



## ENVIRONMENTAL HEALTH

700 Fuller Avenue N.E.  
Grand Rapids, Michigan 49503-1918  
Phone: 616-632-6900  
Fax: 616-632-6892  
Email: [KCEHmail@kentcountymi.gov](mailto:KCEHmail@kentcountymi.gov)  
Website: [www.accesskent.com](http://www.accesskent.com)

# Food Service Establishment Plan Submittal Instructions Partial Application & Worksheet

Congratulations! You are proposing opening a food establishment for a pre-existing kitchen in Kent County, Michigan. All of the following items must be completed and compiled into a single package for the change of ownership/partial plan review. If all items are not delivered in one submittal it may be delay the process as additional material are requested.

### 1. Completed Partial Plan Review Worksheet

The application and worksheet that follows in this packet (pages 2-9) are to be filled out completely. If a specific part is not applicable to your operation, please write N/A with the reason stated in that corresponding area.

### 2. Menu

Provide the menu you desire for the establishment. If your facility does not have a formal, set menu (e.g., school with a rotating menu) then please submit draft menus or a list of foods offered for sale or service. A finalized menu is required.

### 3. Standard Operating Procedures (SOPs)

SOPs appropriate to your operation shall be submitted prior to opening. See the SOP's Manual guidance document that is available from Kent County Health Department or for additional help please visit the following website: [https://www.michigan.gov/mdard/0,4610,7-125-50772\\_50775\\_51203---,00.html](https://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51203---,00.html)

### 4. Certified Manager Documentation

Most food establishments will be required to employ at least one (1) full time certified manager employee who is certified under the American National Standards Institute accredited certification program (Food Law 2000, as amended, Section 289.2129). Documentation that verifies they meet the certified manager requirements will be required within 90 days of opening. Public Act 516 of 2014 requires that the certified food safety manager at all foodservice establishments complete allergens training and display an allergens poster.

### 5. Partial Plan Review Fee

The charge for a partial plan review is \$200. Credit Card payment may then be called in to 616.632.6890 (Visa, Discover or MasterCard). Payment may also be made via mail to Kent County Health Department, Attn: Environmental Health, 700 Fuller NE, Grand Rapids, MI 49503 or in person at our office at the same address. The plan review packet will not be processed for review until payment is received.

### Optional - SUBMIT A DIGITAL COPY OF THE ABOVE:

Digital submission is now available for Kent County Health Department! If you would like to submit **all items at one time** digitally please email the completed documents (indicated above) to [KCEHmail@kentcountymi.gov](mailto:KCEHmail@kentcountymi.gov)

Please note that plans cannot be larger than 36 MB in one email, therefore make sure to compress by zipping the files. Payment can be called in to 616.632.6890 (Visa, Discover or MasterCard) or bring your payment to the office at the time of digital submission.

## Partial Plan / Change of Owner Review Application

Establishment Name: \_\_\_\_\_

Current License Number (if already a licensed facility): \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Establishment Phone: \_\_\_\_\_

Location Information: Between \_\_\_\_\_ & \_\_\_\_\_

Prior Establishment Name: \_\_\_\_\_

**\*Please complete each line of the sections below to enable timely correspondence.**

Owner	General Contractor (if applicable)
Name: _____	Name: _____
Address: _____	Address: _____
City, State: _____	City, State: _____
Zip: _____ Phone #: _____	Zip: _____ Phone #: _____
E-Mail : _____	E-Mail : _____

Which of the above will serve as the primary contact: \_\_\_\_\_

Which of the above should all correspondence be mailed to: \_\_\_\_\_

Proposed opening date: \_\_\_\_\_

Will any substantial changes of layout, floors, walls, plumbing or electrical changes be made to the existing food establishment? Please describe:

---

\*Please note these changes may affect the scope of plan review required.

---

For reviewing agency use only:

Fee \$: \_\_\_\_\_ Check #: \_\_\_\_\_

Date: \_\_\_\_\_ Receipt#: \_\_\_\_\_

Plan Review #: \_\_\_\_\_ Assigned to: \_\_\_\_\_

Remarks: \_\_\_\_\_

## Partial Plan / Change of Owner Review Application

**Hours of Operation:**

**Seating Capacity (include bar & outdoor):**

**Facility Size (square feet):**

**Minimum staff per shift:**

**Maximum staff per shift:**

**These plans are for a (mark one):**

- Remodeling *(Utilizing an existing food establishment and changing it to suite the new menu and operation. For example changing the food equipment, replacing old plumbing with new, and adding new floors.)*
- Change of Ownership

**What describes the establishment better (mark one):**

- On-site Food Preparation (items may need to be altered before they can be consumed. For example foods requiring any cooking, cutting, slicing, washing etc.)
- Serving Site (items will be delivered to this site for immediate consumption. For example soups delivered hot being ladled/served for customers.)

**Will part of the operation be outdoors (e.g. bar, dining, storage, cooking, etc.):**  Yes  No

**If yes, explain:**

**Type of Operation/Food Service (mark all that apply)**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Sit down meals          | <input type="checkbox"/> Cafeteria          | <input type="checkbox"/> Church                    | <input type="checkbox"/> Bottling alcoholic beverages<br>(e.g. beer, wine, hard cider, etc.) |
| <input type="checkbox"/> Full service with bar   | <input type="checkbox"/> Catering           | <input type="checkbox"/> Takeout menu              | <input type="checkbox"/> Repackage (e.g. nuts)   |
| <input type="checkbox"/> Bar with food prep.     | <input type="checkbox"/> School             | <input type="checkbox"/> Commissary                | List food:   |
| <input type="checkbox"/> Bar with no food prep.  | <input type="checkbox"/> Produce            | <input type="checkbox"/> Counter service           |  |
| <input type="checkbox"/> Grocery store           | <input type="checkbox"/> Produce processing | <input type="checkbox"/> Buffet or salad bar       | List food:   |
| <input type="checkbox"/> Fresh meat              | <input type="checkbox"/> Hospital           | <input type="checkbox"/> Wholesale foods           |  |
| <input type="checkbox"/> Seafood/fish            | <input type="checkbox"/> Smoked fish        | <input type="checkbox"/> Tableside/display cooking | <input type="checkbox"/> Processor (e.g. cured meats,<br>juice, sushi, slaughter, etc.)      |
| <input type="checkbox"/> Deli                    | <input type="checkbox"/> Bakery             | <input type="checkbox"/> Ice production/packaging  | List food:   |
| <input type="checkbox"/> Fast food               | <input type="checkbox"/> Brewery            | <input type="checkbox"/> Hotel                     |  |
| <input type="checkbox"/> Self-service bulk items | <input type="checkbox"/> Water bottling     | <input type="checkbox"/> Kiosk                     |  |
| <input type="checkbox"/> Tasting room            |   |  |  |

**Please summarize the proposed project including a menu, description of the construction to take place, and a description of equipment to be added or removed.**

I certify that the plan review application package submitted is accurate to the best of my knowledge.

Signature of owner or representative: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name and title here: \_\_\_\_\_

# Partial Plan / Change of Owner Review Application Worksheet

## Food Manager Knowledge

Under the Food Law of 2000, as amended, food establishments are REQUIRED to have a person in charge (PIC) during all hours of operation and at least one active managerial employee that has completed and obtained a Certified Food Manager (CFM) certificate under a program accredited by American National Standards Institute (ANSI).

- Check all that apply

A designated person in charge that can demonstrate knowledge of: foodborne disease prevention, application of food safety (HACCP) principles, and the requirements of the Food Code, will be available during all hours of operation. (REQUIRED)

Certified Managerial Employees under ANSI Requirements is provided (REQUIRED for most facilities)

The Pre-Existing Kitchen Partial-Plan Review Worksheet (this document).

Standard operating procedures (SOP) including a policy that excludes or restricts food workers who are ill or have infected cuts or lesions\*

A menu of the food the facility is planning to serve. Are there going to be any raw or undercooked foods served here?  YES  NO

## Food Preparation Review

(See Fixed Food Establishment Plan Review Manual Parts 1 and 3)

- How will time/temperature control for safety (TCS) food be thawed? List food items that apply.

Thawing Method	Food less than 1" thick	Food more than 1" thick
Refrigeration		
Running water (less than 70°F)		
Microwave as part of cooking process		
Cook from frozen		
Other (please describe):		

- Cooking and reheating TCS foods: List all cooking or reheating equipment and mark all applicable boxes for the listed equipment.

Equipment Name	Cooking	Reheating	New	Used	NSF Certified or Equivalent


Hot and cold holding of TCS food: List all hot or cold holding equipment and mark all applicable boxes for listed equipment.

Equipment Name	Hot Hold	Cold Hold	New	Used	NSF Certified or Equivalent

- Will ice be used as a refrigerant for TCS food?  YES  NO

If YES, list the types of foods involved. Ensure this process is described within your standard operating procedures.

- Will time be used for bacterial growth control instead of hot or cold holding?  YES  NO

If YES, list the types of foods involved. As a reminder, a standard operating procedure must be submitted for this process.

Cooling TCS food: List foods that will be cooled using each of the following methods. Hot TCS foods must be cooled from 135°F to 70°F in 2 hours or less and within a total of 6 hours from 135°F to 41°F or less. If prepared from room temperature or pre-chilled ingredients (i.e. tuna salad) then the foods must be cooled from 70°F to 41°F within 4 hours.

Cooling Method	Food Items
Shallow pans under refrigeration	
Ice bath	
Volume Reduction (e.g. quartering a large roast)	
Rapid chill equipment (e.g., blast chillers)	
Ice paddles	
Other (describe method as well as listing foods)	

- Bare hand contact: How will employees avoid bare hand contact with ready-to-eat foods? Check all that apply.

- Disposable Gloves  Deli Tissue
- Suitable Utensils  Other: Describe:

- Will produce be cleaned on-site?  YES  NO

If YES, describe which sink(s) will be used for food preparation:

- Date marking: When TCS food is ready-to-eat and will be kept under refrigeration for more than 24 hours after preparation/opening, a date marking system must be utilized. Note: The day of preparation counts as Day 1.

Will the establishment have food items that must be date marked?  YES  NO

If YES, list the foods or types of foods involved. Ensure a standard operating procedure is submitted for this process.

- Catering/off-Site/satellite:

Will the establishment cater foods to another location or performing any cooking or preparations off-site at other locations?  YES  NO

## Dishwashing

- Dishwashing methods, mark all that apply.  Dish machine  3-Compartment Sink(s)

Dishwashing Sinks	Length (inches)	Width (inches)	Depth (inches)
1 <sup>st</sup> 3-compartment sink, size of compartments (basins)			
2 <sup>nd</sup> 3-compartment sink, size of compartments (basins)			
3 <sup>rd</sup> 3-compartment sink, size of compartments (basins)			
What is the largest item that will have to be washed in a sink and its size?			

## General

- Will employee dressing rooms be provided?  YES  NO

If NO, describe how and where personal belonging will be stored.

- Will laundry be done on-site?  YES  NO

If YES, mark which of the following will be used on-site.  Washer  Dryer

Describe what will be laundered on-site.

- What type of mop sink will be provided (e.g., curbed floor drain, mop sink on legs, etc)?

## Solid Waste/Refuse Storage

- Outside Solid Waste/Refuse Storage

A. What type of storage will be used?  Compactor\*  Dumpster\*  Cans

B. Describe the type of surface that will be under the container.

C. What is the anticipated minimum pick-up frequency?

## Formula Information

Several calculations are utilized to determine if there will be adequate hot water, dry storage space and refrigerated storage space. This information requested on the following two pages provides the necessary data for performing calculations.

- Hot Water

List each plumbing fixture that has a hot water supply line. Each fixture should only be listed once.	Fixture Count
Handsinks (not including restroom sinks)	
Restroom Sinks	
Single Compartment Sink	
Double Compartment Sink	
Triple (three) Compartment Sink	
Food Preparation Sink	
Overhead Spray Rinse	
Bar Sink-three compartment	
Bar Sink-four compartment	
Cook Sink	
Hot Water Filling Faucet	
Steam Table/Bain-Marie	
Coffee Urn	
Kettle Stand	
Garbage Can Washer	
9 & 12 lb. Clothes Washer	
16 lb. Clothes Washer	
Shower Heads	
Mop Sink	
Dump Sink	
Dishmachine/Glasswasher	
Other (describe):	
Other (describe):	

- Water Heater

Manufacturer:

Model #:

A. Water heater proposed size:

KW: Or BTUs:

B. Water heater storage capacity in gallons:



C. Water heater recovery rate @100°F:

D. Tankless units:

Gallons per minute @ 70°F rise:

and

Gallons per minute @ 100°F rise:

Do hot water heater(s) serve any non-food equipment areas?  YES  NO

If yes describe:

**Attach information for any additional water heaters. Specify what area each water heater services and whether units will be installed in series or parallel.**

• Dish Machine Booster Heater:  YES  NO

Manufacturer:

Model #:

Booster heater proposed size:

KW:

Or BTUs:

• Refrigerated and Dry Food Storage

It is essential that a reliable estimate be made of the number of meals/customers that are served between deliveries to calculate dry and refrigerated storage capacities.

A. # meal/customers estimated to be served per day:

B. # days between deliveries: Dry food Refrigerated food

C. # meals/customers between deliveries (A x B =): Dry food Refrigerated food

Please describe any assumption made in determining the meal quantity estimate.

• Refrigerated/Freezer Storage  
(See Fixed Food Establishment Plan Review Manual Part 3)

Working, preparation or line refrigerators/freezers should not be included in this section. While these types of units may be needed in the operation of your facility, these are not intended for long term cold storage.

Walk-in Item #	**Interior Usable Height (ft)	Interior Length (ft)	Interior Width (ft)

*Upright Item #	Interior Depth (in)	Interior Width (in)	Interior Height (in)

- Dry Storage  
(See Fixed Food Establishment Plan Review Manual Part 7)

**\*Storage Rooms**

**Usable room height (ft)	Interior Length (ft)	Interior Width (ft)	***% Usable Floor Space

- \*Please note the location of any auxiliary storage (e.g. outside storage) on site plans.
- \*\*To determine usable height, determine height from floor to ceiling, then subtract height of food off floor (usually 6”) and height of food from ceiling (usually 12-18”). Average usable height is 4 to 7 feet.
- \*\*\*% Usable Floor Space is the actual percentage of floor space available for storage, this is typically 0.3 to 0.8 (30% to 80%).
- Or, if there is no dry storage room proposed, report all dry storage shelf dimensions:

**Storage Shelving**

Length of Shelf (ft)	Depth of Shelf (ft)	Clearance/Height between Shelves (ft)	# of Shelves per Unit	# of Units Proposed