



**Protective
Health Services**
**Oklahoma State
Department of Health**

Consumer Protection Division

Remit this form with fee and plans to:

Cleveland County Health Department
250 12th Ave. N.E.
Norman, OK 73071
405-321-4048

PLAN REVIEW APPLICATION FOR A FOOD OR LODGING ESTABLISHMENT
(This is not a license to operate)

Establishment Name: _____ / _____
Street Address: _____ City: _____ County _____
St: _____ Zip: _____

APPLICANT INFORMATION - Complete the Following

E-Mail Address: _____
Cell phone: _____
Telephone: _____

Applicant Name: _____
Applicant Address: _____
Applicant City, State, Zip: _____

CONTACT INFORMATION IF DIFFERENT:

Contact Name: _____ Cell phone: _____
Contact Address: _____ Telephone: _____
Contact City, State, Zip: _____

Type of Ownership: Individual Partnership Corporation L.L.C

If Applicable: State Tax ID # _____ and/or Fed ID # _____

Type of Construction:

- New Construction (including new seasonal and new mobile establishments).
- Remodel of existing food service establishment.
- Conversion of existing structure for use as a food establishment.
- Existing establishment which changes the type of operation.

(Temporary food establishments are exempt from plan review and will be evaluated for compliance on site.)

<p align="center">HEALTH DEPARTMENT USE ONLY</p> <p>Date Copies of Rules Received _____</p> <p><input type="checkbox"/> OAC 310:225 _____ owner</p> <p><input type="checkbox"/> OAC 310:240 _____</p> <p><input type="checkbox"/> OAC 310:257 _____ manager</p> <p><input type="checkbox"/> OAC 310:260 _____</p> <p><input type="checkbox"/> OAC 310:285 _____</p> <p>Date Received: ____/____/____</p> <p>Receipt #: _____</p> <p>White Copy - OSDH</p> <p>Yellow Copy - Applicant &/or City License</p> <p>Pink Copy - County Health Dept.</p>	<p>This Application must be submitted with the Fee of \$200.00 made payable to the local County Health Department where establishment will be located. The application must be completed in full. All facilities must be inspected and licensed prior to operation. Completion and submission of this form does not constitute authorization to open a food service, warehouse, processor, drug manufacture or lodging establishment. <u>THIS FEE IS NON-REFUNDABLE.</u></p> <p>NOTE: Plans and Equipment Schedule must be submitted with this application.</p> <p align="center">_____</p> <p align="center">Applicant Signature/Title/Date</p> <p align="center">DO NOT SEND CASH !! SEND CHECK OR MONEY ORDER ONLY</p> <p align="center"><i>Submit this application, plans, and payment to the local County Health Department.</i></p> <p align="center"><i>(If this form is down-loaded, please submit in triplicate).</i></p>
--	--



250 12th Avenue NE Norman, OK 73071
Telephone 405/321-4048 Fax 405/329-1273
<http://cleveland.health.ok.gov>

PLAN REVIEW APPLICATION GUIDELINE

(Please complete all applicable sections)

- NEW REMODEL CONVERSION OTHER _____

Name of Establishment: _____

Type of Food Operation: (You may check more than one box)

- | | |
|--|--|
| <input type="checkbox"/> Frozen Food Locker | <input type="checkbox"/> Food Service Establishment |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Food Service Establishment with Bar |
| <input type="checkbox"/> Combination Retail Food | <input type="checkbox"/> Mobile Food Service |
| <input type="checkbox"/> Health Facility | <input type="checkbox"/> Retail Food Store |
| <input type="checkbox"/> School | <input type="checkbox"/> Seasonal Food |
| <input type="checkbox"/> Non Profit Institution | <input type="checkbox"/> Food Processors |
| <input type="checkbox"/> Privately Owned Prisons | <input type="checkbox"/> Food Wholesalers |
| <input type="checkbox"/> Salvage Food | <input type="checkbox"/> Water Bottling Facilities |
| <input type="checkbox"/> Drug Manufacturers | <input type="checkbox"/> Drug Warehouse |
| <input type="checkbox"/> Hotel and Motels | <input type="checkbox"/> Other _____ |

Establishment Address: _____

Contact Phone and Name: _____

Name of Owner: _____

Owner's Mailing Address: _____

Owner's Telephone: _____

Owner's Email Address: _____

Applicant's Name: _____

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

Applicant's Mailing Address: _____

Applicant's Telephone: _____

| Applicant Email Address: _____

1. Hours of Operation: Sun _____ Thurs _____

Mon _____
Tues _____
Wed _____

Fri _____
Sat _____
Seasonal (What Months) _____

2. Number of Indoor Dining Seats: _____ Number of Outdoor Dining Seats: _____

3. Number of Staff: _____
(Maximum per shift)

4. Total Square Feet of Facility: _____ Total Square Feet of the Kitchen Area _____

5. Maximum Meals to be Served:
(approximate number)

Breakfast	_____
Lunch	_____
Dinner	_____

6. Projected Date for Start of Project: _____

7. Projected Date for Completion of Project: _____

8. Type of Service:
(check all that apply)

Sit Down Meals	<input type="checkbox"/>
Take Out	<input type="checkbox"/>
Caterer	<input type="checkbox"/>
Single Use Utensils	<input type="checkbox"/>
Multi-Use Utensils	<input type="checkbox"/>
Other	<input type="checkbox"/>

9. Enclose the following documents:

_____ Proposed Menu or complete list of food and beverages to be offered (including seasonal, off-site and banquet menus)

_____ Plan of food establishment (if available) showing location of equipment, plumbing, electrical and mechanical services (Plan should be drawn to scale or show dimensions).

_____ Equipment schedule including location, plumbing, drain and electrical connections

_____ Manufacturer specification sheets for each piece of equipment to be used in the establishment. (This includes custom fabricated equipment)

_____ Site plan showing location of food establishment location of building on site including alleys, streets; and location of any outside equipment or facilities (dumpsters, well, septic system - if applicable)

_____ Affidavit of Lawful Presence and Copy of ID if individual Owner (Prior to Licensure).

_____ Copy of Certificate of Incorporation if owned by LLC, INC, etc. (Prior to Licensure)

_____ Copy of Oklahoma Sales Tax ID (Prior to licensure)

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

It is recommended that plans be drawn to scale or have dimensions indicated. Plans should be submitted at a minimum of a 8.5 X 11 sheet of paper.

Proposed menu, seating capacity, and projected daily meal volume for the food establishment.

Location of all food equipment. Each piece of equipment must be clearly labeled, marked, or identified. Food equipment schedule which includes the make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable) must be submitted. Elevations may be necessary for equipment and storage (ie. height of storage from floor).

Provisions for adequate rapid cooling, including ice baths and refrigeration, and for hot and cold-holding Potentially Hazardous Foods.

Handwashing sinks

Warewashing sinks

Food preparation sinks

Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation.

Entrances, exits, loading/unloading areas and delivery docks.

Complete finish schedules for each room including floors, walls, ceilings, and coved juncture bases.

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.

Location of lighting fixtures.

Source of water and method of sewage disposal.

Ventilation schedule if required for mechanical warewashing, ventilation hoods, etc.

Service sink or curbed cleaning facility with facilities for hanging wet mops or similar wet cleaning tools and for the disposal of mop water and similar liquid waste.

Storage location of poisonous or toxic materials.
Areas for storage of employee personal care items.

Location of refuse, recyclable, and/or returnable containers.

FOOD ESTABLISHMENT OPERATIONAL PLAN
CLEVELAND COUNTY HEALTH DEPARTMENT
250 12th AVE NE
NORMAN, OKLAHOMA 73071

Date: _____

Name of Establishment: _____

Address: _____

Phone if available: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Applicant's Name: _____

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

Mailing Address: _____

Telephone: _____

Submitting incomplete plans will delay the plan review process. You will need to allow up to 2 weeks after the completed application is submitted for review and approval. Please answer every question that applies to your food service operation. If it does not apply write N/A next to the question. **Every section must be filled out by the operator and submitted prior to licensing or with the plan review application.** Add documents or pages as needed to describe your operation. The Oklahoma Food Code Chapter 257 Title 310 can be obtained at:

www.ok.gov/health2/documents/CPDOSDH%20257%20FDA2009%20Finalized%208-31-11.pdf

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 or satellite kitchen? Yes /No

FOOD PREPARATION

Check categories of Time/Temperature Control for Safety (TCS) Foods to be handled, prepared and served.

<u>CATEGORY</u>	<u>(YES)</u>	<u>(NO)</u>
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	()	()
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	()	()
3. Cold processed foods (salads, sandwiches, vegetables)	()	()
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	()	()
5. Bakery goods (pies, custards, cream fillings & toppings)	()	()
6. Other _____		

FOOD PREPARATION PROCEDURES

Explain the handling/preparation procedures for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (prep table, sink, counter, etc.) the food will be washed, cut, marinated, breaded, cooked, etc.
- When (time of day and frequency/day) food will be handled/prepared

PRODUCE

POULTRY

MEAT

SEAFOOD

FOOD SUPPLIES:

1. Are all food supplies from inspected and approved sources? YES / NO

List all food distributors for your facility. _____

2. List food from animals that you will serve raw or partially cooked such as sushi, steak tartar, and oyster shooters: _____

3. If serving raw fish (sushi, lox, ceviche), will parasite destruction be done on-site or by the supplier? **(310:257-5-49)**

- 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 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.*)

4. List your food suppliers for the following **((310:257; Chapter 5))**

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	

5. What are the projected frequencies of deliveries for:

Frozen foods _____
 Refrigerated foods _____
 Dry goods _____

6. Provide information on the amount of space (in cubic feet) allocated for:

Dry storage _____
 Refrigerated Storage _____
 Frozen storage _____

7. How will dry goods be stored off the floor? _____

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to maintain frozen foods frozen, and store refrigerated foods at 41°F (5°C) and below? YES / NO
 Provide the method used to calculate cold storage requirements.

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES / NO
 If yes, how will cross-contamination be prevented?

3. Does each refrigerator/freezer have an ambient thermometer? YES / NO
 Number of refrigeration units: _____ Number of freezer units: _____

4. Is ice made on premises () or purchased commercially ()
5. Will there be an ice bagging operation? YES / NO

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Please indicate by checking the appropriate boxes how frozen time/temperature control for safety (TCS) foods in each category will be thawed. More than one method may apply. **(310:257-5-56)**
Indicate where thawing will take place.

Thawing Method	*THICK FROZEN FOODS	*THIN FROZEN FOODS
Refrigeration		
Running Water Less than 70°F(21°C)		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

*Frozen foods: approximately one inch or less = thin; more than an inch = thick.

COOKING:

1. Will food product thermometers be used to measure final cooking/reheating temperatures of TCS Foods? YES / NO

What type of temperature measuring device(s) will be available? _____

2. List types of cooking equipment.

HOT/COLD HOLDING:

1. How will hot TCS foods be maintained at 135°F or above during holding for service? Indicate type and number of hot holding units.

2. How will cold TCS foods be maintained at 41°F or below during holding for service? Indicate type and number of cold holding units.

3. Will time (4hr) be used as a control for TCS foods? YES / NO

If Yes, a written procedures for all foods that will be held via time rather than temperature, shall be prepared in advance and submitted to the Health Department for approval. **See attachment A of this document for a guidance document (310:257-5-62)**

COOLING:

Please indicate by checking the appropriate boxes how TCS foods will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place. **(310:257-5-57 & 5-58)**

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

REHEATING:

1. How will TCS foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F within 2 hours? Indicate type and number of units used for reheating foods.

PREPARATION:

1. Please list categories of foods prepared more than 12 hours in advance of service.

2. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be wash, rinsed and sanitized? _____

3. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES/NO
If not, how will ready-to-eat foods be cooled to 41°F?

4. Will all produce be washed on-site prior to use? YES / NO

Where is the planned location to be used for washing produce?

Describe the procedure for cleaning and sanitizing these sinks before use.

5. Describe the procedure used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F - 135°F) during preparation.

6. Will the facility be serving food to a highly susceptible population? YES / NO

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

7. Will the facility be using specialized processing methods that require a HACCP plan? YES / NO

HACCP (310:257-15-8 & 15-9) - Processes include but not limited to:

- Packaging food using a reduced oxygen packaging method
- Using food additives or adding components such as vinegar as a method of food preservation rather than as a method of flavor enhancement
- Smoking food as a method of preservation
- Curing foods such as hams, sausages
- Sprouting seeds or beans

8. Will there be any foods that will be partially cooked before service? YES / NO

If yes, a written procedure is required to be submitted with application for review and approval, see (Attachment B, Non-continuous cooking or Partial Cooking (310:257-5-48.1)); complete all sections on written procedure sheet.

FINISH SCHEDULE

Indicate which materials (quarry tile, stainless steel, Fiberglass Reinforced Panels (FRP), ceramic tile, 4" plastic covered molding, etc) will be used in the following areas. *You are required to indicate the wall color or provide a color sample with this application.

AREA	FLOOR	FLOOR/WALL JUNCTURE	*WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				

AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING
Garbage & Refuse Storage				
Mop Service Sink				
Warewashing Area				
Dressing Rooms				
Walk-in Refrigerators and Freezers				
Other				

Identify the finishes of cabinets, countertops, and shelving:

INSECT AND RODENT CONTROL

- | | | | |
|---|-----|----|----|
| 1. Will all outside doors be self-closing and rodent proof? | YES | NO | NA |
| 2. Are screen doors provided on all entrances left open to the outside? | YES | NO | NA |
| 3. Do all openable windows have a minimum of #16 mesh screening? | YES | NO | NA |
| 4. Are electrical insect control devices identified on the plan? | YES | NO | NA |
| 5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? | YES | NO | NA |
| 6. Is area around building clear of unnecessary brush, litter, boxes and other harborage? | YES | NO | NA |
| 7. Will air curtains be used? If yes, where? _____ | YES | NO | NA |

GARBAGE AND REFUSE

Inside

- | | | | |
|--|-----|----|----|
| 8. Do all garbage containers have lids? | YES | NO | NA |
| 9. Will refuse be stored inside? If so, where? _____ | YES | NO | NA |
| 10. Is there an area designated for garbage can or floor mat cleaning? | YES | NO | NA |

Outside

- | | | | |
|---|-----|----|----|
| 11. Will a dumpster be used? | YES | NO | NA |
| Number _____ Size _____ Frequency of pickup _____ | | | |
| Contractor _____ | | | |

12. Will a compactor be used? YES NO NA
Number _____ Size _____ Frequency of pick up _____
Contractor _____

13. Will garbage cans be stored outside? YES NO NA

14. Describe surface and location where dumpster/compactor/garbage cans are to be stored

15. Describe location of grease storage receptacle: _____

16. Is there an area to store recycled containers? _____

Indicate what materials are required to be recycled;

() Glass () Metal () Plastic () Paper () Cardboard

WATER SUPPLY

1. Is water supply public () or private ()

If private, has source been approved? YES / NO / PENDING

You are required to attach a copy of written approval and/or permit from the Department of Environmental Quality (or provide prior to opening).

2. Is ice made on premises () or purchased commercially ()

Describe provision for ice scoop storage: _____

3. Provide location of ice maker or bagging operation _____

4. Is the hot water generator sufficient for the needs of the establishment? YES / NO

What is the capacity and location of the water heater? _____

Provide calculations for necessary hot water to verify needs are met. _____

SEWAGE DISPOSAL

1. Is building connected to a municipal sewer? YES / NO

If no, is private disposal system approved? YES /NO /PENDING

You are required to attach a copy of written approval and/or permit from the Department of Environmental Quality (or provide prior to opening).

2. Are grease traps/interceptors provided? YES /NO

If yes, indicate the location? _____

Provide schedule for cleaning & maintenance _____

DRESSING ROOMS/EMPLOYEE PERSONAL STORAGE

Are dressing rooms provided? YES / NO

Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

GENERAL

1. Where will all toxics for use on the premise or for retail sale (this includes personal medications), be stored so that they are away from food preparation and storage areas?

Indicate location: _____

2. How will all containers of toxics, including sanitizing spray bottles clearly labeled?

3. Will linens be laundered on site? YES /NO

If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

4. Is a laundry dryer available? YES /NO

5. Location of clean linen storage: _____

Location of dirty linen storage: _____

Are containers constructed of safe materials to store bulk food products? YES /NO

Indicate type: _____

How often is each listed ventilation hood system cleaned?

Whole system _____

Filters _____

SINKS

1. Is a mop sink present? YES /NO

If no, please describe facility to be used for cleaning of mops and other equipment:

DISHWASHING FACILITIES

1. Identify methods that will be used for warewashing?

Mechanical Dishwasher () Two compartment sink () Three compartment sink ()

Mechanical Dishwashing

1. Identify the make and model of the mechanical dishwasher: _____

Type of sanitization used:

Hot water (temp) _____ or Chemical (type) _____

2. Do all mechanical dishwashers have an audible or visual alarm to signal detergent or sanitizer needs to be added? YES / NO

3. Do all dish machines have accurately working temperature/pressure gauges? YES /NO

4. Are test papers and/or kits available for checking sanitizer concentration? YES /NO

Manual Dishwashing

1. Identify the length, width, and depth of the compartments of the 3-compartment sink:

2. Does the largest pot and pan fit into each compartment of the 3 compartment sink? YES /NO

If no, what is the procedure for manual cleaning and sanitizing? _____

3. Are there drain boards on both ends of the pot sink? YES /NO

If no, indicate location and type or air drying space of wet equipment (wall-mounted or overhead shelves, stationary or portable racks) _____

4. What type of sanitizer is used?

Chlorine _____ Quaternary ammonium _____ Iodine _____ Other (list) _____

5. Are test papers and/or kits available for checking sanitizer concentration? YES /NO

HANDWASHING/TOILET FACILITIES

1. Is there a handwashing sink in each food preparation and warewashing area? YES /NO

2. Do any of the hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES /NO If yes, where? _____

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES /NO

4. Is hand cleanser (soap) available at all handwashing sinks? YES /NO

5. Are hand drying facilities available at all handwashing sinks? YES /NO

6. Is one covered waste receptacles available in women’s restroom? YES /NO

7. Is the hot and cold running water under pressure available at each handwashing sink? YES /NO

8. Are all toilet room doors self-closing? YES /NO

9. Are all toilet rooms equipped with adequate ventilation? YES /NO

10. Is a handwashing sign posted by every handsink - including restrooms? YES /NO

BACKFLOW PREVENTION

	AIR GAP	AIR BREAK	VACUUM BREAKER	OTHER
1. Dishwasher				
2. Garbage Grinder				
3. Ice Machines				
4. Ice Storage Bin				
5. Sinks a) Mop b) 3 Compartment c) 2 Compartment d) 1 Compartment				
6. Steam Tables				
7. Dipper Wells				
8. Potato Peeler Lines				

	AIR GAP	AIR BREAK	VACUUM BREAKER	OTHER
9. Hose Bibb Connection				
10. Refrigeration Condensate/ Drain				
11. Beverage Dispenser w/ Carbonator				

Identify the locations of all floor drains, if provided.

SMALL EQUIPMENT REQUIREMENTS

Please specify the number, location, and types of each of the following:

- Slicers _____
- Cutting boards _____
- Can openers _____
- Mixers _____
- Floor mats _____
- Other _____

EMPLOYEE TRAINING

1. How will food employees be trained in good food sanitation practices?

Number(s) of employees: _____ Dates of training completion: _____

*Contact local Health Department to verify if Food Handler Card is required in your county of licensure.

Below you will describe the *Bare Hand Contact procedures* your facility will follow. *You can contact your local Health Department if guidance documents are needed for the Bare Hand Contact procedures. **(310:257-5-21)**

2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES / NO

*If no, is a written bare hand contact policy/procedure on file? _____

If yes, list methods to be used and on what foods: _____

3. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES / NO **(310:257-3-4)**

Please describe illness policy:

4. How will employees be trained in the seven (7) major allergen groups? **(310:257-3-2 (3)(A))**

TIME AS A PUBLIC HEALTH CONTROL PROCEDURE

As specified in Chapter 257 Food Code 310:257-5-62

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

Time only, rather than time in conjunction with temperature control, **up to a maximum of 4 hours**, will be used as the public health control for the following food item(s):

<u>Food</u>	<u>Method(e.g.chart, time stamp)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1. Food shall have an initial temperature of 41°F or less if removed from cold holding temperature control, or 135°F or greater if removed from hot holding temperature control;
2. Food shall be marked or otherwise identified to indicate the time that is 4 hours past the point in time when the food is removed from temperature control (Method used to identify food will be submitted with this sheet for review)
3. Food shall be cooked and served, served if ready-to-eat, or discarded, within 4 hours from the point in time when the food is removed from temperature control; and
4. Food in unmarked containers or packages, or marked to exceed a 4 hour limit shall be discarded.

PIC / CFM: _____ (Print)

_____ (Signature) DATE:

RPS: _____ (Signature) DATE:

Non-Continuous Cooking of Raw Animal Foods: Written Procedures

Establishment Name: _____ Establishment Address: _____

Applicant Name & Title: _____ Applicant Signature: _____

Raw Food Item:		MONITORING			CORRECTIVE ACTION	RECORDS
TIME	TEMPERATURE	WHAT	HOW	FREQUENCY		
INITIAL HEATING PROCESS	≤60 minutes	Time		Each Batch		
COOLING	within 1 st 2 hours	Time & Temperature	Measure temperature with a calibrated food thermometer & time with a clock/stopwatch	Each batch; Every hour until final temperature is achieved	Discard if cooling time and temperature requirements are not met.	
	total of 6 hours					
COLD HOLD	≤41°F	Temperature	Measure temperature with a calibrated food thermometer		Discard if not ≤41°F.	
COOKING	≥165°F	Time & Temperature	Measure temperature with a calibrated food thermometer & time with a clock/stopwatch		Continue cooking food if time and temperature requirements are not met.	

*The cooling time and temperature clock starts at 135°F or the final initial heating temperature if <135°F.

After complete cooking, food must be held hot at ≥ 135°F; served immediately; held using time as a public health control; or cooled from 135°F to ≤ 70°F within 2 hours and from 135°F to ≤ 41°F within a total of 6 hours.

How will food, after initial heating, but prior to complete cooking, be marked or otherwise identified as foods that must be cooked to ≥165°F for 15 seconds prior to being offered for sale or service? _____

How will food, after initial heating but prior to cooking to ≥165°F for 15 seconds, be separated from ready-to-eat foods to prevent potential cross contamination? _____

HEALTH DEPARTMENT

NAME & TITLE: _____ SIGNATURE: _____ APPROVAL DATE: _____