

Plan review with Oakland County Health Division (OCHD) is required for all new or remodeled food service establishments, special transitory food units (STFU), and mobile food units. Existing food service facilities that have been closed for more than one year also require a full plan review. See the below listing and flow chart for details on proceeding.

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**Note:** If proposed food facility is a retail, wholesale, or processing operation, the licensing and/or plan review process will be completed by Michigan Department of Agriculture and Rural Development. Visit [www.michigan.gov/mdard/0,4610,7-125-1569\\_16958\\_16974---,00.html](http://www.michigan.gov/mdard/0,4610,7-125-1569_16958_16974---,00.html) or call 800-292-3939 for more information.

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Required forms and applicable fees for the subsequent items are available at our offices or on the following websites:

[www.oakgov.com/health/services/Pages/Food.aspx](http://www.oakgov.com/health/services/Pages/Food.aspx)

[www.oakgov.com/health/services/Documents/eh\\_mda\\_planreview\\_manual.pdf](http://www.oakgov.com/health/services/Documents/eh_mda_planreview_manual.pdf)

## THE FOLLOWING ITEMS MUST BE SUBMITTED TO OCHD TO BEGIN THE PLAN REVIEW PROCESS:

**1. Completed Fixed or STFU/Mobile Food Establishment Plan Review Application and Fee**

**2. Completed Fixed or STFU/Mobile Food Establishment Plan Review Worksheet**

**3. Complete Menu**

For facilities that do not have a formal/set menu (i.e. school with a rotating menu), a list of food and drink offered or representative sample menu will be accepted.

**4. Standard Operating Procedures (SOP's)**

SOP's appropriate to the operation are required prior to opening. Sample documents are available in the Plan Review Manual.

**5. Certified Manager Documentation**

Most food establishments are required to employ at least one (1) full time certified manager who is certified under the American National Standards Institute (ANSI) accredited certification program. This certified manager is also required to obtain additional approved allergen training unless the facility qualifies for an exemption.

**6. One Complete Set of Scaled Plans (1/4" per foot is a normal, easy to read scale) including:**

- Proposed equipment layout plan with all items accurately identified.
- Mechanical plan (i.e. make-up air systems, air balance schedule, and cooking ventilation systems.)
- Plumbing plan (i.e. handsinks, food preparation sink, warewashing sinks, dishmachines, water heater, hot and cold water lines including backflow prevention devices, sewer drains including indirect waste lines, grease traps, and floor drains/sinks).
- Lighting plan indicating light fixtures and the type of shielding.
- Site plan (i.e. details of outside garbage storage and containers, exterior storage areas, on-site water well, and sewage disposal).

**7. Equipment Specifications**

Include manufacturer's specifications for each piece of equipment. Minimum information needed includes the following:

- Type, manufacturer, model number, performance capacity, dimensions (specification or "cut" sheet).
- How equipment will be installed (i.e. on leg or wheels, fixed or flexible utility connections).
- Indicate if equipment is new or used.
- Indicate if equipment is NSF approved or equivalent.



# FOOD ESTABLISHMENT PLAN REVIEW FLOW CHART

1

New Food Establishment/Remodeling/Conversion Proposed.  
**Note:** No construction may begin until approval is granted.

2

Operator assembles required documentation, completes the application forms and other required items – submits the materials along with payment to OCHD.  
**Note:** Plans are reviewed in the order received.

3

Review conducted by OCHD.  
**Note:** If the facility is serviced by on-site water supply or sewage disposal systems additional approvals will be necessary to proceed with plan approval.

4

An incomplete letter is sent by OCHD requesting additional information if items are missing or the provided information does not meet requirements.  
**Note:** Operator is responsible for resubmitting documentation. No reminders will be sent.

5

A plan review approval letter is sent by OCHD when plans are complete.  
**Note:** The file remains active for one year from the latest approval or incomplete letter.

6

## CONSTRUCTION BEGINS\*

7

If plans are revised or items added AFTER plans are approved, the changes must be submitted to OCHD in writing and approved again before proceeding with construction.

8

Once construction is complete, operator applies for their food service license.

9

Operator obtains air balance test reports, final mechanical and plumbing approvals from local authorities as applicable and the required certified manager/allergen certificates.

10

Facility requests an appointment for an opening inspection with OCHD at least five (5) business days in advance.

11

Operational approval is granted during a site visit showing full compliance with all code or law requirements.

\* OCHD has the authority to issue a stop work order when construction begins before plans are approved.





## Fixed Food Establishment Plan Review Application

Meets the Michigan Food Law, Act 92 of 2000, as amended, requirement for a transmittal letter to be submitted with the plans.

Establishment Name: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Establishment Phone: \_\_\_\_\_

Location Information: Between \_\_\_\_\_ & \_\_\_\_\_

Prior Establishment Name (if applicable): \_\_\_\_\_

<p style="text-align: center;"><b>Owner</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ Phone #: _____</p> <p>E-Mail: _____</p>	<p style="text-align: center;"><b>Food Service Equipment Supply Co.</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ Phone #: _____</p> <p>E-Mail: _____</p>
<p style="text-align: center;"><b>Architect</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ Phone #: _____</p> <p>E-Mail: _____</p>	<p style="text-align: center;"><b>General Contractor</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ Phone #: _____</p> <p>E-Mail: _____</p>

**Please complete each line of the above sections to enable timely correspondence.**

Which of the above contacts will serve as the primary contact(s): \_\_\_\_\_

Which of the above contact should all correspondence be mailed to: \_\_\_\_\_

Proposed start date of construction: Building \_\_\_\_\_ Food preparation/storage areas: \_\_\_\_\_  
(e.g. Kitchen)

Proposed opening date: \_\_\_\_\_

**PAYMENT VALIDATION (OCHD USE ONLY):** \_\_\_\_\_

## General Information

Days/Hours of Operation: \_\_\_\_\_

Seating Capacity (include bar & outdoor): \_\_\_\_\_

Facility Size (square feet): \_\_\_\_\_ Minimum AND Maximum staff per shift: \_\_\_\_\_ and \_\_\_\_\_

These plans are for a (mark one):  New Establishment  Remodeling  Conversion  Partial

What describes the establishment better (mark one):  On-site Food Preparation  Serving Site

Will part of the operation be outdoors (e.g. bar, dining, storage, cooking, etc.):  Yes  No

If yes, explain: \_\_\_\_\_

**Type of Operation/Food Service (mark all that apply)**

**Note: If operations include only MDARD section activities- Please contact LHD/MDARD before submitting.**

**LHD:**

- |  |   |
|--|---|
| <input type="checkbox"/> Sit down meals        | <input type="checkbox"/> Café and bakery  |
| <input type="checkbox"/> Full service with bar | <input type="checkbox"/> Fast food        |
| <input type="checkbox"/> Bar with drink prep   | <input type="checkbox"/> Deli             |
| <input type="checkbox"/> Bar with food prep    | <input type="checkbox"/> Church           |
| <input type="checkbox"/> Brewery with food     | <input type="checkbox"/> School           |
| <input type="checkbox"/> Tableside cooking     | <input type="checkbox"/> Hospital         |
| <input type="checkbox"/> Takeout menu          | <input type="checkbox"/> Hotel            |
| <input type="checkbox"/> Catering              | <input type="checkbox"/> Concession stand |
| <input type="checkbox"/> Buffet or salad bar   | <input type="checkbox"/> Cafeteria        |
| <input type="checkbox"/> Mobile commissary     | <input type="checkbox"/> Smoothie/Drinks  |
| <input type="checkbox"/> Commissary kitchen    | <input type="checkbox"/> Counter service  |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Food kiosk       |

Describe:

**MDARD:**

- |   |  |
|---|--|
| <input type="checkbox"/> Retail meat/seafood/fish | <input type="checkbox"/> Produce market  |
| <input type="checkbox"/> Fish processing          | <input type="checkbox"/> Produce processing  |
| <input type="checkbox"/> Water bottling           | <input type="checkbox"/> Bottling alcoholic beverages<br>(e.g. beer, wine, hard cider, etc.) |
| <input type="checkbox"/> Retail bakery            | <input type="checkbox"/> Grocery store   |
| <input type="checkbox"/> Wholesale foods          | <input type="checkbox"/> Ice production/packaging  |
| <input type="checkbox"/> Self-service bulk items  | <input type="checkbox"/> Self-service kiosk  |
| <input type="checkbox"/> Tasting room             | <input type="checkbox"/> Processing: (e.g. cured meats, juice, sushi, slaughter, etc.)       |
| <input type="checkbox"/> Brewery wholesale        | <input type="checkbox"/> Repackage only<br>(e.g. nuts)                                       |

List food:

List food process:

**Please summarize the proposed project including a description of the construction to take place, a description of equipment to be added or removed, and an overview of the proposed operation.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the plan review application package submitted is accurate to the best of my knowledge.

Signature of owner or representative: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name and title here: \_\_\_\_\_



# Fixed Food Establishment Plan Review Worksheet Instructions

It is important to complete this document in its entirety. Sections that are left blank may cause delays in the plan review of your food establishment. If a section is not pertinent to your operations, writing in NA for 'not applicable' in that section would suffice.

Pages 6-15 ask structural and equipment questions that the operator may wish to have the contractor or architect assist in completing.

Refer to the Fixed Food Establishment Plan Review Manual for technical assistance in completing this worksheet. This manual is available at our offices or by visiting:  
<http://www.oakgov.com/health>

**SUBMIT WORKSHEET ALONG WITH FIXED FOOD APPLICATION AND FEES TO:**

Oakland County Health Division (OCHD)  
PLAN REVIEW  
27725 Greenfield Road  
Southfield MI 48076

Phone: 248-424-7190

For STFU and Mobile operations see appropriate worksheet.

For other types of food operations, please contact the Michigan Department of Agriculture and Rural Development to determine appropriate submittal at 1-800-292-3939 or  
[www.Michigan.gov/MDARD](http://www.Michigan.gov/MDARD)

## FIXED FOOD PLAN REVIEW WORKSHEET

<b>Establishment Name</b>	
<b>Establishment Address</b>	
<b>City, State, Zip</b>	

### Food Manager Knowledge

Under the Food Law of 2000, as amended, food establishments are REQUIRED to have a Person in charge (PIC) during all hours of operation and at least one active managerial employee that has completed and obtained a Certified Food Manager (CFM) certificate under a program accredited by American National Standards Institute (ANSI). A list of ANSI accredited programs can be found at: <https://tinyurl.com/y6uxtbyz>

A designated person in charge shall demonstrate knowledge of foodborne disease prevention, application of food safety, HACCP principles, and the requirements of the Food Code.

Certified Food Manager's (CFM) Certificate submitted:  YES    NO  
 Employee currently in or signed up for CFM class:  YES    NO  
 If YES, submit invoice for class or add comment: \_\_\_\_\_

### Menu

It is REQUIRED to provide a full menu including all beverages or minimally a list of foods offered. The menu does not have to be the final print version; this will be requested later. It is suggested that a "proof" copy of the menu be submitted for approval prior to final printing. Additionally, it should be noted if the establishment will host guest chefs or "popup" restaurants that may serve food items not listed on the menu.

The customer must be informed by means of a consumer advisory that a menu item contains raw or undercooked foods of animal origin. A guidance document on providing a consumer advisory can be found at: [http://www.michigan.gov/documents/mda/MDA\\_FCConsAdvisMay08\\_245934\\_7.pdf](http://www.michigan.gov/documents/mda/MDA_FCConsAdvisMay08_245934_7.pdf)

Menu submitted:  YES    NO  
 Will establishment host guest chefs or "popup" restaurants  YES    NO  
 Menu items contain raw or undercooked animal-based foods  YES    NO  
 If YES, the menu contains a consumer advisory:  YES    NO

### SOPs and HACCP

It is REQUIRED to provide a full set of Standard Operating Procedures (SOP's). A SOP manual can be accessed at: [http://www.michigan.gov/mdard/0,4610,7-125-50772\\_50775\\_51203---,00.html](http://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51203---,00.html) SOPs need to be specific to your menu, food processes, and equipment.

Standard Operating Procedures (SOP's) submitted:  YES    NO

A Hazard Analysis and Critical Control Points (HACCP) plan is a written document that outlines the formal procedure for specialized food processes such as smoking food for preservation, curing, reduced oxygen packaging, fermentation, and/or packaging raw unpasteurized juice (FDA Food Code 3-404.11, 3-502.11, 3-502.12, 3-801.11). Products produced for wholesale under the Code of Federal Regulations, may also require specific HACCP plans under these regulations. Please consult your regulatory agency if you plan to wholesale products (i.e. sell to another retail or food service operation).





6. **Cooling TCS food:** List foods that will be cooled using each of the following methods. Hot TCS foods must be cooled from 135°F to 70°F in 2 hours or less and within a total of 6 hours from 135°F to 41°F or less. If prepared from room temperature or pre-chilled ingredients (i.e. tuna salad) then the foods must be cooled from 70°F to 41°F within 4 hours.

Cooling Method	Food Items
Shallow pans under refrigeration	
Ice bath	
Volume Reduction (e.g. quartering a large roast)	
Rapid chill equipment (e.g., blast chillers)	
Ice paddles	
Other method - describe:	

7. **Bare hand contact:** How will employees avoid bare hand contact with ready-to-eat foods?

Check all the apply.

- Disposable Gloves                     
  Deli Tissue                     
  Suitable Utensils  
 Other – Describe:

\_\_\_\_\_

8. **Will produce be cleaned on-site?**  YES     NO

If YES, describe which sink(s) will be used for food preparation:

\_\_\_\_\_

\_\_\_\_\_

9. **Date marking:** When TCS food is ready-to-eat and will be kept under refrigeration for more than 24 hours after preparation/opening, a date marking system must be utilized. Note: The day of preparation counts as Day 1.

**Will the establishment have food items that must be date marked?**  YES     NO

If YES, list the foods or types of foods involved. Ensure a SOP is submitted for this process.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. **Catering/off-site/satellite:** This section is intended for food that will be served by establishment employees off-site from the planned establishment. This section does not pertain to the delivery of pre-ordered food to a customer (e.g. delivering a pizza).

Complete section A through F if establishment employees will be serving food off-site at other locations.

- A. List of menu items to be served off-site:

_____	_____
_____	_____
_____	_____
_____	_____

- B. Maximum number of meals per day taken to or prepared at off-site location: \_\_\_\_\_

- C. How will hot food be held at proper temperature during transportation and at the off-site location?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- D. How will cold food be held at proper temperature during transportation and at the off-site location?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- E. What type of vehicle(s) will be used to transport food?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- F. What types of food shields or food protection devices will be used at the off-site location? (See plan review manual Part 4)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*Food that is prepared off-site from the planned establishment, would not be covered under the planned establishment's food license and additional food licensure may be needed for this off-site food preparation. Consult with your regulatory agency regarding possible additional food licensing.

**Sinks & Warewashing Facilities** (See Fixed Food Establishment Plan Review Manual Part 8)

11. Dishwashing methods, mark all that apply.  Dishmachine  3-Compartment Sink(s)

Dishwashing Sinks	Length (inches)	Width (inches)	Depth (inches)
1 <sup>st</sup> 3-compartment sink, size of compartments (basins)			
2 <sup>nd</sup> 3-compartment sink, size of compartments (basins)			
3 <sup>rd</sup> 3-compartment sink, size of compartments (basins)			

A. The 3-compartment sink must accommodate immersion of the largest item needing cleaning. What is the largest item that will have to be washed in a sink and its size? Please list all dimensions (length, width, and depth or height and diameter for a round item).

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B. List the location of all garbage disposals (disposals cannot be in a food preparation sink or the basin of a warewashing sink).

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C. If a dishmachine/glasswasher will be utilized, list the make and model number of unit and how the unit will sanitize (e.g. chemical or high temperature).

Dishmachine/Glasswasher	Make	Model #	Sanitizing Method
1 <sup>st</sup> Unit			
2 <sup>nd</sup> Unit			
3 <sup>rd</sup> Unit			

12. What type of mop (service) sink will be provided (e.g. curbed floor drain, mop sink on legs, etc.)? Ensure location of this sink is indicated on the equipment plan.

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**General** (See Fixed Food Establishment Plan Review Manual Part 16)

13. Will employee dressing rooms be provided?  YES  NO

If NO, describe how and where personal belonging will be stored:

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14. Will laundry be done on-site?  YES  NO

If YES, mark which of the following will be used on-site.  Washer  Dryer

Describe what will be laundered on-site: \_\_\_\_\_

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## Room Finish Schedule

(See Fixed Food Establishment Plan Review Manual Part 10)

Describe the floor, coving, wall, and ceiling materials that will be used in each of the listed areas. See plan review manual Part 10 for a list of possible materials.

Area	Floor	Coving*	Wall	Ceiling
15. Preparation				
16. Cooking				
17. Dishwashing				
18. Dry Storage				
19. Bar				
20. Dining				
21. Public and/or Employee Restroom				
22. Dressing Room				
23. Walk-in Cooler				
24. Walk-in Freezer				
25. Garbage Room				
26. Janitor Closet/ Mop Sink Room				
27.				
28.				

\*List the material that will be used to provide a smooth, rounded and cleanable surface where the floor and wall joins

**Note:** Please explain abbreviations.

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## Water Supply

(See Fixed Food Establishment Plan Review Manual Part 5)

29. Mark the water supply type:  Municipal  Existing Well  New Well
30. If using a well, is the local health department in the process of approving?  YES  NO\*

NOTES: \_\_\_\_\_

## Sewage Disposal

(See Fixed Food Establishment Plan Review Manual Part 5)

31. Mark the sewage disposal type:  Municipal  Existing Septic Field  New Septic Field
32. If using an on-site septic system, is the local health department or Michigan Department of Environmental Quality in the process of approving?  YES  NO\*

NOTES: \_\_\_\_\_

\*It is required that you contact your local health department to begin the approval process for non-municipal water and sewage systems.

## Insect and Rodent Control

(See Fixed Food Establishment Plan Review Manual Part 13)

33. Will outside doors be self-closing?  YES  NO
34. Will the facility have a drive-thru or walk-up window?  YES  NO  
If YES, describe the method of pest entrance prevention (self-closing unit, air curtains, other effective means)

\_\_\_\_\_  
\_\_\_\_\_

35. Will openings around pipes, electrical conduits, chases and other wall perforations be sealed?  YES  NO

## Solid Waste/Refuse Storage

(See Fixed Food Establishment Plan Review Manual Part 17)

36. Outside Solid Waste/Refuse Storage
- A. What type of storage will be used?  Compactor\*  Dumpster\*  Cans
- B. Describe the type of surface that will be under the container.

\_\_\_\_\_  
\_\_\_\_\_

C. What is the anticipated minimum pick-up frequency?

\_\_\_\_\_

D. Describe how solid waste/refuse will be transported from the interior of the establishment to the outside waste/refuse storage area.

\_\_\_\_\_

\_\_\_\_\_

\*Remember to show details on site plan, including unit location and slope of surface under the unit.

**37. Inside Storage**

A. Describe any inside solid waste storage (garbage, boxes, etc.) or solid waste container cleaning area (e.g. garbage can cleaning area).

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B. Will any compactors, garbage rooms, garbage transport carts, or dumpsters be located inside?  YES  NO  
If YES, make sure to show location on site plan.

C. Describe the location where damaged merchandise or unacceptable products to be returned will be stored.

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D. Describe how and where waste grease from equipment such as fryers will be handled and stored.

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E. Describe how and where redeemables/returnables/recyclables will be stored.

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F. Mark the type of materials that will be recycled.

- Glass     Metal     Paper     Cardboard     Plastic

## Plumbing Cross-Connections (See Fixed Food Establishment Plan Review Manual Part 12)

The following technical information is needed on the proposed plumbing. This section is best completed by a qualified plumber, architect or engineer. Be sure to include all devices, equipment and fixtures that have cross-connection protection. Remember to complete both the water supply and sewage disposal sections (e.g., a dishwasher may have an AVB on the water supply and an air-gapped drain). Mark appropriate boxes.

### Backflow Prevention Device Abbreviations

**AVB** = atmospheric vacuum breaker    **PVB** = pressure vacuum breaker

**RPZ** = reduced pressure principle backflow preventer    **DC w/ AV** = Double check valve with an atmospheric vent

Fixture	Sewage Disposal			Water Supply					
	Air Gap	Air Break	Direct Connect	AVB	PVB	RPZ	Hose Bibb	DC w/AV	Air Gap
38. Dishwasher									
39. Glasswasher									
40. Garbage grinder									
41. Ice machine									
42. Ice storage bin									
43. Mop sink									
44. 3-compartment sink									
45. Culinary (food preparation) Sink									
46. Other sinks, except hand sinks, (1 or 2 compartments)									
47. Steam tables/Bain-marie									
48. Dipper wells									
49. Hose connections									
50. Refrigeration condensate drain lines									
51. Beverage dispenser w/carbonator									
52. Water softener drain									
53. Walk-in floor drain									
54. Wok range									
55. Chemical dispenser									
56. Outside sprinkler or irrigation									
57. Power washer									
58. Retractable hose reel									
59. Toilet									
60. Urinal									
61. Boiler									
62. Espresso machine									
63. Combi-style oven									
64. Kettle									
65. Rethermalizer									
66. Steamer									
67. Overhead spray rinse									
68. Hot water dispenser									
69. Coffee machines, juice dispensers or other non-carbonated beverage dispensers									
70. Other (describe):									

## Formula Information

Several calculations are utilized to determine if there will be adequate hot water, dry storage space and refrigerated storage space. This information requested on the following two pages provides the necessary data for performing calculations. See the plan review manual for formulas and directions. **While the following information will be used to provide a good calculated baseline of how much hot water, refrigerated storage, and dry storage space may be needed, your regulatory agency does have the authority to adjust these calculated amounts based upon the specific operations of your facility.**

### 71. Hot Water (See Fixed Food Establishment Plan Review Manual Part 12)

List each plumbing fixture that has a hot water supply line. Each fixture should only be listed once.	Fixture Count
Handsinks (not including restroom sinks)	
Restroom Sinks	
Single Compartment Sink	
Double Compartment Sink	
Triple (three) Compartment Sink	
Food Preparation Sink	
Overhead Spray Rinse	
Bar Sink-three compartment	
Bar Sink-four compartment	
Cook Sink	
Hot Water Filling Faucet	
Steam Table/Bain-Marie	
Coffee Urn	
Kettle Stand	
Garbage Can Washer	
9 & 12 lb. Clothes Washer	
16 lb. Clothes Washer	
Shower Heads	
Mop Sink	
Dump Sink	
Dishmachine/Glasswasher	
Other (describe):	
Other (describe):	

### 72. Water Heater

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

A. Water Heater Proposed Size: kW: \_\_\_\_\_ Or BTUs: \_\_\_\_\_

B. Water heater storage capacity in gallons: \_\_\_\_\_

C. Water heater storage recovery rate at 100°F: \_\_\_\_\_

D. Tankless Units:

Gallons per minute at 70°F rise: \_\_\_\_\_ and gallons per minute at 100°F rise: \_\_\_\_\_

**Attach information for any additional water heaters. Specify what area each water heater services and whether units will be installed in series or parallel.**

### 73. Dishmachine Booster Heater:

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

Booster Heater Proposed Size: kW: \_\_\_\_\_ Or BTUs: \_\_\_\_\_

**Refrigerated and Dry Food Storage** (See Fixed Food Establishment Plan Review Manual Parts 3 & 7)

It is essential that a reliable estimate be made of the number of meals/customers that are served between deliveries to calculate dry and refrigerated storage capacities.

A. # meal/customers estimated to be served per day: \_\_\_\_\_

B. # days between deliveries: Dry food \_\_\_\_\_ Refrigerated food \_\_\_\_\_

C. # meals/customers between deliveries (A x B =): Dry food \_\_\_\_\_ Refrigerated food \_\_\_\_\_

Please describe any assumption made in determining the meal quantity estimate.

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**74. Refrigerated/Freezer Storage** (See Fixed Food Establishment Plan Review Manual Part 3)

Working, preparation or line refrigerators/freezers should not be included in this section. While these types of units may be needed in the operation of your facility, these are not intended for long term cold storage.

Walk-in Item #	**Interior Usable Height (ft)	Interior Length (ft)	Interior Width (ft)

\*\*The usable height within a walk-in is the space available for storage. Food is to be stored 6" from the floor and generally 12" to 18" from the ceiling of the unit.

Reach in Item #	Interior Depth (in)	Interior Width (in)	Interior Height (in)

Will the reported cold storage space be utilized for storage of bulky food items (e.g. boxes of whole produce, kegs, large meat boxes, bottled beverage), storage of any non-food items or for any food preparation processes (e.g. cutting of meat, drying/aging/fermentation of food)?  YES  NO

If YES, what units, or what percentage of the reported cold storage space, will be used for these purposes?

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**75. Dry Storage** (See Fixed Food Establishment Plan Review Manual Part 7)

Storage Rooms

**Usable room height (ft)	Interior Length (ft)	Interior Width (ft)	***% Usable Floor Space

\*Please note the location of any auxiliary storage (e.g. outside storage) on site plans.

\*\*To determine usable height, determine height from floor to ceiling, then subtract height of food off floor (usually 6") and height of food from ceiling (usually 12-18"). Average usable height is 4 to 7 feet.

\*\*\*% Usable Floor Space is the actual percentage of floor space available for storage, this is typically 0.3 to 0.8 (30% to 80%).

Or, if there is no dry storage room proposed, report all dry storage shelf dimensions:

Storage Shelving

Length of Shelf (ft)	Depth of Shelf (ft)	Clearance/Height between Shelves (ft)	# of Shelves per Unit	# of Units Proposed

Will the reported dry storage space be utilized for storage of non-food items such as equipment/utensils, cleaning/maintenance supplies, empty bottles/cans, linens, promotional items, etc.?  YES  NO

If YES, what shelving units, or what percentage of the reported dry storage space, will be used for this purpose?

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**Outdoor Food Preparation or Cooking Questions (If applicable)**

A. What food items are you intending to prepare/cook outdoors?

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B. What food equipment will be used for outdoor preparation/cooking and will this equipment be portable or permanently fixed outdoors? Complete following chart and mark appropriate boxes.

Outdoor Equipment	Portable	Permanent

C. How do you intend to transport food between the outdoor preparation/cooking area and the interior of the kitchen?

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D. How will handwashing be addressed at the outdoor preparation/cooking area?

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E. Where will the outdoor preparation/cooking area be located on the premises? Indicate on your site plan.

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F. How will the outdoor preparation/cooking area be protected from unauthorized access?

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G. What overhead protection will be provided? What materials will be used?

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H. Will walls be provided? If so, what materials will be used and what coving material will be provided?

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I. What type of floor/ground will be present in the outdoor preparation/cooking area?

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J. What type of cooking fuel will be used and how will refuse and waste ash be collected in the outdoor preparation/cooking area?

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K. What lighting will be provided in the outdoor preparation/cooking area and how will it be shielded?

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## HEALTH DIVISION

[OAKGov.COM/HEALTH](http://OAKGov.COM/HEALTH)

North Oakland Health Center  
1200 N. Telegraph, Bldg. 34 E.  
Pontiac, MI 48342-0432  
248-858-1280 General  
1-800-848-5533 Nurse on Call

South Oakland Health Center  
27725 Greenfield Rd  
Southfield, MI 48076-3663  
248-424-7000 General  
1-800-848-5533 Nurse on Call



NURSE ON CALL PUBLIC HEALTH INFORMATION HOTLINE

800.848.5533 NOC@OAKGov.COM

[OAKGov.COM/HEALTH](http://OAKGov.COM/HEALTH)

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The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and Federal eligibility requirements apply for certain programs.

This guidance document has been modified from the Michigan Department of Agriculture and Rural Development's Fixed Food Establishment Plan Review Worksheet Instructions Manual 2019.

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