

Food Establishment Plan Review Application

All new or extensively remodeled food establishments in Eau Claire County must complete and submit this plan review application in advance of construction. Plan review fees will be assessed for new construction or major remodel. If operators are found to have built new or extensively remodeled without a plan review submission and approval, then they shall be subject to a double plan review fee.

When ownership changes in a current establishment, a plan review packet must be submitted in order to verify that the current establishment meets the updated 2009 Wisconsin Food Code.

The Department will notify the Establishment's Local Contact within 10 business days of submittal if the plans are incomplete and cannot be reviewed. The department will review applications within 20 business days from notification that the application is complete. It is strongly encouraged that establishments schedule a pre-plan review meeting by calling 715-839-4718 prior to submittal.

General establishment information

1) Establishment Inform	nation:			
Local contact:				
Phone:	none:			
Name of operator:				
Phone:	E-Mail:			
Establishment name:				
This plan review is for:	Food Establishment located in:			
New construction	City of Eau Claire			
Remodel	Eau Claire County			
Change of ownership	_ ,			
Hours of operation:				
MTT	W TH F			
Sa Su				
Seating/Restrooms:				
Total number of seat	s Number of staff			
Outdoor seating Number of employee restroon				
2) Outdoor seating/serv	vice			
a. If outdoor sea	ating and a secondary entrance are provided, will dogs be allowed in			
outdoor area	?			
☐ Yes	☐ No			
b. Will there be	any food or beverage preparation in areas that could remain open to the			
	outdoor tiki bar, roll up garage doors)			
□ Ves	□No			

3)	Number of fixt	tures in restrooms	s:		
<u>Male</u>		<u>Female</u>		<u>Unisex</u>	
	Toilets/Urinals		Toilets	Toilets/U	rinals
	Hand sinks		Hand sinks	Hand sinl	ks
	-				
4)			oloyee taken a food sa	-	ne a WI Certified
If was r	Food Manager		No		
ii yes, p	nease list the ce	rtinea maividuai d	and expiration date:		
5)	Types of food	service			
Check a	all type of servic	es provided:			
	ering	. Wholesaling	☐ Grocery	□ Bar	
Buf	_	Delivery			ood sales
	. • • • • • • • • • • • • • • • • • • •				
Will the	e following high	ly susceptible pop	ulations be served or	catered?	
Nurs	sing Home	Assisted Livi	ng Child Care	☐ School	S
 ☐ Hea	alth Care				
_					
Menu	l				
Submit	the Proposed I	Menu for the Foo	d Establishment and a	nswer the following	;:
6)	Special Proces	ses:			
Check a	any special proc	esses to be condu	cted at the establishm	nent:	
Cur	ing	Smoking	Drying	Sous V	ide
Sus	hi	Wholesale	☐ Vacuum p	ackaging 🗌 Cannir	ng
Lact	to-fermentation	e.g. Kombucha	Other:		
Note: T	hese processes	may require a var	riance and/or HACCP F	lan, and licensing by	the WI Department
of Agric	culture.				
7)	Consumer adv burgers, sushi)		advisory is required fo	or raw or lightly cook	ed items. Ex: eggs,
Will an	y menu items re	equire a consumer	advisory?		
☐ Yes		☐ No			
If yes, t	hen provide a s	ample on the mer	nu of how it will be dis	played to inform and	l advise the public.
8)	Food source:				
	d sources/supp				
Will rav	w meats, poultry	,, and seafood wil	l be used? How will th	ey be stored separat	ely from ready to eat
foods?					
Ice sou	rce:	☐ No ice	☐ Ice machir	ne 🗌 Purcha	ise Ice
Food	Processing	Procedures			

9) Cooling potentially hazardous foods:

List all foods that will be cooled using each of the following methods. Foods must be cooled from 135°F to 70°F within 2 hours and from 70°F to 41°F in 4 additional hours for a total of 6 hours or less.
☐ Uncovered shallow pans in refrigerator:
lce baths:
_
☐ Ice paddles:
Guer
10) Thawing
List foods that will be thawed using the following methods:
Refrigeration:
Under running water in food prep sink:
☐ Microwave as part of cooking process:
Cook from frozen:
11) Reheating:
List types of foods and methods used to rapidly reheat to 165°F in 2 hours or less.
12) Ready to Eat Food Preparation
Will produce come pre-washed or will it be washed at the establishment?
☐ Onsite ☐ Comes pre-washed
Where will produce be washed?
When ready-to-eat foods are being prepared how will bare hand contact be avoided?
Disposable gloves Deli tissue Tongs/utensils Other:
13) Date marking
If potentially hazardous ready-to-eat foods are prepped and held longer than 24 hours how will it be
date marked?
14) Thermometers:
To verify cooking, cooling, storage, and hot hold temperatures, what type of thermometer will be used?
(a digital thermometer is required for measuring temperature of thin foods)
How will it be cleaned?
Plumbing
15) Waste and water supply:
☐ Municipal water ☐ Municipal waste ☐ Well ☐ Septic system
Grease trap located:
Size/gallon capacity:
Not applicable because:
All well and septic questions will be directed to the Well and Septic Specialist at the Eau Claire City-
County Health Department. City of Eau Claire plumbing questions will be directed to the City Plumbing
Inspector.

16) Water Heater:			
Make/Model (Provide spe	cification sheet):		
Proposed size: Electric	KW	Gas	BTU's
Storage tank capacity	gallor	ns	
Hot water heater second h	nour recovery rate	gallons/h	nour at a 100° F rise
17) Dish Machine (if a	• •		
	lake/Model (Provide specifi	cation sheet):	
☐ High temp	Low temp		
Located:			
Above counter	<u> </u>		
If above counter used is a	_		
Yes	∐ No		
Does all equipment fit into	_		
Yes	∐ No		
40)			
18) Utensil Wash Sink			
Three compartment	Four compartmen	tOtner	
19) Mop Sink:			
Location of mop sink:			
20) Handwashing:			
	ocated in areas where food,	beverages, or ice are har	ndled and shall be
	(hands-free) faucets, soap,	- .	
the areas provided in your		O a see paper see a,	
Food prep	☐ Utensil wash	☐ Grill line	
Customer service	☐ Bar	☐ Beverage of	carts
☐ Wait stations	☐ Mobile bar & food	_	
21) Chemicals:			
Bulk Storage Location:			
Sanitizer used:			
☐ Chlorine ☐] Quaternary Ammonia	☐ Iodine	
Test Strips provided:			
☐ Chlorine test strips ☐] Quaternary Ammonia test	strips	strips
22) Back flow prevent	tion and air gaps:		
The following items requir	e back flow prevention/air g	gaps to protect water sup	oply. Check the applicable
equipment/fixtures:			
Food prep] Soda dispenser	☐ Hose bib	
☐ Chemical dispenser ☐] Ice machine/bins		

23) Hoods:

City HVAC inspector (715) 839-4947 or County building inspector (715) 839-4741 will assess need for hood based on proposed equipment.

Facility Details/Finishes

24) Linens:			
How will wiping cloths	, aprons and other linens	s will be cleaned?	
Onsite washer	Make:	Model	
Onsite dryer	☐ Contract service		
How will soiled and clean linens be stored?			
25) Pest Control:			
Service Provided:	☐ Yes	☐ No	
If Yes, list company na	me:		
26) Employee Pers	sonal Item Storage:		
How and where will employee personal items be stored?			

27) General Cleaning and Equipment Requirements

Equipment must all be commercial grade, and NSF approved. All heavy floor mounted equipment must be installed on 6 inch legs or casters, and heavy counter mounted equipment must be installed on 4 inch legs or neatly sealed to counters to facilitate cleaning.

28) Finishes:

All finishes in food storage and preparation areas must be smooth, durable and easily cleanable. List below and be able to provide samples if requested. *Sealed concrete floors are not allowed in any of the areas listed below*.

	Example	Kitchen	Wait stations	Walk in	Dry storage	Bar area
Floors	Quarry tile					
Walls	FRP					
Coving	Vinyl base cove					
Ceilings	Smooth panel					
Shelving	Metro racks					

29) General Cleaning and Equipment Requirements:

- a. All heavy floor mounted equipment must be installed on casters or 6 inch sanitary legs
- b. All heavy counter mounted equipment must be installed on 4 inch sanitary legs or neatly sealed to the countertop
- c. All equipment must be commercial grade, and NSF/ANSI approved

Facility Floor Plan

Submit a floor plan drawn to scale—refer to General Food Establishment Plan Review Guidelines for WI Food Service Operators

Standard Operating Procedures

The following items must be discussed prior to opening:

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Written employee health policy : What training or means will be provided to inform employees of their responsibility to report illnesses, review foodborne illness symptoms, and report any diagnosed illness?
Allergen Awareness: How will employees be instructed on allergen control and awareness?
Employee training: How will employees be instructed on food safety principles?
ed date of the start of construction or remodel:e ded date of opening:

Contact Information:

This application, a set of plans, and a menu may be mailed to:

Eau Claire City-County Health Department 720 Second Ave Eau Claire, WI 54703

If you have any questions about this application or need to schedule a preplan review appointment call:

Eau Claire City-County Health Department

Environmental Health Section

General questions: 715-839-4718 Ext. 0