

Please select one:  New  
 Remodel  
 Change of Ownership / Menu

**Name of Establishment** \_\_\_\_\_

Facility Address \_\_\_\_\_

**Owner** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ **Email** \_\_\_\_\_

**Contact Person for plan review** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ **Email** \_\_\_\_\_

Projected start date \_\_\_\_\_ Projected date for completion \_\_\_\_\_

**When submitting this application, include the following documents:**

- Proposed menu(s), including seasonal, outdoor cooking, outdoor beverage dispensing operation, off-site and banquet menus
- Site plan – location of building on site, including alleys, streets and outside equipment (dumpsters, well, septic, system), and any outdoor beverage service areas or outdoor cooking areas
- Plan drawn to scale showing location of equipment, plumbing, electricity services and mechanical ventilation
- List of equipment

I have submitted plans/applications to (or obtained permits from) the necessary or appropriate authorities including zoning, planning, building, plumbing, and fire departments.

Yes - \*Attach a list of permits  No

**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
- Hold Cold and Serve
- Commercially prepackaged food only (except beverage)
- Other\_\_\_\_\_

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

- Yes
- No

Days and Hours of Operation\_\_\_\_\_

Number of seats indoors\_\_\_\_\_ outdoors \_\_\_\_\_

Number of staff (total)\_\_\_\_\_

Total square feet of facility\_\_\_\_\_

Number of floors on which operations are conducted\_\_\_\_\_

Type of Water Service     Municipal     Well     Other

Name of Water Service Provider\_\_\_\_\_

Type of Sewer Service     Municipal     Septic System     Other

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

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

**Submit your plans to:**  
2051 Kaen Rd Suite 367  
Oregon City, OR 97045

**Questions call**  
503-655-8384

**According to OAR 333-150-0000**  
**Required Format and Specifications – Draw Plans to Scale**

1. Accurately draw floor plan to a minimum scale of ¼ inch = 1 foot
2. Show seating capacity
3. Locate and label each piece of food equipment with its common name, include self-service hot and cold holding units with sneeze guards (Chapter 3 & 4)
  - Indicate if equipment is not newly purchased
  - A direct waste connection may not be used for equipment in which food, or ice is placed (5-402-11)
4. Identify the equipment that will be used for rapid cooling, including ice baths and refrigeration
5. Identify the equipment that will be used for rapid reheating
6. Identify food preparation sinks, include indirect drain location(s)
7. Show where raw and ready-to-eat food will be prepared
8. Identify each designated hand sink. This includes hand sinks in the restrooms, food preparation, food service, and dishwashing areas (Chapter 5)
9. Include:
  - a. Entrances, exits, loading/unloading areas and docks
  - b. Plumbing schedule, including location of floor sinks, overhead wastewater lines, water heater BTU or KW and capacity, grease trap or interceptor (Chapter 4 & 5)
  - c. Source of water supply and method of sewage disposal other than a municipal system – (Systems must meet state regulations)(Chapter 5)
  - d. Mop sink or curbed cleaning facility with facilities for hanging wet mops (5-203.13)
  - e. Location for storing chemicals (7-201.11)
  - f. Location for the storage of personal items such as dressing rooms, locker areas and employee rest areas (6-305.11)
  - g. Dish (ware washing) machine or 3-compartment sink, including indirect drain (Chapter 4)
    - Largest piece of equipment must be able to fit into sink or dish machine (4-301.12)
    - Indicate if dish machine is chemical or high temperature sanitizing
  - h. Indicate surface materials and the location of where the dumpster, compactor, garbage cans, waste oil, and recycling containers are stored (Chapter 5-501 & 6-102)
  - i. Indicate any outdoor cooking and beverage dispensing operations (3-201.18)

## Finishes/Surfaces

### OAR 333-150-0000, Section 6-101.11A(3)

Use the following chart to indicate all finishes or reference number on plans

	Floors	Cove Base	Walls	Ceilings	Food Contact Surfaces	Shelving
Kitchen						
Bar						
Storage Rooms						
Toilet Rooms						
Garbage & Refuse Storage						
Mop Service Area						
Dish washing Area						
Walk-in refrigerators & freezers						
Outdoor Cooking Area						
Outdoor Beverage Dispensing Area						

### Example

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
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## Menu & Procedure Review

**This section MUST be filled out by the facility operator and submitted with the plan review application.**

Answer only the questions that apply to your facility. Add documents or pages as needed to describe your operation. The Food Sanitation Rules, OAR 333-150-0000 can be obtained at: [www.healthoregon.org/foodsafety](http://www.healthoregon.org/foodsafety)

## Training & Policies

1. Describe your current policy to exclude or restrict food workers who are sick or have infected cuts and lesions. Note: Food employees with undiagnosed vomiting or diarrhea must be excluded from the food establishment for 24 hours (2-201.12):
2. What are employees told about working when ill (2-201.12)?
3. Provide your established hand washing policy (2-301.14, 2-301.13, 2-301.12, 2-301.15):
4. How are employees informed about hand washing requirements (2-103.11(L))?
5. How do you enforce hand washing and ill employee requirements (2-201.12, 2-103.11(D) & (K))?

6. Describe your glove (non-latex only) use policy (3-304.15):

7. Who will be your person(s) in charge (2-101.11)?

8. Are you aware of the rule that requires a “knowledgeable” person to be present at all times of operation (2-102.1)?  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)*

9. List the types of food probe thermometers (0-220°F) that food handlers will be using and where the thermometers will be kept. *Facilities serving thin foods such as meat patties and fish filets must have a small diameter probe (4-302.21 & 4-20.11):*

10. How do you calibrate your food probe thermometers and how often? Who is responsible for calibrating thermometers (4-502.11(B))?

11. How do you clean and sanitize your probe thermometer (4-602.11(4))?

12. What type of chemical sanitizer do you use (chlorine, quaternary ammonium, iodine) (4-501.114)? \_\_\_\_\_

At what concentration do you use this sanitizer? \_\_\_\_\_

What type of test kit do you have (4-302.14)? \_\_\_\_\_

When do you use your test kit (4-501.116)? \_\_\_\_\_

13. 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 (4-603.15)?

a. When does cleaning and sanitizing need to occur (4-602.11)?

14. What is done with leftover food (Chapter 3-501)?

15. Will salads such as tuna, egg, chicken, macaroni, pasta and potato be prepared from scratch in your facility?  Yes  No

a. If yes, will the ingredients be pre-chilled before being mixed or assembled?  Yes  No

16. 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 (2-103.11(K), 3-301.11(B))?

17. Describe when and where produce will be washed prior to use (3-302.15 & 5-402.11):



## Food Preparation

1. List foods from animal origin that you will serve raw or partially cooked, such as burgers and steaks cooked to order, eggs over easy, sushi, steak tartar, oyster shooters, etc. (3-603.11):

- a. Describe your consumer advisory for raw or partially cooked foods (3-603.11):

2. Is your facility serving raw fish (sushi, lox, ceviche)?  Yes  No

- a. If yes, please indicate if parasite destruction will be done on-site and/or by the supplier (3-402.11 & 3-402.12)

**On-site:** Provide your procedure on parasite destruction (A freezer used for parasite destruction must maintain – 4°F for 7 days. Measure and record temperature of freezer unit daily.)

**Supplier:** Provide the name of your supplier in question 3 and documentation to show parasite destruction. (Each invoice received from the supplier shall state the specific fish by species that have been frozen to meet the parasite destruction requirements under 3-402.11.)

3. List your food suppliers for the following (Chapter 3, Section 2)

Category	Supplier(s)
Game meats (e.g. emu, ostrich, elk)	
Raw or partially cooked fish products (e.g., lox, ceviche, raw oyster, sushi)	
Fresh or live shellfish	

Wild mushrooms *Provide buyer specification form (3-201.16)	
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4. Describe plans for special food processing within your facility (smoking or curing meats, reduced oxygen packaging such as sous vide, canning, sprouting beans) (Chapter 3-502):

5. Will you have an outdoor cooking and/or beverage dispensing operation?  
 Yes       No      **If yes, please answer 5a-5d** (3-201.18)

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 and handwashing equipment will be used?

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

*Permanently constructed outdoor cooking and beverage dispensing operations must be equipped with or located adjacent to a plumbed handwashing sink.*

**Not allowed** are flat top grills or griddles, woks, steam-tables or other cooking, storage or holding devices designed or intended to be used inside of a food service establishment. (3-201.18)

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

- d. When not in operation, how will the cooking and/or beverage operation be designed and secured to protect the food, equipment, utensils, etc. from potential contamination?
6. Do you plan to have open-air dining via unprotected outer openings such as large windows, moveable walls, rollup doors, etc.?  Yes  No

**If yes, attach a copy of your pest control plan (6-202.15).** Include how food is protected, how often you will evaluate for pest activity, cleaning to prevent debris and attraction of pests, what to do when insects, birds, or rodents enter your facility, and who to call for help to eliminate pests.

- a. If doors & windows must be closed due to pest presence (e.g. flies) does your design allow you to conduct business as normal?  Yes  No

### **Holding Food Temperatures Cold & Hot (Chapter 3-501)**

1. Refrigerated food must be maintained at 41°F or colder. How did you determine the amount of cold storage/holding that you will need for your operation (4-301.11)?
2. How will you ensure that each refrigerator has a working thermometer and that the temperature is maintained at 41°F or colder (4-203.12, 4-204.112, 4-502.11)?

3. Refrigerator Units (4-301.11)

List size, description/manufacturer, and what will be stored in each:

Refrigerator Number	Size/Capacity	Manufacturer or Description	Type of food stored inside


4. Is an ice machine provided and indirectly drained (5-402.11)?  Yes  No

5. If ice is purchased, who is your supplier? \_\_\_\_\_

6. If you will be using ice for keeping food cold such as in a salad bar, how should the food be stored in the ice? Please describe:

7. Will time without temperature control be utilized as a public health control (3-501.19)?  Yes  No

a. If yes, describe process and monitoring procedures. Written procedures are required to be maintained in the facility:

8. Describe your procedure for date marking of ready-to-eat potentially hazardous food items (3-501.17)?

9. How will you store raw animal food to prevent contamination of ready-to-eat food (3-302.11)?

*Note: When storing raw animal products above one another, storage should be based on their final required cooking temperature. The animal product with the*

*lowest cooking temperature must be stored above other raw animal products that require a higher cooking temperature (e.g. raw fish above raw ground beef). This also applies to raw meat storage in freezer units unless stored in commercially processed, unopened packages. (3-302.11)*

10. How and where will frozen foods be thawed (3-501.13)?

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

12. If delivering or catering foods, describe how food temperatures (hot and cold) will be maintained while in transport and at the catered site or satellite kitchen(s)?

*Note: Required holding temperatures and cooling requirements are listed in the “Food Safety: Your Self-Training Manual” or in the “Food Sanitation Rules” both can be obtained from your local health department or at this website:*

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

## Cooling

1. In the appropriate box, list menu items or foods that will be cooled.

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

Blast Chiller			
Other (Describe)			

\* Adequate and appropriate refrigeration is required

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

2. 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 4 hours?

## Cooking & Reheating

1. Describe how the food worker will know when raw animal products are fully cooked (3-401.11):

*Note: Required cooking temperatures are listed in the “Food Safety: Your Self-Training Manual” or in the “Food Sanitation Rules” both can be obtained from your local health department or at this website: [www.healthoregon.org/foodsafety](http://www.healthoregon.org/foodsafety)*

2. How will the cook know that all parts of the food being reheated has reached at least 165°F for 15 seconds within 2 hours?

3. List equipment that will be used for reheating and hot holding foods:

## Self Service

1. Will you provide self-service food to you customers?  Yes  No
2. How will you protect food in self-service areas from customer contamination (3-306.11 & 3-306.13)?

**Food Sanitation Rules**  
**OAR 333-150-0000**

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 internet access, you can obtain a copy from the Local Public Health Authority.

2. Do you know how to locate specific information in the rules?  Yes  No

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

Signature(s) of Owner(s) or responsible representative(s):

\_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

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 operational will be necessary to determine if it complies with the Food Sanitation Rules (Oregon Administrative Chapter 333).

**If you need this information in an alternate format, please call 503-655-8384.**

## **Pre-Opening Checklist for Operators**

**NOTE: Do Not Submit with Plan Review**

As you near completion of your facility but before you open for business, you must pass a pre-opening inspection with our department. This inspection is to verify construction was completed according to the *approved* plans, and your operations will comply with current Health Codes.

### **Before calling to schedule a pre-opening inspection:**

- 1. Submit a completed restaurant license application and license fee.**
- 2. Obtain all final approvals by other local agencies (& Certificate of Occupancy as required).**
- 3. Complete all construction, and be able to answer yes to the following questions:**

### **Hand washing facilities**

- |  |     |    |
|--|-----|----|
| 1. Is hot and cold running water available at each hand washing sink?                              | Yes | No |
| 2. Are mixing valves, combination faucets or metered faucets provided at each hand washing sink?   | Yes | No |
| 3. Are metered faucets set for a minimum of 15 seconds?  | Yes | No |
| 4. Are hand cleansers provided for all hand washing sinks?   | Yes | No |
| 5. Are approved methods for drying hands provided at all hand washing sinks, such as paper towels? | Yes | No |
| 6. Are covered waste receptacles available in unisex and women's restrooms?                        | Yes | No |
| 7. Are all toilet room doors self-closing?   | Yes | No |

### **Dishwashing Facilities**



- |   |     |    |
|---|-----|----|
| 1. Do all dish machines have data plates with operating specifications?   | Yes | No |
| 2. Do all dish machines have the required temperature and pressure gauges that are accurately working?            | Yes | No |
| 3. Is your dish machine reaching 160F at the tray level or dispensing 50ppm chlorine residual in the final rinse? | Yes | No |
| 4. Do you have a procedure for manual cleaning and sanitizing fixed equipment?                                    | Yes | No |
| 5. Does the three-compartment sink have a drain board on each end of it? Or alternatives?                         | Yes | No |

**Miscellaneous**

- |   |     |    |
|---|-----|----|
| 1. Are all containers of chemicals, including spray bottles, clearly labeled and stored away from food? | Yes | No |
| 2. Are all product storage shelves elevated 6-inches above the floor?                                   | Yes | No |
| 3. Are all food containers made of food grade materials?  | Yes | No |
| 4. Do you have a system for laundering linens or work clothes?  | Yes | No |
| 5. Are all food preparation areas free of carpet?   | Yes | No |

**Insect and Rodent Control**

- |   |     |    |
|---|-----|----|
| 1. Are all outside doors self-closing and rodent proof?   | Yes | No |
| 2. Are screens provided on doors and windows that are left open to the outside or a pest management plan provided?            | Yes | No |
| 3. Are all pipe & electrical conduit openings sealed?   | Yes | No |
| 4. Is the ventilation system (exhaust and intake) protected?  | Yes | No |
| 5. Is the area around the building clear of unnecessary brush, litter, boxes and other unnecessary items?                     | Yes | No |
| 6. Do you have a location and a procedure in place for cleaning garbage cans and floor mats? (Is the drain plumbed to sewer?) | Yes | No |

## Refrigeration Units

- |   |     |    |
|---|-----|----|
| 1. Are all refrigeration units operational?                 | Yes | No |
| 2. Does each refrigeration unit have a working thermometer? | Yes | No |
| 3. Is each refrigerator operating at 41°F or colder?        | Yes | No |
| 4. Do you have a procedure for date marking?                | Yes | No |