

HEALTH DEPARTMENT REVIEW PROCESS

DOCUMENT NUMBER: 00100

APPLICATION: ELEMENTARY, MIDDLE AND HIGH SCHOOL

DATE OF ISSUE:

10-01-15 - Miscellaneous updates
05-05-08 - Revised contact person
01-18-05 - Added web site address to Notes section
12-17-04 - Added notes and forms
07-30-04 - Revised contact person
10-23-03 - revised contact person
12-04-02 - added e-mail address
01-29-02 - Revised telephone number
06-11-01 - Changed Health Dept contact person
02-26-98 - first issued

NOTES:

The design of food service facilities must comply with the latest codes and standards. Information can be found on the Florida Department of Health web site <http://www.floridahealth.gov/environmental-health/food-safety-and-sanitation/index.html>

Submittal to the Health Department and incorporation of their comments must occur prior to submittal of the Phase 3 100% check set.

Submit the completed Application for Plan review along with two sets of plans to Hillsborough County Health Department. It is the Architect's responsibility to follow up with the reviewer and to schedule a meeting to review the plans if required.

The architect is required to schedule a final inspection with the Health Department prior to occupancy of new, renovated and remodeled food service facilities.

ATTACHMENTS:

None



Log # _____

HILLSBOROUGH COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES – 813-307-8059

Application for Plan Review

(The applicant is to submit this completed application with a minimum of 2 sets of plans.)

Establishment Name (DBA) _____

Owner/Corporate Name _____

Physical Address _____

_____ **Phone** _____

Mailing Address _____

_____ **Phone** _____

Agent responsible for plan review/opening inspection:

Name/title _____

Address _____

Phone _____

Basic Facility Information

Check one:

New Construction _____

Conversion of existing structure to food service _____

Establishment never licensed by Dept. of Health _____

Establishment previously licensed by Dept. Health, closed over one year _____

Extensive remodeling of existing licensed establishment _____

Describe type of structure (examples: steel warehouse, old wood frame building in historic district, strip store, etc):

Menu Information: Type foods involved and method of service:

Will establishment have an Alcoholic Beverage License? Yes No

Log # _____

Plumbing & Waste Water Disposal:

Prior to the opening inspection, the applicant must provide written approval for waste water disposal from the appropriate agency (Dept. of Health, Dept. of Environmental Protection, Municipality or sewer district). Written approval may be a copy of a permit or letter signed by the authority having jurisdiction.

Type of Sewage Disposal (circle one)

Septic Tank

Municipal/utility sewer

On-site Treatment

Number of Restroom Fixtures to be Provided				
	<u>Public</u>		<u>Employee</u>	
	Male	Female	Male	Female
Toilets				
Handwash Sinks				
Urinals		N/A		N/A

Water Supply

Prior to the opening inspection, the applicant must provide written approval for a potable water supply from the appropriate agency (Dept. of Health, Dept. of Environmental Protection, Municipality or water district). Written approval may be a copy of a form or letter signed by the authority having jurisdiction.

Type of Water Supply (circle one)

Offsite Public Water System - Name _____

On-site Well - Name _____

(Call Environmental Engineering at 307-8001 for information regarding well approval.)

Solid Waste Disposal

Service Company (if applicable) _____

Type of Storage Container(s) (dumpster, trash cans, compactor, etc.) _____

Projected Service Capacity

Number of Seats _____

Number of Beds, if Residential Facility _____

Construction

Anticipated Start Date _____

Estimated Completion Date _____

General Information

ANNUAL FEE PER ESTABLISHMENT	
HOSPITAL	210.00
NURSING HOME	210.00
DETENTION FACILITY	210.00
BAR/LOUNGE	160.00
FRATERNAL/CIVIC ORGANIZATION	160.00
MOVIE THEATER	160.00
SCHOOL CAFETERIA	
OPERATING FOR 9 MONTHS	130.00
OPERATING FOR MORE THAN 9 MONTHS	160.00
RESIDENTIAL FACILITY	110.00
OTHER FOOD SERVICE	160.00
CHILD CARE CENTER	85.00
LIMITED FOOD SERVICE	85.00
PLAN REVIEW (PER HOUR)	35.00
TRAINING COURSE (PER PERSON)	10.00
SANITATION INSPECTION	
Alcoholic beverage inspection	30.00
Requests for inspection	40.00
Reinspection	30.00
LATE RENEWAL OF CERTIFICATE	25.00

All facilities are required to have a pre-opening inspection completed before opening for business. Please allow HCHD Environmental Health Services a MINIMUM of three working days notice to schedule this inspection. We are unable to sign beverage license applications or give other approvals before satisfactory completion of this inspection and all code requirements are met.

I acknowledge that any approval given in conjunction with this Plan Review is valid for a period of one year from the date approval is given. Applicant is responsible for all applicable 64E-11 code changes during the permitting process. All items will be verified during construction and pre-opening inspections. Establishment must meet all standards of chapter 381, F.S., and Chapter 64E-11, whether specifically stated in the formal plan review or not.

Signature of Applicant _____ Date _____

(This Section To Be Completed By Health Department Staff)

Plan Review & Opening Inspection Checklist

(Not Valid Without Completed Attached Application)

Establishment Name _____

Location _____

Section Code: S=Satisfactory U=Unsatisfactory NA=Not Applicable C=Caution
 (information inadequate or potential violation, will be checked during inspections)

Building Fits and Finishes

	Floor Finish	Wall Finish	Ceiling Finish
Food Prep			
Food Storage			
Wash Area			
Restrooms			

Coving materials: _____

O.I. P.R

- _____ _____ Floors graded to floor drains
- _____ _____ No unnecessarily exposed utility lines, pipes on floors, walls, or ceilings
- _____ _____ No exposed studs, joists, rafters allowed in walk-ins, food preparation, dish washing areas or toilet rooms. If exposed in other areas, they must be cleanable.
- _____ _____ Wall panels, coverings closed at joints, sealed to wall and ceiling.

Comments: _____

Sinks/Dishmachines

- _____ _____ Sanitizing facilities provided when potentially hazardous food prepared and/or customer dishes reused: 3 compartment sink _____ dishmachine
- _____ _____ Dishmachine model _____
- _____ _____ Type: Chemical _____ 180° _____ 165° _____ Booster _____
- _____ _____ Sinks with drain boards (or equiv.), self-draining
- _____ _____ No. Shown: 4 _____ 3 _____ 2 _____ compartments
- _____ _____ Compartments sized to accommodate equipment
- _____ _____ Adequate facilities to air dry dishware, utensils, equipment
- _____ _____ One compartment food prep sinks. No. Shown _____
- _____ _____ Hand sink(s) in food prep area(s). No. Shown _____
- _____ _____ Hand sink in remote mechanical dishwash area
- _____ _____ Hot and cold water supplied to all sinks where required

Comments: _____

Equipment Installation & Design

- _____ _____ Ice produced and stored in protected area
- _____ _____ Displayed food protected
- _____ _____ Running water dipper well for bulk ice cream service
- _____ _____ Beverage tubing installed properly
- _____ _____ Adequate storage facilities (dry & refrigerated)
- _____ _____ Open shelving to be at least 6" above floor
- _____ _____ Equipment designed to facilitate cleaning, e.g., no raw wood, pegboard, contact paper
- _____ _____ Equipment installed to facilitate cleaning, e.g., easily cleaned beneath, behind, between
- _____ _____ Tabletop equipment, not easily movable, not sealed shall be on legs at least 4" high
- _____ _____ Floor mounted equipment, not easily movable, not sealed shall be on raised platforms or on legs at least 6" high

Comments: _____

Plumbing

- _____ _____ Backsiphonage and backflow protection if no air gap/break
- _____ _____ Faucets with hose fitting to have backflow protection device
- _____ _____ Refrigeration waste piping shall discharge indirectly into floor drain or receptor approved by local plumbing authority
- _____ _____ Food, equipment, and utensils shall not be placed under exposed sewer lines
- _____ _____ Restrooms provided for employees and patrons
- _____ _____ Restrooms accessible by customers without going through food preparation area
- _____ _____ Restroom doors to be self-closing
- _____ _____ Hot and cold water to all lavatories used by employees
- _____ _____ Water heaters located near where hot water is required
- _____ _____ Wastewater from cleaning of containers drained to sanitary sewer (mopsink/canwash)

Comments: _____

Other Facilities

- _____ _____ Designated area for employee belongings
- _____ _____ Laundry facilities separate or in storage area only
- _____ _____ Adequate storage area for maintenance and cleaning equipment
- _____ _____ Adequate lighting provided. Minimum 20 ft-c on working surfaces, 10 ft-c on other surfaces
- _____ _____ Lights shielded, coated, covered where food stored, prepared, displayed where food is or exposed
- _____ _____ All rooms and equipment that produce appreciable quantity of steam, obnoxious odors, fumes, vapors, grease, smoke to be vented to outside, including restrooms
- _____ _____ Food service separate from living quarters.
- _____ _____ Walking and driving surfaces shall be constructed to minimize dust and graded to prevent pooling of water

Comments: _____

Log # _____

Solid Waste

_____ _____ Waste container, grease receptacle, compactor on smooth non-absorbent surface
_____ _____ Compactor area drained to sanitary sewer

Comments: _____

Water Supply

_____ _____ Water supply described in application appears satisfactory provided all conditions of approval are met for this type of water system

_____ _____ Written approval for use issued by/Confirmed: _____ Date: ____ / ____ / ____

_____ _____ Public Water System permit # and type: _____

Comments: _____

Waste Water Disposal

_____ _____ Wastewater disposal system described in application appears satisfactory provided all conditions of approval are met for this type of system.

Approved for use confirmed: _____ Date: ____ / ____ / ____

OSTDS Permit No. _____ Tank Size _____ gal. Drainfield _____ Sq. ft.

Grease Trap _____ gal.

Comments: _____

Seating Capacity

_____ _____ Maximum seating capacity, if limited by HCHD _____

Comments: _____

Plans APPROVED with noted provisos to be corrected prior to opening

Plans DENIED as submitted – RESUBMIT corrected plans as indicated.

Comments: _____

Log # _____

This Plan Review is valid for a period of One Year from the date listed below. The applicant is responsible for adhering to applicable FAC 64E-11 code changes which may occur between the Plan Review and the Permitting period. All items will be verified during construction and pre-opening inspections. Establishment is to meet all applicable standards of FS Chapter 381 and FAC Chapter 64E-11. Applicant understands that this review comprises only those standards outlined in these codes, and separate approvals from other State and local agencies may be necessary.

It is the owner's responsibility to review compliance with this checklist prior to requesting a pre-opening inspection. A satisfactory pre-opening inspection must be completed by the HCHD and all permit fees must be paid prior to opening the facility to the public.

Reviewer Signature _____	Date ____ / ____ / ____
Applicant Signature _____	Date ____ / ____ / ____
(Print Name) _____	Phone _____

Opening inspection comments _____

Hillsborough County Health Dept.
Environmental Health
1105 E. Kennedy Blvd.
Tampa, FL 33602
(813) 307-8001