



COUNTY OF COLUSA  
 COMMUNITY DEVELOPMENT DEPARTMENT  
**Environmental Health Division**  
 146 7<sup>th</sup> Street, Colusa, CA 95932  
 (530)458-0395

**FOOD FACILITY PLAN REVIEW APPLICATION**

Plans accepted by Environmental Health are required to include certain pertinent information. **If this information is not provided, the plan check review cannot be completed.** Please answer every question that applies to your food service operation. Provide the page number(s) where information has been provided. In addition to providing plans, Specification Sheets and Full Menu are also required or the plans are considered incomplete and will not be accepted.

APPROVAL of the plans and specifications is required PRIOR to construction or remodel.

It is the responsibility of the health permit applicant to call for preliminary (when 75% to 80% of finish work is completed and rough equipment installed) and final inspection (when 100% of construction is completed and utilities are operating). Approval by Environmental Health and issuance of a health permit is required prior to opening.

**Type of Construction (select one):**  New  Remodel

**Type of Food Establishment (select all that apply):**

- |                                        |                                                  |                                                           |
|----------------------------------------|--------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Bakery        | <input type="checkbox"/> Meat Market             | <input type="checkbox"/> Satellite Food Distribution Site |
| <input type="checkbox"/> Bar           | <input type="checkbox"/> Mobile Unit / Servicing | <input type="checkbox"/> School / Childcare Kitchen       |
| <input type="checkbox"/> Catering      | <input type="checkbox"/> Snack Bar               | <input type="checkbox"/> Food Manufacturing               |
| <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Restaurant              | <input type="checkbox"/> Vending                          |

**Name of Food Establishment:** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner / Owner's Representative:** \_\_\_\_\_

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

Phone \_\_\_\_\_ Email: \_\_\_\_\_

I certify that the information in this application is correct, and I understand that any change without prior approval from the Colusa County Health Department may delay or prevent timely opening of this food establishment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Full menu or list attached of all food or drink stored displayed or served.**

Plan review cannot be completed without the menu; failure to provide this information may delay the review process.

What are the estimated number and type of meals to be served per day:

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

Will this food establishment serve raw or undercooked foods?  Yes  No

Will this food establishment serve alcohol?  Yes  No

H-90A (Rev 5/2019)

### Operational Plans:

Will this food establishment do any of the following (select all that apply)?

- BBQ'ing                       Dogs on Patio  
 Catering                       Non-Continuous / Par Cooking                       Satellite Food Distribution Site

Will time be used as the only form of public health control?  Yes  No

What Food?	How Long?	Location?	Standard Operating Procedure (SOP) for monitoring?
<i>(example) Sushi rice</i>	<i>4 hours</i>	<i>Line 1</i>	<input checked="" type="checkbox"/> <i>I have attached the SOP for this process</i>
			<input type="checkbox"/> I have attached the SOP for this process
			<input type="checkbox"/> I have attached the SOP for this process
			<input type="checkbox"/> I have attached the SOP for this process
			<input type="checkbox"/> I have attached the SOP for this process

### Check the box next to the special processes used in this food establishment:

- Not Applicable - this food establishment performs no special processes**
- Acidification, (sushi rice, marinara sauce, BBQ sauces)
- Curing, Meat, Poultry or Fish
- Custom Processing of Game Animals
- Fermenting products, making Sauerkraut or Sausage
- Juice Processing and Packaging
- Molluscan Shellfish Display Tank (e.g. oysters, clams, mussels, or scallops)
- Packaging food that requires a label to be approved by Health
- Pickling
- Reduced Oxygen Packaging (e.g. vacuum sealed packaging, cook-chill, sous vide)
- Smoking for Preservation
- Sprouting (seeds or beans)

Explain the special processes checked above:

Will food be transported to another location (e.g. catering, satellite kitchen, etc.)?  Yes  No

Will this food establishment be bagging ice for retail sales?  Yes  No

Will this food establishment make food to be sold to other retail food establishments?  Yes  No

**Cold Storage (Time Temperature Controlled for Safety (TCS) ≤ 41°F)**

**Not Applicable – this food establishment does not store any food items that require refrigeration**

Cold Storage Types	Refrigeration (# of units)	Freezer (# of units)
Reach-In <input type="checkbox"/> 1-Door <input type="checkbox"/> 2-Door <input type="checkbox"/> Multiple		
Refrigerated drawers <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Multiple		
Sandwich Prep Table		
Under counter Refrigeration <input type="checkbox"/> 1-Door <input type="checkbox"/> 2-Door <input type="checkbox"/> Multiple		
Walk-in <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Display		
Cubic-feet of reach-in cold storage:	Square-feet of walk-in cold storage:	

\*\*Refrigerator storage (cubic feet): \_\_\_\_\_ Refrigerator storage (square feet): \_\_\_\_\_

Freezer storage (cubic feet): \_\_\_\_\_ Freezer storage (square feet): \_\_\_\_\_

**Hot Holding (Time Temperature Controlled for Safety (TCS) ≥ 135°F)**





**Not Applicable – this food establishment does not store any food items that require hot holding**

How will TCS food(s) be maintained above 135-degree F during holding prior to service?

**Cooling Method**

How will TCS food(s) be cooled from 135° F to 70° F in 2 hours or less and from 70° F to 41° F in 4 hours or less  
**(the total time from 135° F to 41° F should be no more than 6 hours)?**

Check the box for the cooling method(s) that is used







Cooling Method	Shallow pan	Ice Paddle	Ice Bath	Rapid Chill Equipment (e.g. blast chiller)	Volume Reduction (e.g. quartering)
					
<i>Example: Pinto Beans</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Solid Food: Roast(s), Turkey, Steaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft, Thick Foods: Beans, Rice, Gravy, Soups, Sauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bake/Boiled Potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deli Salads (Tuna/Chicken)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Thawing Method

**Not Applicable – this food establishment does not thaw any food items**

How will frozen TCS foods be thawed (thawed is temperatures above 41°F)?

<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Submerged under running water 70°F	<input type="checkbox"/> Cooked from a frozen state	<input type="checkbox"/> Microwave as part of cooking process	<input type="checkbox"/> NO THAWING ON COUNTER
				
<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish	

## Food Handling Procedures

Explain the handling procedures for the following food categories. Describe the process from receiving to service.

### Reheating:

How will TCS food that is cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds? Indicate the type and number of units for reheating foods.

## Food Preparation

### Ready-To-Eat Food Handling:

(Edible without additional preparation, e.g. produce, salads, cold sandwiches, raw molluscan shellfish, etc.)

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, explain how ready-to-eat foods will be cooled to 41°F?

Will all produce be washed on-site prior to use?  Yes  No

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Is there a location for washing produce (e.g. prep sink, etc.)?  Yes  No

Will disposable gloves, utensils, and food grade paper be used to prevent handling of ready-to-eat foods?  Yes  No

### **Poultry Handling**

- Describe the procedure for minimizing the length of time TCS food will be kept in the temperature danger zone (41°F - 135°F) during preparation (e.g. small batches, made to order, etc.).
- How will food arrive (e.g. frozen, fresh, packaged, etc.)?
- What equipment will be used to prepare, handle, and cook food? (match to equipment schedule provided)

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### **Meat Handling**

- Describe the procedure for minimizing the length of time TCS food will be kept in the temperature danger zone (41°F - 135°F) during preparation (e.g. small batches, made to order, etc.).
- How will food arrive (e.g. frozen, fresh, packaged, etc.)?
- What equipment will be used to prepare, handle, and cook food? (match to equipment schedule provided)

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### **Seafood Handling**

- Describe the procedure for minimizing the length of time TCS food will be kept in the temperature danger zone (41°F - 135°F) during preparation (e.g. small batches, made to order, etc.).
- How will food arrive (e.g. frozen, fresh, packaged, etc.)?
- What equipment will be used to prepare, handle, and cook food? (match to equipment schedule provided)

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## Dry Storage

How many square feet of dry storage shelf space? \_\_\_\_\_

Explain where dry goods will be stored and identify the plan page(s) and location?

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## Employee Accommodations

Explain where employee personal items are stored and identify the plan page(s) and location?

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## What equipment is included in the specifications?

- |                                                    |                                                          |                                                 |
|----------------------------------------------------|----------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Bar Service Areas         | <input type="checkbox"/> Floor Sinks and Floor Drains    | <input type="checkbox"/> Personal Storage Areas |
| <input type="checkbox"/> Buffet Lines              | <input type="checkbox"/> Food Preparation Sinks          | <input type="checkbox"/> Toilet Facilities      |
| <input type="checkbox"/> Chemical Dispensing Units | <input type="checkbox"/> Garbage/Recyclables Storage     | <input type="checkbox"/> Utility Mop Sinks      |
| <input type="checkbox"/> Chemical Storage Areas    | <input type="checkbox"/> Hand sinks                      | <input type="checkbox"/> Ventilation Hoods      |
| <input type="checkbox"/> Dipper Wells              | <input type="checkbox"/> Ice Bins/Machines               | <input type="checkbox"/> Wait Stations          |
| <input type="checkbox"/> Dish machines             | <input type="checkbox"/> Indoor/Outdoor Seating          | <input type="checkbox"/> Warewashing Sinks      |
| <input type="checkbox"/> Dry Storage Areas         | <input type="checkbox"/> Laundry Establishment Locations | <input type="checkbox"/> Water Heater Locations |
| <input type="checkbox"/> Dump Sinks                | <input type="checkbox"/> Outdoor Cooking/Bar/Patio       | <input type="checkbox"/> Other _____            |

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## Water Source

What is the source of water for the food establishment?

Municipal --- provide the name of the water utility \_\_\_\_\_

Well

Is ice made in the food establishment?  Yes  No

All backflow prevention devices and assemblies must be identified on the permit plans with the following information:  
 --- types, locations, and installation details (e.g. soda machine, water service, mop sink, etc.)

**Water Heater Information**

Gas (BTUs): \_\_\_\_\_  Electric (kW): \_\_\_\_\_  Tank  Tankless

Manufacturer: \_\_\_\_\_

Mode: \_\_\_\_\_

What is the hot water storage capacity (gallons)? \_\_\_\_\_

Hot water heater recovery rate (gallons per hour at 80°F temperature rise)? \_\_\_\_\_

(To calculate the recovery rate - <http://www.fda.gov/downloads/Food/GuidanceRegulation/ucm102738.pdf>)

**Sewer**

What is the source of sewer for the food establishment?

Municipal --- provide the name of the sewer utility: \_\_\_\_\_

Septic

**Plumbing Cross Connections (sewer) Sewage Disposal\***

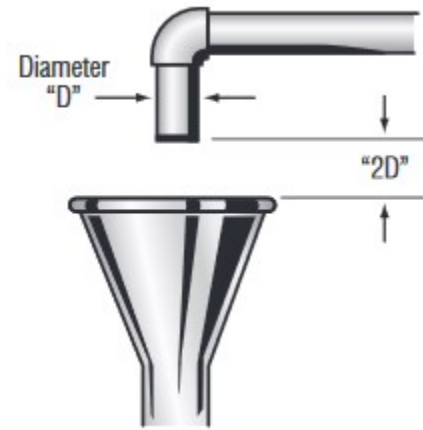
Fixture	Indirect	Direct
3 compartment sink		
Bain-Marie / Kettle / Steamer		
Beverage lines (soda guns)		
Coffee / Espresso machine		
Dipper wells		
Dishwasher		
Glass washer		
Hand sink		
Hose connections		
Ice machine		
Ice storage bin		
Mop sink		
Prep sink		
Refrigeration condensation lines		
Rethermalizer		
Soda machine		



Walk-in floor drain		
Wok range		

\*Sewage Disposal:

**Air Gap:** is the unobstructed vertical space between the water outlet and the flood level of a fixture.



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### Warewashing Equipment Manual Warewashing (e.g. 3 compartment sink)

Size of sink compartments (inches):                      Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

What type of sanitizer will be used? \_\_\_\_\_

Does the largest pot or pan fit into each compartment of the sink?    Yes  No Describe

the cleaning procedure if the largest pot or pan doesn't fit in the sink,:

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### Mechanical Warewashing (e.g. dishwasher, glass washer, etc.)

Is a warewashing machine used?    Yes  No                      Manufacture & model: \_\_\_\_\_

What type of sanitizer will be used?    Hot water (180°F)  Chemical: \_\_\_\_\_

Does the largest pot or pan fit into the mechanical warewashing?    Yes  No

Describe the cleaning procedure if the largest pot or pan doesn't fit in mechanical warewashing:

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### Tableware

Single-use(Disposable)    Reusable (Food Grade, Washable)    Both

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### Handwashing

Describe the number, and location of all handwashing sinks, and identify on the permit plan(s):

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### Mop / Utility Sink:

Describe the number, size, and location of all mop sinks, and identify on the permit plan(s):

Is a separate mop storage area provided?  Yes  No

Describe the mop sink type and location:



--- "Y" or any other valves are not allowed on mop sinks ---

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### Refuse And Recyclables

Will refuse be stored inside?  Yes  No

Where: \_\_\_\_\_

How will refuse be disposed?  Dumpster  Compactor

Describe location for storage of recyclables (e.g. cooking grease, cardboard, glass, etc.):

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### Insect and Rodent Control

What protection is provided on all outside doors?

Self-closing door

Fly Fan

Screen Door

What protection is provided on windows?

Self-closing

Fly Fan

Screening

Is commercial pest control used at this food establishment?  Yes  No

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### Poisonous or Toxic Materials

Describe the location for storage of poisonous / toxic materials (e.g. chemicals, sanitizers, etc), and identify on the permit plan(s):