

FLORIDA DEPARTMENT OF HEALTH
VOLUSIA COUNTY- ENVIRONMENTAL HEALTH

INSTRUCTIONS FOR COMPLETING FOOD ESTABLISHMENT PLAN REVIEW GUIDE

Plan Review Guide begins on page 6

This packet contains information on procedures for obtaining a food establishment plan review approval and a Sanitation Certificate for establishments under the jurisdiction of the Florida Department of Health – Volusia County. Your establishment must meet all requirements of Chapter 64E-11, *Florida Administrative Code* (F.A.C.) and Section 381.0072, *Florida Statutes* (F.S.). It is important to become familiar with these requirements, which can be found at [The Florida Department of Health Website](#). If you have questions, or need clarification, please contact the Environmental Health section Monday through Friday between 8:00 a.m. and 5:00 p.m. Plan review approval and the issuance of a Sanitation Certificate satisfy state government requirements for operating a food establishment under the Department of Health jurisdiction within Volusia County; however, it is very important to contact local officials regarding any city and county requirements.

Adult Day Cares, Assisted Living Facilities and other Residential Facilities listed in Section 381.006(16), F.S., **with a maximum capacity of 6 to 10 residents** (excluding Adult Family Care Homes and Hospices) are considered **Tier II Food Service Establishments**. Tier II Food Service Establishments initially licensed by the licensing agency or renovated on or after January 1, 2008 must complete this plan review guide, but will not be issued a Sanitation Certificate. Certain items listed below are not required or have reduced requirements for these establishments. Please review any information with the “‡” symbol for information on requirements for **Tier II Food Service Establishments**.

Please use the checklist below to make sure you provide all necessary information for plan review.

APPLICATION FOR A SANITATION CERTIFICATE

- O Form DH 4086 Application for a Sanitation Certificate - **Do not send payment at this time**. Once plan review approval has been granted, construction is complete, and you are ready for the construction/opening inspection, please contact Environmental Health Services to obtain fee and payment information.

‡This is not required for Tier II Food Establishments.

FOOD ESTABLISHMENT PLAN REVIEW GUIDE

- O Form HD-158E Food Establishment Plan Review Guide
- O A sample menu or menu information listed on a separate document.
- O Include the equipment schedule with manufacturer’s specification sheets for each piece of equipment shown on the plan. Equipment schedule consists of a list of each piece of equipment to be used for the food operation. If manufacturer specification sheets are not available or not obtainable, please submit the make and model of each piece of equipment.

FEES

- O A plan review fee of \$40.00, payable to the Volusia County Health Department. This plan review fee covers the first hour of plan review. Each additional hour will be billed to you at a rate of \$40.00 per hour. Acceptable forms of payment include cash, check, money order, credit (Visa or MasterCard only) or debit. Please do not send cash in the mail. Electronic forms of payment are accepted Monday through Friday from 8:00 a.m. to 4:30 p.m.

PLANS

All plans must be drawn to scale (e.g., $\frac{1}{4}$ inch = 1 foot) which means everything must be in correct proportions. For example, if the establishment is 50 feet long and 25 feet wide, the length of the wall would be drawn twice the length of the width wall. This is the same for all interior walls, rooms and equipment.

Include the following information on the site plan:

- O Identify the location of food operation in the building.
- O Identify the location of any outside equipment (e.g., dumpsters, well, septic system – if applicable).
- O Indicate type of nonabsorbent surface installed under dumpster or outdoor trash area on site plan.

Include the following information on the floor plan:

- O Label all areas of the food establishment (e.g., bars, wait stations, seating, dining areas, serving lines, hand wash sinks, etc.).
- O Identify all equipment (e.g., stoves, refrigerators, steam tables, prep tables, sinks, dishwasher, shelving, etc.). Food, equipment, and utensils must be stored at least 6 inches above the floor; shelving finishes must be easily cleanable.

‡Tier II Food Service Establishments require a hand washing sink (exclusively used for hand washing), provided with hot and cold running water under pressure, which shall be located within the food preparation area. A sign must be posted clearly designating the sink for hand washing purposes. In addition to the designated one compartment hand washing sink, a two compartment sink or one compartment sink and a residential use dishwasher shall be provided for ware washing. If a facility has a two compartment sink and a residential dishwasher, one compartment of the two compartment sink can be designated as a hand washing sink when labeled and used exclusively as such. A mop sink is not required for this type of facility. Additionally, only require hot and cold running water under pressure to be easily accessible where food is prepared and where utensils are washed. Indirectly wasted plumbing/air gap drains are not required.

- O Identify the location of plumbing services. All establishments must have hot and cold running water under pressure to all hand wash sinks (including those in restrooms used by food workers), food equipment/utensil washing sinks, dishwashers, mop/utility sinks, etc. All drains from any equipment in which food (including ice), portable equipment, or utensils are placed must be indirectly wasted by means of an air gap drain. The air gap between the indirect waste pipe and the flood level rim of the waste receptacle shall be a minimum of twice the effective opening of the indirect waste pipe. Grease traps must meet all local plumbing codes and be located so they can be easily cleaned.
- O Identify the lighting. Protective covers or coatings are required for lights located in food storage, preparation, and display areas where food is opened or exposed.
- O Identify electrical services and mechanical ventilation. All of the rooms in which food is stored, prepared or served, utensils washed, toilet, dressing and locker rooms, and garbage storage areas shall be well ventilated. Identify location of automatic fire suppression/ventilation hood system(s), if applicable.
- O Identify the location of restrooms for food staff and servers use.
- O Identify all storage areas (including where cleaning equipment and supplies, dry goods, and employee personal items are stored).

After your plans are reviewed, you will be notified in writing of the results and what modifications, if any, that are required for compliance. It is important to construct your facility exactly as approved or otherwise indicated on the approval letter and meet all other local code requirements. When construction is near completion, please contact our office. Operating permit fees are different per facility and are prorated on a quarterly basis; the permitting year is October 1 to September 30. Payment of permitting fees must be made prior to the construction/preopening inspection. During the inspection, department staff will verify the construction complies with the approved plans and any provisos, and verify that the establishment complies with code requirements and is ready to operate. A satisfactory inspection from this department is required prior to the issuance of a Sanitation Certificate or signage of Alcoholic Beverage Papers. You must obtain your Sanitation Certificate prior to beginning initial operation.

‡Tier II Food Service Establishments will be sent a letter when the plans are approved. When the facility is ready for inspection, please contact our office for an inspection; a separate food license will not be issued.

INSTRUCTIONS FOR COMPLETING THE PLAN REVIEW GUIDE

SECTION 1 – PLAN REVIEW TYPE

Indicate the type of plan review requested that best describes your establishment. (Required) Please check only one box. When reopening, remodeling, or converting (type of food establishment or level of food service provided) a food establishment, please provide the name of the current/previous establishment and sanitation certificate number, if known.

SECTION 2 – TYPE OF FOOD SERVICE ESTABLISHMENT

Indicate the type of service that best describes your establishment. (Required) Please check only one box. The Florida Department of Health can only license food establishments that fall into these categories. If the facility is or will be licensed by another agency (e.g., Adult Day Care, Assisted Living Facility, ACHA, Hospice, etc.), please indicate the maximum number of residents you are or intend to be permitted for. Also, please indicate if you will be serving to Highly Susceptible Populations such as Elementary School aged children or younger (newborn through 5th grade), or individuals over 60 years requiring custodial care or individuals receiving health related and/or custodial care. Establishments serving the general population or fraternal-type operations should mark “No”.

SECTION 3 – OPERATION TYPE

Indicate the operation type that best describes your establishment. (Required) Please check all that apply. Multiple operations within the same building, under the same ownership may be permitted as an umbrella-type operation.

SECTION 4 – CONTACT MAILING INFORMATION

Complete the mailing information as accurately as possible. If you submit incomplete information, your plan review will be delayed.

Owner Name – corporation, partnership or individual that currently owns the establishment. Please check the box that applies to the type of ownership of your business. (Required)

Contact Name – name of the person you want contacted if there are any questions about the plan review. (Optional)

Street Address or Post Office Box, City, State, Zip Code – this address will be where the department will mail all official plan review paperwork. (Required)

Phone Number (Required) and Extension if applicable (Optional) – primary contact number for questions regarding the plan review.

E-Mail Address – very helpful to the department as an additional means of communicating with the contact person. (Optional)

Fax Number (Alternate phone number) – additional means of communicating with the contact person. (Optional)

SECTION 5 – ESTABLISHMENT LOCATION INFORMATION

Complete the establishment information as accurately as possible. If you submit incomplete information, your plan review will be delayed.

Establishment Name – DBA (Doing Business As) – the proposed name of the establishment. If the establishment is part of a chain, please indicate a unique identifier (e.g., store #2312). (Required)

Street Address, City, Zip Code – proposed site for the establishment. (Required)

Phone Number and Extension, E-Mail Address – alternate contact information if available. (Optional)

SECTION 6 – SUPPORTING DOCUMENTS

This section is a checklist of the additional documents that you must provide with the plan review guide. Please see information provided above. (Required)

SECTION 7 – TYPE OF FOOD SERVED/LEVEL OF PREPARATION

Complete all information as indicated. This will help the department determine fee requirements, inspection schedules, and any food service restrictions. Potentially Hazardous Foods (PHFs) are perishable foods consisting in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustacean, etc. A full definition of potentially hazardous food may be found in Chapter 64E-11.002(36), F.A.C. (Required)

SECTION 8 – GENERAL INFORMATION

Complete all information as indicated. (Required)

SECTION 9 – FINISH MATERIAL

Indicate the type of material that you will use to cover the floors, walls, and ceilings (e.g. tile, paint, FRP board). All construction finishes must be smooth, easily cleanable and nonabsorbent. All junctures between walls and floors shall be coved and sealed. (Required)

SECTION 10 – DISHWASHING FACILITIES/PLUMBING*

Indicate whether you will do dishwashing manually or mechanically. If done manually, a three-compartment sink with drain boards on each end or equivalent shelving is required. If done mechanically, a commercial dishwashing machine with gauges is required. Indicate the sanitization method to be used by the dishwashing machine (e.g., heat or chemical). Please indicate the location of all dishwashing equipment on the plans. (Required)

*If the establishment will be using only single service utensils or no ware washing will be taking place onsite, please skip this section.

‡Tier II Food Service Establishments do not require commercial dishwashing facilities or indirectly wasted plumbing/air gaps. See information provided under the “Plans” section above.

SECTION 11 – OTHER FACILITIES

Indicate the number and each type of bathroom, hand wash sink and food preparation sink installed. Customers may not go through the food preparation, food storage or dishwashing areas to reach the bathroom(s). Also identify the utility/mop sink and water heater location. (Required)

‡Tier II Food Service Establishments do not require a mop sink and have reduced requirements for hand washing facilities. See information provided under the “Plans” section above.

SECTION 12 – WATER AND WASTEWATER INFORMATION

Indicate the water supply type and wastewater disposal method. If the water supply type is a well, it may need to be permitted through this office. If the wastewater disposal method is an onsite septic system, a separate approval from this office may be required. If drinking water supply or wastewater disposal methods are municipal or community provided, indicate the name of the utility providing this service. (Required)

SECTION 13 – SIGNATURE

Please print your name, sign and date the plan review guide before submitting. (Required)

When complete, please submit your application for a sanitation certificate, plan review guide, plans, supporting documents and \$40.00 fee (if applicable) to:

**Florida Department of Health
Volusia County-Environmental Health
1845 Holsonback Drive
Daytona Beach, FL 32117
--Or--
121 W. Rich Avenue
Deland, FL 32720
--Or--
717 W. Canal Street
New Smyrna, FL 32168**

Daytona Beach EH office: phone: 386-274-0692 fax: 386-274-0698

Deland EH office: phone: 386-822-6250 fax: 386-822-6251

New Smyrna EH office: phone: 386-424-2061 fax: 386-424-2019

Approval of your plans means that your plans appear to meet the minimum requirements of the Florida Department of Health. You must make sure that you meet all other requirements that apply. Plan review approval does not guarantee that the department will approve completed establishment's structure or equipment. In addition, **payment of permitting FEES, a satisfactory INSPECTION by the department, and ISSUANCE of a Sanitation Certificate are required prior to operation.**

‡ Tier II Food Service Establishments do not pay permitting fees and will not receive a Sanitation Certificate. All food code standards will be evaluated during the facility's group care sanitation inspection.



FLORIDA DEPARTMENT OF HEALTH
Volusia County Environmental Health
 1845 Holsonback Dr., Daytona Beach, FL 32117
 PHONE: 386-274-0692 FAX: 386-274-0698

For Office Use Only
Tracking Number
Payment Information

FOOD ESTABLISHMENT PLAN REVIEW GUIDE

NOTE – Please submit completed plan review guide with plans, \$40.00 plan review fee (for first hour), supporting documents in Section 6, and an Application for a Sanitation Certificate. (Additional hours spent reviewing plans will be billed a rate of \$40.00 per hour. Fees for the Sanitation Certificate will be collected after plans have been approved and construction is near completion.)

SECTION 1 – PLAN REVIEW TYPE				
Please check the box that best describes your establishment. Please check only one box.				
<input type="radio"/> Newly Built Establishment	<input type="radio"/> New Food Establishment in Existing Structure	<input type="radio"/> Reopen a Closed Food Establishment*	<input type="radio"/> Remodeling of Existing Food Establishment*	<input type="radio"/> Conversion (Type of Food Establishment or Level of Food Service Change)*
*Name of Business Under Previous Owner/Name of Currently Permitted Establishment				*Sanitation Certificate Number

SECTION 2 – TYPE OF FOOD SERVICE ESTABLISHMENT				
Please check the box that best describes your establishment. Please check only one box.				
<input type="radio"/> Adult Day Care*	<input type="radio"/> Afterschool Meal Program	<input type="radio"/> Assisted Living Facility*	<input type="radio"/> Bar/Lounge	<input type="radio"/> Fraternal Organization
<input type="radio"/> Civic Organization	<input type="radio"/> Crisis Stabilization Unit*	<input type="radio"/> Detention Facility	<input type="radio"/> Migrant Labor	<input type="radio"/> Residential Treatment Facility (AHCA)*
<input type="radio"/> Homes for Special Services*	<input type="radio"/> Hospice*	<input type="radio"/> Intermediate Care Facility for Developmentally Disabled*	<input type="radio"/> Recreational Camp	<input type="radio"/> Transitional Living Facility*
<input type="radio"/> Movie Theater	<input type="radio"/> Prescribed Pediatric Extended Care Center*	<input type="radio"/> Short-term Residential Treatment Center (DCF)*		
<input type="radio"/> School (9 months or less)	<input type="radio"/> School (more than 9 months)			
*Maximum Number of Residents/Clients per Licensing Agency				
Will there be service to Highly Susceptible Populations such as Elementary School aged children or younger (birth through 5 th grade), individuals 60 years or older, or individuals receiving health related and/or custodial care? <input type="radio"/> Yes <input type="radio"/> No				

SECTION 3 – OPERATION TYPE				
Please check the box that best describes your establishment. Check all that apply.				
<input type="radio"/> Afterschool Meal Program	<input type="radio"/> Bakery-Type	<input type="radio"/> Canteen	<input type="radio"/> Caterer	<input type="radio"/> Concession Stand
<input type="radio"/> Delicatessen / Sandwich Shop	<input type="radio"/> Main Operation	<input type="radio"/> Mobile Food Unit	<input type="radio"/> Non-Alcoholic Beverage Shop	<input type="radio"/> Restaurant-Style
<input type="radio"/> Retail Food Store	<input type="radio"/> Satellite Kitchen	<input type="radio"/> Vending Machine Dispensing Potentially Hazardous Foods		

SECTION 4 – CONTACT MAILING INFORMATION				
Note: This address will be where the department will mail all official plan review paperwork.				
Owner Name (please check one: <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Individual)				
Contact Name (name of person to contact if there are any questions about the plan review, if different than the owner)				
Street Address or Post Office Box				
City			State	Zip Code (+4 optional)
Phone Number (include area code)	Extension	E-Mail Address		Fax Number (Alternate)

SECTION 5 – ESTABLISHMENT LOCATION INFORMATION				
Establishment Name (DBA)				
Street Address				
City			Zip Code (+4 optional)	
Phone Number (include area code)	Extension	E-Mail Address		

SECTION 6 – SUPPORTING DOCUMENTS	
Please attach the following documents: Proposed menu (including seasonal, off-site and banquet menus). Equipment list with 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, streets; and location of any outside equipment (dumpsters, well, septic system – if applicable). Floor plan of the food establishment showing location of equipment, plumbing, lighting, electrical services and mechanical ventilation.

SECTION 7 – TYPE OF FOOD SERVED/LEVEL OF PREPARATION

Please check the boxes that best describe the type of food service or level of preparation. Check all that apply.

- | | |
|--|--|
| <input type="radio"/> Prepackaged Non-PHF's (snacks) | <input type="radio"/> Complex Cooking (any type of cooking higher than simple cooking) |
| <input type="radio"/> Prepackaged PHF's (cold holding) | <input type="radio"/> Specialized Processing-Type Activities (such as acidification, cook-chill, reduced oxygen packaging, smoking, sous vide, etc.) |
| <input type="radio"/> Heat for Service/Holding (pre-cooked shelf stable food that does not require cooking) | <input type="radio"/> Major Cooling (cooling for purpose of overnight storage and subsequent reheating) |
| <input type="radio"/> Receipt/Service of Catered Foods | <input type="radio"/> Minor Cooling (cooling for use in a subsequent service on the same day) |
| <input type="radio"/> Simple Cooking (also known as cook-serve; product is brought to appropriate cooking temperature and then held at safe temperature of 140°F or above until service) | <input type="radio"/> Drink Service (For Bar/Lounge Only) |

Any portioning of foods from bulk items? Yes No Any retention of food overnight? Yes No

SECTION 8 – GENERAL INFORMATION

Number of Seats	Maximum Number of Staff per Shift	Total Square Footage of Food Area	Total Square Footage of the Establishment
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Number of Food Operations in the Establishment under the same Ownership and within the same Building

Projected Start Date of Construction Projected Completion Date of Construction

Plans/applications submitted to the following authorities on the following dates:

Building _____	Fire Authority _____	Planning _____
Plumbing _____	Zoning _____	Other _____

Operating Times:	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
<input type="radio"/> 24 hours	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM
Opening Time:	_____ <input type="radio"/> PM	_____ <input type="radio"/> PM	_____ <input type="radio"/> PM	_____ <input type="radio"/> PM	_____ <input type="radio"/> PM	_____ <input type="radio"/> PM	_____ <input type="radio"/> PM
	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM	<input type="radio"/> AM
Closing Time:	_____ <input type="radio"/> PM	_____ <input type="radio"/> PM	_____ <input type="radio"/> PM	_____ <input type="radio"/> PM	_____ <input type="radio"/> PM	_____ <input type="radio"/> PM	_____ <input type="radio"/> PM

Method of Pest Control: _____

SECTION 9 – FINISH MATERIAL

Please indicate the type of material used in the following areas (e.g., quarry tile, FRP, stainless steel, etc.)

Construction finishes must be smooth, easily cleanable and nonabsorbent.

	Floor	Wall	Baseboard	Ceiling
Food Preparation				
Food Storage				
Dishwashing Area				
Restrooms				
Dry Storage				
Bar				

No studs, joists or rafters may be exposed in areas of moisture. Where wall meets floor must be coved and sealed.

SECTION 10 – DISHWASHING FACILITIES/PLUMBING – SHOW ON PLANS

Manual (3-compartment sink with drainboards or equivalent shelving)

Mechanical (Commercial grade Dishwasher) **Sanitization Method:** Chemical Heat (Hot Final Rinse)

All drains from any equipment in which food, portable equipment or utensils are placed must be indirectly wasted by means of an air gap. The air gap between the indirect waste pipe and the flood level rim of the waste receptacle shall be a minimum of twice the effective opening of the indirect waste pipe. Grease traps must meet all local plumbing codes and be located so they can be easily cleaned.

SECTION 11 – OTHER FACILITIES – SHOW ON PLANS

Number of Bathrooms	Public	Employee	Unisex	Total
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Customers may not go through food preparation, food storage or dishwashing areas to reach the bathroom(s).

Number of handwash sinks Number of prep sinks

Mop sink location Water heater location

SECTION 12 – WATER AND WASTEWATER INFORMATION

Water Supply Type (Provide Supplier if Municipal): Well Municipal _____

Wastewater Disposal Method (Provide Utility if Municipal): Septic System Municipal _____

SECTION 13 – SIGNATURE

I hereby certify that all the information I have provided is correct. I understand that if I failed to complete the plan review guide or submit the required supporting documents, my plan review will be delayed.

Printed Name	Signature	Date
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Approval of your plan means that your plan appears to meet the minimum requirements of Chapter 64E-11, *Florida Administrative Code* and Section 381.0072, *Florida Statutes*. You must make sure that you meet all other requirements that may also apply.



STATE OF FLORIDA
DEPARTMENT OF HEALTH

Certificate Number

APPLICATION FOR A SANITATION CERTIFICATE

AUTHORITY: Chapter 381, Florida Statute

Instructions: 1. Provide the remainder of the information requested below. 2. If any of the pre-completed information is incorrect, please make necessary changes. 3. Sign the application and return it, along with the required fee (do not send cash), to the County Health Department. A new application is not required for next year's renewal as long as the information below remains the same.

NAME OF FACILITY _____

LOCATION _____
Street City State Zip Code

OWNER'S NAME _____

OWNER'S ADDRESS _____
Street City State Zip Code

OWNER'S PHONE _____ BUSINESS PHONE _____

Type of Food Service Establishment

<input type="checkbox"/>	School Cafeteria	<input type="checkbox"/>	Fraternal/Civic Lounge	<input type="checkbox"/>	Detention Facility
<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Bar/Lounge	<input type="checkbox"/>	Residential Facility
<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	Movie Theater	<input type="checkbox"/>	Other Food Service
<input type="checkbox"/>	Child Care Center	<input type="checkbox"/>	Assisted Living Facility	<input type="checkbox"/>	Mobile Food Unit
<input type="checkbox"/>	Limited Food Service	<input type="checkbox"/>		<input type="checkbox"/>	

COMMENTS/SPECIAL INSTRUCTIONS: _____

THE ANNUAL FEE FOR YOUR FACILITY is \$_____. Please make check or money order payable to: Volusia County Health Department, FL _____
 _____, _____, FL _____
 mailing address city Zip Code

Payment must be received at the above address before _____

The undersigned owner/owner's representative, hereby agrees to operate the food establishment described in this application in accordance with the requirements of Chapter 381, Florida Statutes, and Chapter 64E-11, Florida Administrative Code. The information contained in this application, which serves as the basis for licensure, is true and correct. I understand that any misrepresentation to the facts in this application, or failure to comply with sanitary standards, is grounds for denial or revocation of the sanitation certificate.

Signature, Owner/Owner's Representative

Date

Signature, Environmental Health

Date of Certificate