



Public Health
Prevent. Promote. Protect.

Cass County Health Department

CASS COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

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PLAN REVIEW APPLICATION FORM

Fill out the following review form and submit it with the plans and fee to the Cass County Health Department office for approval. Check all appropriate boxes in the right columns, fill in the required information in the center column and list corresponding page number from the plans in the left column.

If you have any questions regarding this form, please contact the Health Department prior to submittal.

NAME OF ESTABLISHMENT:
ADDRESS OF ESTABLISHMENT:

PAGE	1. KITCHEN	YES	NO	N/A
	Are hand sinks provided at all food prep areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do the hand sinks provide hot water with a temperature of at least 110°F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the hand sinks under pressure & do they provide water flow through a single mixing valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is a separate food prep / culinary sink required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the food prep / culinary sinks indirectly connected to the drain system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is a hood system required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the hood cover all cooking surfaces and frying equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is a grease trap or grease interceptor provided? Size () gallons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are any sewer lines exposed overhead in food preparation areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FINISHED SURFACE MATERIALS: (Indicate what material will be used in the following areas.)

	FLOOR	BASE	WALLS	CEILINGS
KITCHEN				
RESTROOMS				
STORAGE				
BAR				
DINING ROOM				

PAGE	2. BAR	YES	NO	N/A
	Is a three compartment sink provided at the bar area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is a hand sink provided at the bar area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the hand sink provide hot water with a temperature of at least 110°F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are any sewer lines exposed overhead in the bar area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAGE	3. STORAGE AREA	YES	NO	N/A
	Is adequate shelving provided to properly store all items needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the shelving in good repair and easily cleanable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are any sewer lines exposed overhead in the storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is an outside storage area provided? If yes, list the purpose:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAGE	4. DISH AREA	YES	NO	N/A
	Is a three compartment sink provided? List the dimensions of the vats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the three compartment sink connected to a grease trap / grease interceptor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is a dishwasher provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the dishwasher sanitize by using heat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the dishwasher sanitize by using chemicals? If yes, list chemicals used:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is a hand sink provided at the dishwashing area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do the hand sinks provide hot water with a temperature of at least 110°F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the hand sinks under pressure & do they provide water flow through a single mixing valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are any sewer lines exposed overhead in the dishwashing area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAGE	5. RESTROOMS	YES	NO	N/A
	Are public restrooms provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are employee restrooms provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do the hand sinks provide hot water with a temperature of at least 110°F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the hand sinks under pressure & do they provide water flow through a single mixing valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the restrooms ventilated to outside air?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAGE	6. MOP SINK/ CHEMICAL AREA	YES	NO	N/A
	Is a mop sink with hot and cold running water provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the mop sink located away from food prep and storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAGE	7. BUSING STATIONS	YES	NO	N/A
	Are hand sinks provided at the busing areas and wait stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do the hand sinks provide hot water with a temperature of at least 100°F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the hand sinks under pressure & do they provide water flow through a single mixing valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAGE	8. SOLID WASTE DISPOSAL	YES	NO	N/A
	Is an outdoor garbage area provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is a grease dumpster provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the outdoor garbage area easily cleanable and located on a concrete or asphalt pad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAGE	9. FLOORS / WALLS / CEILINGS (GENERAL)	YES	NO	N/A
	Are floor materials grease resistant and easily cleanable in all food preparation areas, storage areas, restrooms, dish areas, and wait stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the walls and ceilings light in color, smooth, easily cleanable, and non-absorbent in all food preparation areas, storage areas, restrooms, dish areas, and wait stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the floor / wall juncture coved in all food preparation areas, storage areas, restrooms, dish areas, and wait stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAGE	10. LIGHTING	YES	NO	N/A
	Are 50 foot candles of light provided over all food prep, and 20 foot candles over all dishwashing, storage areas, hand washing, and restroom areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are all light fixtures properly shielded in all food preparation and food storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAGE	11. EQUIPMENT	YES	NO	N/A
	Do the plans include a list of all food equipment (keyed), with the name and model number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is all food equipment NSH approved? (No non-commercial equipment is allowed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is a commercial hot water heater provided? Size: ()gallons GPH Recovery: ()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAGE	12. MENU	YES	NO	N/A
	Has a copy of the establishment menu been submitted? (Required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAGE	13. TYPE OF SERVICE (CHECK ALL THAT APPLY)	YES	NO	N/A
	A. SIT DOWN MEALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. TAKE OUT MEALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. CATERING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAGE	14. INSECT & RODENT CONTROL	YES	NO	N/A
	Will all outside doors be self-closing and rodent proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the placement of electrocution devices identified on the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the area around the building clear of unnecessary brush, litter, boxes, and other harborage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAGE	15. WATER SUPPLY	YES	NO	N/A
	Is the water supply from an approved source? Is water supply PUBLIC () or PRIVATE ()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If private, has source been approved? **Please attach copy of written approval and / or permit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAGE	16. SEWAGE DISPOSAL	YES	NO	N/A
	Is building connected to a municipal sewer? If no, is private disposal system approved? YES / NO **Please attach copy of written approval and / or permit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAGE	17. THE FOLLOWING DOCUMENTS ARE REQUIRED (CHECK THE BOX TO CONFIRM THEY ARE INCLUDED.)			
	Proposed menu			
	Manufacturer Specification sheets for each piece of equipment shown on the plan.			
	Site plan showing location of business in building; location of building on site including alleys and streets; and location of any outside equipment (dumpsters, well, septic system - if applicable).			
	Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services, and mechanical ventilation.(MUST BE AN ENGINEER STAMPED DRAWING)			
	Equipment schedule.			
	Finish schedule. (Floors / Bases / Walls / Ceiling)			
PAGE	18. CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS			
	Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading the plans.			
	Include proposed menu and projected daily meal volume for food service operations.			
	Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.			
	Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.			
	Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready to eat foods.			
	Clearly designate adequate hand washing lavatories for each toilet fixture and in immediate areas food preparation.			
	Provide room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.			
	On the plan, represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements, and / or cellars use for storage or food preparation. Show all features of these rooms as required by this guidance manual.			

Include and provide specifications for:

- a. Entrances, exits, loading/unloading areas and docks;
- b. Complete finish schedules for each room including floors, walls, ceilings and covered juncture bases;
- c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
- d. Lighting schedule with protectors;
 - (1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
 - (2) At least 220 lux (20 foot candles):
 - (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
 - (b) Inside equipment such as reach-in and under-counter refrigerators;
 - (c) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms; and
- e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).
- f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with;
- g. Ventilation schedule for each room;
- h. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
- i. Garbage can washing area/facility;
- j. Cabinets for storing toxic chemicals;
- k. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;
- l. Completed Section 1;
- m. Site plan (plot plan)

COMMENTS/QUESTIONS

Approval of these plans and specification by the Cass County Health Department, Environmental Health Services Program; 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 or 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 local and state laws governing food service establishments.

DO NOT write below this dotted line. For Health Department use ONLY.

DATE:	REVIEWED BY:
APPROVED	NOT APPROVED
PERMIT NUMBER	
REVIEWERS SIGNATURE	
LETTER SENT DATE:	
FEE PAID:	

PLAN REVIEW APPLICATION ADDITIONAL INFORMATION

___NEW ___REMODEL ___CONVERSION

Category: Restaurant ___ Convenience Store ___ Grocery Store ___ Other: _____

Name of Establishment: _____

Address: _____

Phone if available: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Telephone: _____

Email: _____

Fax Number: _____

I have submitted plans/applications to the following authorities on the following dates:

Codes & Zoning: ___ / ___ / ___ Fire Dept: ___ / ___ / ___

Projected Construction Dates for Establishment:

Start Date: ___ / ___ / ___ End Date: ___ / ___ / ___

Projected Hours of Operation:

Sun ___ Mon ___ Tues ___ Wed ___ Thur ___ Fri ___ Sat ___

Projected Maximum Number of Meals to be served:

Breakfast _____ Lunch _____ Dinner _____ Carry Out _____

Type of Food Service :

Set Down Meals ___ Take Out ___ Caterer ___ Mobile Vender ___ Other _____

Establishment's Total Number of Seats _____ Staff (Estimate) Per Shift _____ Total _____