



Food Establishment Name: _____

I. Construction

1. Provide a description (the scope) of your project:

2. Yes No – Have you reviewed Island County plan review guidance?
3. Yes No - Is all equipment commercial grade, NSF certified or equivalent?
4. Yes No - Are all handwash sinks accessible within 25 feet of all food preparation, food service, and dishwashing areas without having to pass through any doors or otherwise separate areas?
5. Yes No - Is your handwash sink(s) at least 8”x 8” and contain hot and cold water mixable to 100°F?
6. Yes No - Are soap and paper towel dispensers installed where water droplets from handwashing/drying will not contaminate any food or food contact surfaces?
7. Yes No - Does your 3-compartment sink supply hot water at a minimum of 110°F, contain integral drainboards on both sides, rounded corners, and basins large enough to submerge and wash all equipment?
8. Yes No – Is the 3-compartment sink connected to a grease trap or grease interceptor?
9. Yes No - Are indirect drains (i.e., air gap) provided for all food preparation sinks, dishwashers, ice machines, soda dispensers, steam tables, woks, dipper wells, espresso machines, beer tap drip trays, walk-in refrigeration/freezers, and all equipment in which food or food contact equipment is placed?
10. Yes No – Is an indirectly drained food preparation sink with an integral drainboard included in your proposed floor plan?
11. Yes No - Is there customer seating inside the facility?
If yes, how many seats are in the facility, including the bar and lounge? _____
12. Yes No - Is there customer seating outside the facility?
If yes, how many seats are outside? _____
13. Yes No N/A - If you have customer seating, is your restroom accessible to customers without passing through food preparation, food storage, and/or dishwashing areas?
14. Yes No - Do you have to go outside to access any walk-in refrigeration/freezers, food storage, equipment, or dry storage areas? Note: All locations must be clearly marked on floor plans.
15. Yes No – Is a designated chemical storage area included in your proposed plans?
16. Yes No – Is there a designated employee storage or dressing area included in your proposed plans?
17. Yes No – Will all outer openings to the facility be sealed or screened to prevent pest entry?

18. How will food and food contact surfaces in your kitchen be protected from possible sources of contamination (i.e., dirty water, cross-contamination, etc.)?
 Check all that apply: Splash guards Physical separation Other: _____
19. Yes No - Is the mop sink located so food and equipment are not contaminated when used?
20. Yes No - Will a faucet with a hose attachment or a chemical dispensing system be installed at the mop sink?
21. Yes No - If yes, Does the mop sink have a vacuum breaker installed?
22. Yes No - Is your facility currently connected to a public fresh water supply?
23. Please indicate which type of wastewater connection is available at your facility:
 Public sewer system Approved Septic System
24. Will your building department or fire marshal require a hood system for your intended menu and equipment?
 a. Building Department Name: _____
 b. Name of Official: _____
25. Yes No N/A - If a soda fountain system is used, will it be installed by a professional beverage system contractor (i.e., Coca-Cola) who can verify that a reduced pressure backflow zone assembly (RPZ) installed and tested?
26. Yes No - Will any food be stored or prepared at another location? If yes, list name and address where food will be stored or prepared:
 Facility Name: _____ Facility Address: _____
27. Yes No (Required) - Have you already reached out to your local building department to apply for a plumbing permit for this establishment?

II. Operational Plan & Procedures

1. How many times per week do you anticipate receiving refrigerated/frozen ingredients?
2. How many times per week do you anticipate receiving dry goods (i.e., to-go containers, flour, coffee, etc.)?
3. How many meals do you anticipate serving per day?
4. Yes No - Will any food, beverages or condiments be self-service? If yes, list each item and how you will prevent contamination:
5. Yes No - Will you be making and serving cocktails with garnishes in a separate bar area?
6. Yes No - Does your menu include any fresh fruits, vegetables, or ready to eat foods that will require washing or rinsing?
7. Yes No - Will you receive and/or store any frozen raw meat, poultry, or seafood?
8. Yes No - Will any raw food of animal origin be thawed under running water?
9. Yes No - Will any food of animal origin be served raw or undercooked, such as fish, steaks, eggs, or hamburger?
10. Yes No N/A - If fish or seafood will be served raw or undercooked, will documentation of proper parasite destruction be maintained available?

11. Please list the company or service provider you will utilize for solid waste removal:
 Provider Name: _____ Phone: _____

12. If you have a deep fryer, please list the company or service provider you will utilize for waste oil removal:
 Provider Name: _____ Phone: _____

13. Proposed hours of operation:
 open 24 hours seasonal: _____

Day	From	AM/PM	To	AM/PM
Sunday		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Monday		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Tuesday		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Wednesday		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Thursday		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Friday		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Saturday		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM

14. Yes No - Will catering operation be conducted? If yes, complete and return the catering checklist.

15. Will the designated Person in Charge (PIC) be a Certified Food Protection Manager?
 Yes No Not Applicable

16. Do you have written standard operational procedures for the following? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Hand Washing | <input type="checkbox"/> Employee Illness |
| <input type="checkbox"/> Glove and Utensil Use | <input type="checkbox"/> Purchasing/Receiving |
| <input type="checkbox"/> Allergen Control | <input type="checkbox"/> Cold Storage/Holding |
| <input type="checkbox"/> Produce Washing | <input type="checkbox"/> Cross Contamination Prevention |
| <input type="checkbox"/> Proper Thawing | <input type="checkbox"/> Cooking/Reheating |
| <input type="checkbox"/> Hot Holding | <input type="checkbox"/> Cooling |
| <input type="checkbox"/> Date Marking | <input type="checkbox"/> Cleaning & Sanitizing |
| <input type="checkbox"/> Specialized Processes | <input type="checkbox"/> Proper Thermometer Use |
| <input type="checkbox"/> Time Without Temperature Control | <input type="checkbox"/> Vomit and Diarrheal Event Clean Up |

17. Do you actively monitor or complete any of the following? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Receiving/Transport Temperatures | <input type="checkbox"/> Cold Storage/Holding Temperatures |
| <input type="checkbox"/> Cooking/Reheating Temperatures | <input type="checkbox"/> Hot Holding Temperatures |
| <input type="checkbox"/> Cooling Time and Temperatures | <input type="checkbox"/> Thermometer Calibration |
| <input type="checkbox"/> Employee Reportable Illness | <input type="checkbox"/> Consumer Illness Complaints |
| <input type="checkbox"/> Food Safety Self Inspection (Internal or Third Party) | |

18. Will any specialized processing methods or operations be conducted? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Smoking Food | <input type="checkbox"/> Curing Food |
| <input type="checkbox"/> Food Additives/Preservation | <input type="checkbox"/> Cook/Chill (Reduced Oxygen Packaging) |
| <input type="checkbox"/> Cheese (Reduced Oxygen Packaging) | <input type="checkbox"/> Sous Vide (Reduced Oxygen Packaging) |
| <input type="checkbox"/> Fish (Reduced Oxygen Packaging) | <input type="checkbox"/> Two Barrier (Reduced Oxygen Packaging) |
| <input type="checkbox"/> Live Molluscan Shellfish Tanks | <input type="checkbox"/> Custom Processing Animals |
| <input type="checkbox"/> Alternate Cooking Methods | <input type="checkbox"/> Non-Continuous Cooking |
| <input type="checkbox"/> Emergency Operations | <input type="checkbox"/> Unattended Cooking & Hot Holding |

III. General Food Safety Knowledge Assessment

1. What five symptoms of foodborne illness are food handlers required to report to the Person in Charge?

2. What action is taken if a food handler notifies the Person in charge of a reportable illness?

3. When, how, and where are food handlers required to wash their hands?

4. When are food handlers required to wear single use disposable Gloves? What methods can food handlers use to minimize hand contact with ready to eat foods?

5. What are some examples of Time Temperature Control for Safety (TCS) foods used in your operations?

6. What is the temperature danger zone? What is the maximum cold holding temperature for TCS foods? What is the minimum hot holding temperature for TCS foods?

7. What is the minimum internal cooking temperature for the following raw animal foods: Fish/Seafood? Whole Meats? Ground Meats? Chicken?

8. What time and temperatures controls are required as part of the two-stage cooling process? What are some examples of approved cooling methods?

9. What time and temperature controls are required when reheating prepared TCS foods for hot holding?

10. What methods can food handlers use to prevent cross contamination when storing and preparing TCS foods?

11. What steps are required to properly clean and sanitize food contact surfaces and equipment? How often are food contact surfaces and equipment required to be cleaned and sanitized during continuous use?

12. What is required on a menu when raw animal foods are offered or served raw or undercooked?

13. What are some examples of critical control points used in your operations?

14. What are some examples of corrective actions taken if an above critical control point is not met?