

VAN BUREN/CASS COUNTY DISTRICT HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION/FOOD SERVICE SANITATION SECTION

FOOD SERVICE ESTABLISHMENT SPECIFICATION REVIEW CHECK SHEET

Part 1		Kitchen Facilities & Equipment			Dept. Use Only		
					Int. Date	Final Date	
Section A	Food and Equipment Storage:	LOCATION & CONSTRUCTION					
1	Dry good storage area?						
2	Hot holding facilities?						
3	Single service product storage (paper products, etc.)?						
4	Cleaning and toxic materials storage?						
5	Cleaned food equipment and tableware storage?						
6	Food display protection devices?						
7	Other: _____?						
8	Other: _____?						
Section B	Ice Protection:	Yes	No	Complete Appropriate Boxes	Dept. Use Only		
9	Ice from approved source?			Ice machine, or Commercial handler			
10	Are liquid dispensing taps located above ice storage units?			If so, Which ones?			
11	Do drainage tubes of any kind pass through ice machines/bins?			If so, Which ones?			
12	Are carbonators/cold plates located within ice machines/bins?			If so, Which ones?			
13	Ice machine/bin compartments are of approved construction?			Have lids, and Self draining			
14	Are ice machine/bin compartments readily accessible for cleaning?			If not, Which ones?			
15	Proper ice storage & handling provisions established?			Training, and Signs posted			
Section C	Hand, Utensil & Food Preparation Sinks:	Yes	No	Complete Appropriate Boxes	Dept. Use Only		
16	Lavatories located within food preparation area(s) & convenient to food serving and bar areas?			One, or More than one			
17	Hand-drying device provided at each hand sink?			Manual, or Mechanical			
18	Hand cleanser provided at each hand sink?			Unfastened, or Mounted dispenser			
19	Dish machine provided?			Hot Water, or Chemical sanitization			
20	Three compartment sink provided?			Coved corners, and Two drain boards			
21	Pre-cleaning device provided?			Soak sink, and Spray device			
22	Garbage grinder provided?			Grease trap, or No grease trap			
23	Janitorial sink provided?			Tub, or Basin			
24	Culinary sink provided?			One compartment, or Two compartment			
25	Remarks/Comments:						

Department Use Only:	√	X	N/A	CD	SOP	EX	IC	TBD	?	Reviewer (Ints):	
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Part 2		Kitchen Facilities Cont.			Dept. Use Only		
					Int. Date	Final Date	
Section D	Kitchen Equipment and Installation:	Yes	No				
1	Countertops of acceptable materials (types: _____ ?)						
2	Cutting boards easily cleanable and/or removable(materials: _____ ?)						
3	Counter-type equipment is movable, sealed, or elevated 4" above countertop?						
4	Floor-type equipment is movable, 6" above floor, or other acceptable installation?						
5	Adequate space between equipment, sealed or available room for cleaning?						
6	Sufficient aisle space (3')?						
7	"Clean-in-place" equipment of an approved design, and self-draining?						
8	Floor drains and curbs installed where necessary?						
9	Adequate number/kind of thermometers to maintain product temperatures?						
10	Cut sheets have been submitted for all cooking and food service equipment?						
11	Other: _____ ?						
Section E	Miscellaneous:						
12	Linens are cleaned in the establishment, or professionally serviced?						
13	If cleaned in the establishment, a mechanical washer has been provided in a room separate from food storage and preparation areas?						
14	Clean and soiled linens are properly stored?						
15	Lighting adequately shielded?						
16	Exterior openings properly sealed/protected?						
17	Bulk items properly displayed and stored?						
18	Other: _____ ?						
19	Other: _____ ?						
20	Remarks/Comments:						

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FOOD SERVICE ESTABLISHMENT SPECIFICATION REVIEW CHECK SHEET

Part 3		Sanitary Facilities:			Dept. Use Only		
		Refuse:	Yes	No	Int. Date	Final Date	
Section A							
1	Interior garbage containers are of adequate construction and number?						
2	A cleaning facility, or a contract for container maintenance has been established?						
3	Dumpsters or cans are stored on a concrete or asphalt slab, and adequately enclosed?						
4	A frequency of disposal has been established?						
5	A site plan has been provided with the plan review submittal showing location of exterior garbage storage?						
6	Other: _____?						
Section C	Toilet Facilities:						
7	Conveniently located, sanitary design, and self-closing doors?						
8	Adequate number of water closets? <i>employee (male#___ female#___) public (male#___ female#___)</i>						
9	Adequate number of lavatories? <i>employee (male#___ female#___) public (male#___ female#___)</i>						
10	Adequate number of urinals? <i>employee#_____ public#_____</i>						
11	Hand cleanser available? Has mounted dispenser? Yes No						
12	Hand-drying device available? Is mechanical dryer? Yes No						
13	Rooms mechanically ventilated as required?						
Section D	Recyclables:						
14	Returnable storage clean/dry and properly identified?						
15	Storage facilities located away from food products?						
16	Other: _____?						
17	Other: _____?						
23	Remarks/Comments:						

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VAN BUREN/CASS COUNTY DISTRICT COMMUNITY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION/FOOD SERVICE SECTION

VENTILATION SYSTEM SPECIFICATION REVIEW CHECK SHEET

Part 1 / Hood 1		Hood Design, Specifications, and Installation						Dept. Use Only	
		Canopy	Low-side wall	Cap-type	Eyebrow-type			Int. Date	Final Date
Hood Design:									
Overhang/ Setback (inches)	Front								
	Back								
	Left								
	Right								
Distance/ Size (inches)	Length								
	Width								
	Height								
	Above equipment								
	Above floor								
Specifications and Installation:				Yes	No	Dept. Use Only			
Multiple hoods?		separate, or welded to form one hood							
		back:	full	partial					
Sides closed?		front:	full	partial					
		left:	full	partial					
		right:	full	partial					
Adequate construction and materials? (hood material: _____)									
Adequate lighting and shields? (number of fixtures: _____)									
Safety/Sanitation Listed? (listing: _____)									
Fire suppression equipment properly constructed/materials?									
Electrical equipment properly constructed/materials?									
Grease trough sloped to removable receptor?									
Cooking Equipment:		Listed	Width (inches)	Height (inches)	Depth (inches)	Base/Stand			Dept. Use Only
						6" legs	Castors	Sealed in place	
Total exhaust per NOA file codes: NOA File Code(s):									
Total exhaust per regulation: Formulas applicable/used:									
Remarks/Comments:									

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VENTILATION SYSTEM SPECIFICATION REVIEW CHECK SHEET

Part 2/Hood 1	Filter, Duct, and Exhaust Fan Specifications:			Dept. Use Only	
				Int. Date	Final Date
Filter Type:	Air/Mesh filters	Grease filters	Grease extractors		
Number of filters?					
Size of filters (height/width in inches)?					
Total net area (sq. ft.)?					
Isolation distance from cooking surface (at furthest point in inches)?					
Average face velocity (fpm)?					
Isolation from flue outlet (inches)?					
Duct Type:	No.16 Gage-Steel	No.18 Gage-Stainless	Other:	Dept. Use Only	
Duct material?					
Number of ducts?					
Duct sizes (length/width in inches)?					
Total number of cleaning ports?					
Other: _____					
Exhaust Type:					
Number of exhaust fans?					
Make and model?					
Horsepower and CFM rating?					
Filter, Duct, and Exhaust Fan Construction:		Yes	No	Dept. Use Only	
Filter coverage is the required minimum of the hood length, and constructed to manufactures specifications?					
Duct constructed to have joints and seams with liquid tight continuous external weld?					
Duct constructed with an adequate hood collar connection?					
Duct constructed in accordance w/ approved listing, manufactures specifications, with approved duct spacing?					
Exhaust fan with adequate design (appropriate blade design, vertical up-blast, or otherwise approved method, etc.)?					
Exhaust fan discharge located adequately (40" above roof surface, 10' from obstructions, or otherwise approved method, etc.)?					
Exhaust fan grease drains properly installed?					
Adequate static pressures for required CFM's?					
Remarks/Comments:					

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VENTILATION SYSTEM SPECIFICATION REVIEW CHECK SHEET

<i>Part3/Hood1</i>	<i>Make-up Air Specifications:</i>		<i>Dept. Use Only</i>	
			Int. Date	Final Date
<i>Specific Requirements:</i>	Yes	No		
Adequate amount of make-up air provided (100% of exhausted air, or 0.02 inches water gauge)?				
Make-up air apportioned to the interior of the establishment as required (quantities, temperature, etc.)?				
Air intakes properly located from combustible gases, and all hazardous vapors or odors.				
Outside air intakes properly sealed/screened?				
Make-up air mechanically interlocked w/ exhaust system?				
HVAC unit(s) total air quantities used for make-up air are in accordance with codes?				
Compensating air system adequately engineered with dampers or diffusers of sufficient size, air flow direction, and velocities?				
<i>General Requirements:</i>			<i>Dept. Use Only</i>	
Hood, duct, exhaust, and make-up air drawings, showing the layout of these systems inside and outside of the establishment, have been provided to the health department?				
General Ventilation Requirements have been constructed in accordance with applicable laws, and provide no interference with the cooking equipment exhaust system(s)?				
Special requirements for other obnoxious odors, vapors, or fumes have been adequately ventilated to the outside of the establishment in accordance with applicable codes?				
Upon completion of construction, the exhaust/make-up air systems require a performance test?				
Remarks/Comments:				

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