, & INSECT/RODENT CONTROL

➤ CIRCLE your response to each

The type of protection provided for your building:

Are all the vents covered with screening? Yes No N/A

All the voids and gaps around utility lines, pipes, etc. sealed? Yes No N/A

Are openable windows properly sealed? Yes No N/A

Did you specify an air curtain? Yes No N/A

If yes, Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_

Do you have: drive-through window carry out window walk-up window(s)

The type(s) of protection provided for your windows:

Spring loaded bump pad Electric eye opener Air curtain Fly fan

Self-closing screen/window

REMINDER: *A combination is strongly recommended.*

The type(s) of protection for your delivery and entrance doors:

Self-closing device Threshold and threshold sweep

If you have a garage-type door, have you provided an air curtain? Yes No N/A

If yes, Manufacturer \_\_\_\_\_ Model# \_\_\_\_\_

Other \_\_\_\_\_

REMINDER: *Daylight is NOT to be observed around door*

# VI. EQUIPMENT LIST

**EQUIPMENT INSTALLATION**  
 Complete this equipment list or provide identical information on the blueprints indicating the *method of installation*.

**PLUMBING CONNECTION**

| ITEM NO. | ITEM | MANUFACTURER | MODEL NUMBER | NSF | SPECIALLY FABRICATED | MOVABLE ON CASTERS | SPACED ON LEGS | SEALED IN PLACED | WATER | WASTE | GAS |
|----------|------|--------------|--------------|-----|----------------------|--------------------|----------------|------------------|-------|-------|-----|
|          |      |              |              |     |                      |                    |                |                  |       |       |     |
|          |      |              |              |     |                      |                    |                |                  |       |       |     |
|          |      |              |              |     |                      |                    |                |                  |       |       |     |
|          |      |              |              |     |                      |                    |                |                  |       |       |     |
|          |      |              |              |     |                      |                    |                |                  |       |       |     |
|          |      |              |              |     |                      |                    |                |                  |       |       |     |
|          |      |              |              |     |                      |                    |                |                  |       |       |     |
|          |      |              |              |     |                      |                    |                |                  |       |       |     |
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|          |      |              |              |     |                      |                    |                |                  |       |       |     |
|          |      |              |              |     |                      |                    |                |                  |       |       |     |
|          |      |              |              |     |                      |                    |                |                  |       |       |     |

COMMENTS

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# REFRIGERATION

➤ CIRCLE your response to each

- |    |   |     |    |     |
|----|---|-----|----|-----|
| 1. | Are your walk-in coolers and walk-in freezers accessible from inside the establishment?       | Yes | No | N/A |
| 2. | Have you specified a refrigerated meat cutting room for trimming raw meats?                   | Yes | No | N/A |
| 3. | Have you provided an ice machine?   | Yes | No | N/A |
| 4. | Are you installing a buffet or salad bar?   | Yes | No | N/A |
| 5. | If yes, is the buffet or salad bar mechanically refrigerated                                  | Yes | No | N/A |
| 6. | Have you designated refrigerated space for:   |     |    |     |
|    | cooling large quantities of food  | Yes | No | N/A |
|    | marinating food product   | Yes | No | N/A |
|    | separating meat, poultry, fish, and other food items  | Yes | No | N/A |
|    | quick chilling of food  | Yes | No | N/A |
|    | special events, large volumes of food   | Yes | No | N/A |
| 7. | Have you made provisions for refrigeration and freezer storage involving the six major areas? |     |    |     |

## STORAGE

Short-term refrigeration (reach-in), explain \_\_\_\_\_

\_\_\_\_\_

Long-term refrigeration which includes frozen products and deliveries (walk-ins), explain \_\_\_\_\_

\_\_\_\_\_

Cooling product (blast chiller additional walk-in cooler) space, explain \_\_\_\_\_

\_\_\_\_\_

Assembly or preparation of product, explain \_\_\_\_\_

\_\_\_\_\_

Display of product, explain \_\_\_\_\_

\_\_\_\_\_

Product for customer service, explain \_\_\_\_\_

\_\_\_\_\_

**NOTE:** *Coolers must maintain potentially hazardous food at 41°F or less and each must have a thermometer located so as to be visible and in the warmest part of the unit.*

# STORAGE FACILITY

➤ Specify the type of shelving unit that will be provided in the following areas

REMINDER - All storage equipment must be 6" above the floor and all surfaces must be non-absorbent, smooth, and easily cleanable.

Dry storage \_\_\_\_\_

Walk-in freezers \_\_\_\_\_

Walk-in cooler(s) \_\_\_\_\_

Beer cooler \_\_\_\_\_

Kitchen utensils \_\_\_\_\_

## ESTIMATED STORAGE

|  |
|--|
| <b>Total kitchen area</b> _____ <b>sq. ft. (wall to wall dimensions)</b>     |
| <b>Food dry storage required = Kitchen area X .25</b>                        |
| <b>Total dry storage</b> _____ <b>sq. ft. (wall to wall dimensions)</b>      |
| <b>Total bar area</b> _____ <b>sq. ft. (wall to wall dimensions)</b>         |
| <b>Bar dry storage required = Bar area X .10</b>                             |
| <b>Total bar storage area</b> _____ <b>sq. ft. (wall to wall dimensions)</b> |

➤ CIRCLE your response to each

Have you included the storage areas for food, utensils and beverages? Yes No N/A

Have you provided a storage area for your cleaning supplies separate from the food and food service operations? Yes No N/A

Have you specified a heavy-duty-mop-rack capable of holding wet mops above the mop basin? Yes No N/A

Are you using firewood as a fuel source for cooking equipment? Yes No N/A

If yes, specify the location of firewood storage \_\_\_\_\_

REMINDER: *Firewood must be stored separate from the food storage and food service operations. Additional measures must be taken to prevent rodent and insect infestations.*



# SANITIZING EQUIPMENT AND FACILITIES

➤ CIRCLE your response to each

## HOT WATER SYSTEM

Specify the water heater storage capacity in gallons \_\_\_\_\_

Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_

Specify the water heater recovery rate \_\_\_\_\_ GPH \_\_\_\_\_ °F (Temperature Rise)

## MANUAL UTENSIL WASHING

Have you specified a standard food service three-compartment sink with two integral drain boards, sufficient utensil racks, or tables large enough to separately accommodate soiled and cleaned items. Yes No N/A

**NOTE:** *Sufficient space needed for air drying of cleaned utensils*

Is your largest item able to be submerged into the three-compartment sink? Yes No N/A

Do you have a clean-in-place procedure for stationary equipment? Yes No N/A

Have you provided additional space for the storage of clean utensils, glassware, etc.? Yes No N/A

If yes, where? \_\_\_\_\_

## MECHANICAL UTENSIL WASHING

If not applicable, proceed to next section

Are you installing a dishwashing machine? Yes No N/A

If yes, Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_

Dishwashing machine demand of rinse water \_\_\_\_\_ GPH

Have you included a soiled-dish table? Yes No N/A

Have you included a pre-rinse sink? Yes No N/A

Have you included a clean-dish table? Yes No N/A

Did you provide mechanical ventilation at dishwashing machine? Yes No N/A

Where is the location for your clean utensil and dish storage? \_\_\_\_\_

## CHEMICAL SANITIZING MACHINE

If not applicable, proceed to next section

Are you providing a chemical sanitizing machine? Yes No N/A

Have you provided an audible and visual warning indicator on the sanitizer dispenser? Yes No N/A

Have you provided a location for air drying utensils after being washed? Yes No N/A

If yes, where \_\_\_\_\_

## HOT WATER SANITIZING MACHINE

If not applicable, proceed to next section

Are you installing a hot water sanitizing machine?

Yes No N/A

Manufacturer (Booster Heater) \_\_\_\_\_ Model # \_\_\_\_\_

Booster Heater recovery rate \_\_\_\_\_ GPH \_\_\_\_\_ °F (Temperature Rise)

## HOT WATER USAGE

The high gallon demand should be used when multi-use eating utensils are utilized and low gallon demand is to be used in carry-out facilities where single service eating utensils are utilized.

| EQUIPMENT                              | QUANTITY | GPH - HIGH | GPH - LOW | TOTALS |
|--|----------|------------|-----------|--------|
| 4 Compartment sink                     |          | (80)       | (65)      |        |
| 3 Compartment sink                     |          | (60)       | (45)      |        |
| Vegetable sink                         |          | (15)       | (10)      |        |
| Mop/Curb sink                          |          | (20)       | (20)      |        |
| Lavatory                               |          | (5)        | (5)       |        |
| Preflush unit                          |          | (45)       | (45)      |        |
| Bar sink                               |          | (25)       | (20)      |        |
| Washing machine (9-12 lbs)             |          | (45)       | (45)      |        |
| Washing machine (16 lbs)               |          | (60)       | (60)      |        |
| Employee shower                        |          | (20)       | (20)      |        |
| Warewashing/Dish machine               |          | (*)        | (*)       |        |
| Other                                  |          |            |           |        |
| <b>(Total Peak Demand) GRAND TOTAL</b> |          |            |           |        |

\* Usage depends on make and model, which should be located in the warewashing section.

## WATER HEATER CALCULATIONS:

**First:** From the manufacturer obtain the first hour output or the storage capacity of the water heater in gallons and the recovery rate in gallons per hour at a 100° F temperature rise.

**Second:** Utilize the formula **Total Available Hot Water (TAHW)** below and the information you obtained from the manufacturer to determine the total available hot water.

$$TAWH = \frac{\text{First Hour Output} + \text{Second Hour (recovery @ 100°F rise)}}{2}$$

2

**Note:** First hour output = Storage capacity (gal) x efficiency (0.7 gas, 1.0 electric) + recovery rate @ 100° rise

**SEE EXAMPLE** On Next Page

**Example:** If you plan to use a gas water heater with a sixty (60) gallon storage capacity with a 25 gallon per hour recovery at 100°F temperature rise the calculations would be as follows:

$$\text{TAHW} = \frac{60 \text{ gallons (storage)} \times 0.7 + 25 \text{ gallons (recovery @ 100°F rise)} + 25 \text{ gallons (recovery)}}{2}$$

$$\text{TAHW} = \frac{92 \text{ gallons}}{2}$$

$$\text{TAHW} = 46 \text{ gallons}$$

**NOTE:** The **Total Available Hot Water (TAHW)** must be equal or be greater than the Total Peak Demand of all the establishment's fixtures plus appliances as determined by the Grand Total shown in the Hot Water Usage chart on the preceding page.

**Authority:** Georgia Food Service Rules and Regulations – Chapter 290-5-14- Section .01, Paragraph (h) – Section .07, Paragraph (c).

### **(For Office Use Only)**

Calculating Required Recovery Rate if Total Peak Demand and Storage Capacity of water heater are known

$$\text{Required Recovery Rate} = \frac{2(\text{TPD}) - (\text{Storage})}{2}$$

**Note:** Storage = Storage capacity (gal) x efficiency (0.7 gas, 1.0 electric)

**Example:** If the TPD for a food service establishment is forty-six (46) gallons and the proposed water heater is a gas water heater with a storage capacity of 60 gallons the calculations would be as follows:

$$\text{Required Recovery Rate} = \frac{2(46 \text{ gallons}) - (60 \text{ gallons} \times 0.7)}{2}$$

$$\text{Required Recovery Rate} = \frac{50 \text{ gallons}}{2}$$

$$\text{Required Recovery Rate} = 25 \text{ gallons}$$

## LAUNDRY FACILITY

CIRCLE your response to each  
If not applicable proceed to the next section.

|   |     |    |     |
|---|-----|----|-----|
| Do you have a washer?   | Yes | No | N/A |
| Are shelves or bins provided for the storage of clean and dirty linens? | Yes | No | N/A |

## VII. EXHAUST HOOD VENTILATION FOR COOKLINE

**NOTE:** *Must provide air balance equations on plans and/or written documents by a HVAC contractor that the hood system is adequate and has been properly balanced.*

List equipment to be installed under the hood on the next page.

**VIII. LIST ALL EQUIPMENT WHICH WILL BE LOCATED UNDER THE HOOD**  
 (One form per Hood)

| Equipment #   | Equipment Description | Length | Depth |
|---------------|-----------------------|--------|-------|
|               |                       |        |       |
|               |                       |        |       |
|               |                       |        |       |
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|               |                       |        |       |
|               |                       |        |       |
| <b>TOTALS</b> |                       |        |       |

Remarks \_\_\_\_\_

The following support information should accompany this form: Performance specifications for the exhaust fan(s) and the filters, shop drawing of the exhaust hood & ductwork.  
 (Please attach.)

## IX. PLUMBING

➤ CIRCLE your response to each

|                                |        |   |     |    |     |
|--------------------------------|--------|---|-----|----|-----|
| Type of Water Supply           | Public | Private (Must have written approval from EPD) |     |    |     |
| Public Sewer will be provided? |        |   | Yes | No | N/A |

|                                     |                            |             |                   |     |    |     |
|-------------------------------------|----------------------------|-------------|-------------------|-----|----|-----|
| Type of Janitorial/Mop Sink         | Pre-Fabricated Floor Basin | Laundry Tub | Wall Mounted Sink |     |    |     |
| Will you install a garbage grinder? |                            |             |                   | Yes | No | N/A |

POTABLE WATER BACKFLOW protection is required on the following pieces of equipment.

➤ CIRCLE the pieces of equipment that apply to your facility

|                                     |                      |               |
|-------------------------------------|----------------------|---------------|
| chemical mixing system              | toilet(s)            | urinal(s)     |
| dishwashing machine(s)              | garbage grinder(s)   | carbonator(s) |
| water faucets with hose attachments | pre-rinse sprayer(s) |               |
| other _____                         |                      |               |

INDIRECT WASTE CONNECTIONS are required on the following pieces of equipment.

➤ CIRCLE the pieces of equipment that apply to your facility

|   |  |
|---|--|
| deli cooler clean out drain(s)            | walk-in refrigerator drain(s)          |
| refrigerator/freezer condensation line(s) | steam table(s)                         |
| ice maker/ice bin(s)                      | three compartment sink -- food service |
| food preparation sink(s)                  | three-compartment sink -- bar service  |
| dipper well(s)                            | dishwashing machine(s)                 |
| salad bar(s)                              | soda dispenser(s)                      |
| steam kettle                              | buffet line                            |
| other _____                               |  |

**NOTE:** For information on the installation of an indirect drain see Figure 10 on the next page.

Figure 10: Air Gaps & Indirect Wastes

