

Retail Food Establishment Plan Review Application	Division of Regulatory Services 4315 S 2700 W, TSOB South Bldg., Floor 2 Taylorsville, UT 84129-2128 Phone: (801) 982-2252; Fax: (385) 465-6023 udaf-planreview@utah.gov https://ag.utah.gov/	Utah Department of Agriculture and Food 
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**Note: Not all sections of this application will apply to all facilities. If your business or building has already been permitted in the past and you are submitting for changes or expansion, please reach out to your inspector to discuss the applicable parts of the Plan Review packet that will need to be submitted. A full Plan Review may not be required. Subsequently, a lack of complete information and/or a lack of signature may delay plan approval and/or the opening of your business.*

Establishment Information			
	Business Specific location, mobile unit, etc. where product will be manufactured, sold or distributed (e.g., "Main Street Grill")	Owner Association, corporation, individual, partnership, or other legal entity (e.g., "MSG Partners, LLC")	Applicant Person directly responsible for establishment, or local point of contact (e.g., "Jane Doe – Operations Manager" or "Architecture Firm A")
Name:			
Physical Address:	<input type="checkbox"/> Commissary Kitchen		
Billing Address:			
Phone: <small>Indicate your preferred billing phone</small>	<input type="checkbox"/> Billing Phone	<input type="checkbox"/> Billing Phone	<input type="checkbox"/> Billing Phone
Email:			
Billing Email:			
Owner is: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____ Include a list (names, titles & addresses) of the persons comprising legal ownership including owners & officers; local resident agent if applicable _____ _____ _____			
Name/title/contact info of Applicant's immediate <u>supervisor</u> and/or <u>consultant</u> (e.g., regional manager, district manager, etc.) if applicable: _____ _____			
<p style="text-align: center;"><i>Note: Consultant's and businesses operating out of a commissary kitchen must complete and submit a Letter of Authorization to the Department</i></p>			

Establishment Type		Application Type		Dates & Times of Operation
<input type="checkbox"/>	Retail Food Establishment Primarily direct to consumer from this location (storefront, special order pick-up)	<input type="checkbox"/>	New Establishment	Mon. – Fri.
<input type="checkbox"/>	Manufactured Food Establishment Primarily wholesale & distribution	<input type="checkbox"/>	Change of Ownership	Sat. – Sun.
<input type="checkbox"/>	Commissary Kitchen (LOA) Must include LOA Authorization Agreement *Some information may need to be obtained from the commissary owner	<input type="checkbox"/>	Change of Location	<input type="checkbox"/> Year Round
<input type="checkbox"/>	Mobile Unit	<input type="checkbox"/>	Remodel/Alteration of Existing Establishment	<input type="checkbox"/> Seasonal Anticipated Dates:
<input type="checkbox"/>	Vending Machine(s) Water or food			
<input type="checkbox"/>	Pre-packaged Foods Only No open packages and no processing or repackaging occurs			
<input type="checkbox"/>	Farmers Market Complete pages 1, 2 & 12 and include a site drawing			

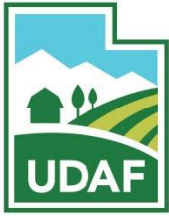
Additional Information

Estimated Date Construction Will Begin:	Estimated Opening Date:
Total square footage: <small>All areas in the facility</small>	Inspectable square footage: <small>Minus office area</small>
Number of employees at location:	Number of employees in company:
Number of processing areas:	Number of storage areas:
Indicate weights & measures services: Do you use scanners – Yes No Do you sell fuel – Yes No Are you selling by weight or volume (variable packaging) – <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tell us about your distribution: _____	

If you need help completing this form, please contact your inspector or the Plan Review Specialist at jessicas@utah.gov.

**Note: Prior to commencing food operations, the owner/operator must be approved for a food establishment permit and successfully pass a pre-operational inspection. UDAF requires a minimum of seven (7) calendar days' notice to schedule a pre-operational inspection. Though we will attempt to accommodate your schedule, call early to avoid scheduling conflicts and allow time for re-inspection if necessary.*

Retail Food Establishment Risk Assessment Worksheet	Division of Regulatory Services 4315 S 2700 W, TSOB South Bldg., Floor 2 Taylorsville, UT 84129-2128 Phone: (801) 982-2252; Fax: (385) 465-6023 udaf-planreview@utah.gov https://ag.utah.gov/	Utah Department of Agriculture and Food
Establishment Name:		Establishment Address:



Menu: Please check each category of food that is prepared or used as an ingredient in preparation.

<input type="checkbox"/> Raw meats (beef, pork, lamb)	<input type="checkbox"/> Vegetables cooked for hot/cold holding (potatoes, cooked salsa, greens, tofu, etc.)
<input type="checkbox"/> Raw comminuted meats (ground beef, pork, fish)	<input type="checkbox"/> Beans (refried, baked), cooked rice
<input type="checkbox"/> Raw poultry (chicken, turkey)	<input type="checkbox"/> Garlic and oil mixture combined in-house
<input type="checkbox"/> Raw liver, tongue, heart, tripe (menudo)	<input type="checkbox"/> Jams and Jellies
<input type="checkbox"/> Raw shelled or unpasteurized eggs	<input type="checkbox"/> Seed sprouts, melon, cut tomatoes, fresh salsa, cut leafy greens
<input type="checkbox"/> Raw fish	<input type="checkbox"/> Pre-cooked animal products (chicken, beef, pasteurized eggs, pepperoni, salami, etc.)
<input type="checkbox"/> Sashimi (sushi), ceviche or other raw fish dishes	<input type="checkbox"/> Dairy (cheese, cream dessert, custard, ice cream) <small>Raw Milk and Grade A Products must go through the dairy program</small>
<input type="checkbox"/> Raw shellfish or crustacean (lobster, shrimp, crab, clams, oysters, mussels)	<input type="checkbox"/> Bakery goods (pies, cookies, cream fillings, toppings)
<input type="checkbox"/> Game Animals (elk, venison, etc.)	<input type="checkbox"/> Acidified Foods (Hot sauce, dressings, etc.)

Proposed menu or complete list of food and beverage items to be sold must be attached with the plan review application. Product list should include:

- Product
- Allergens
- Processing methods
- Packaging
- Storage conditions
- Distribution method (company delivery, UPS, customer pickup, etc.)
- Intended customers

Other: _____

Operations: Please check each process or operation that is used for food preparation or storage.

<input type="checkbox"/>	Cold holding / storage (refrigeration / freezing)	<input type="checkbox"/>	Smoking (as a method of food preservation, not flavor) */**
<input type="checkbox"/>	Cooking (grill, bake, fry, boil) of raw animal products	<input type="checkbox"/>	Curing Food */**
<input type="checkbox"/>	Thawing	<input type="checkbox"/>	Using food additives (method of food preservation / render food non-TCS) */**
<input type="checkbox"/>	Hot holding	<input type="checkbox"/>	Operating a molluscan shellfish life-support system tank */**
<input type="checkbox"/>	Reheating (products that were prepared and cooled)	<input type="checkbox"/>	Custom processing animals for personal use */**
<input type="checkbox"/>	Cooling	<input type="checkbox"/>	Sprouting seeds or beans */**
<input type="checkbox"/>	Modifying the food to render shelf stable */**	<input type="checkbox"/>	Packaging TCS food using a reduced oxygen packaging method (vacuum sealing) *
<input type="checkbox"/>	Juice (treated or pasteurized or not treated)	<input type="checkbox"/>	Extended shelf life (expiration date of product past 7 days)
<input type="checkbox"/>	Parasite destruction / record keeping (sushi, sashimi, ceviche)	<input type="checkbox"/>	Time as a public health control (in lieu of temperature control) ***
<input type="checkbox"/>	Re-packaging	<input type="checkbox"/>	Transportation / delivery of food ***
<input type="checkbox"/>	Pre-packaged food only (no processing or preparation)	<input type="checkbox"/>	Fermentation */**

TCS: Time/Temperature Control for Safety Foods (a product that requires time and/or temperature control to ensure food safety).

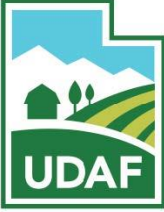
*A properly prepared Hazard Analysis and Critical Control Point (HACCP) plan must be submitted for validation and approval before engaging in this process.

** A variance from the FDA Food Code must be obtained before engaging in this activity.

*** Written Standard Operating Procedures (SOP's) are required before engaging in this control method.

1. Does your firm manufacture, process, package, hold and/or sell cannabis or cannabis-derived products, including cannabidiol (CBD)? Yes No
2. Does your firm manufacture, process, package, hold, label and/or sell kratom or kratom-derived products (*Mitragyna speciosa*)? Yes No

**Note: The Utah Department of Agriculture and Food incorporates by reference 21 CFR 111, Current Good Manufacturing Practice in Manufacturing, Packaging, Labeling or Holding Operations for Dietary Supplements for a licensee engaged in processing cannabis or cannabis-derived and/or kratom or kratom-derived products.*

Retail Food Establishment Operational Assessment	Division of Regulatory Services 4315 S 2700 W, TSOB South Bldg., Floor 2 Taylorsville, UT 84129-2128 Phone: (801) 982-2252; Fax: (385) 465-6023 udaf-planreview@utah.gov https://ag.utah.gov/	Utah Department of Agriculture and Food 
Establishment Name:		Establishment Address:

This document is intended to assist the Utah Department of Agriculture and Food authorities responsible for the review of food establishment plans. Food establishment plan review is an important component of a food protection program that:

- Ensures food establishments are built or renovated according to the current rules and regulations;
- Enhances food safety and sanitation by promoting efficient layout and flow of food based on the menu and food preparation process; and
- Helps prevent code violations by addressing potential layout and design issues prior to construction and operations.

Please provide all requested information on the following pages. If a particular line item is not applicable to your food establishment, please indicate with “N/A”.

Food Suppliers / Vendors	
1. How do you source your ingredients and/or products?	_____
2. Are products sourced from commercial suppliers / vendors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Supplies & Cold Storage	
1. Are you storing your products in multiple locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list any other locations: _____	
2. What is the projected frequency of deliveries:	_____
3. Provide information on the amount of space (in square feet) allocated for:	
Dry Storage – _____	
Refrigerated Storage – _____	
Frozen Storage – _____	

4. Is adequate freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41°F (5°C) and below? Yes No

Provide the method used to calculate cold storage requirements:

5. 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?

6. Does each refrigerator / freezer have a thermometer located in the warmest area of the unit (e.g., near the door)? Yes No

Describe your methods and frequency of temperature monitoring?

7. Is there a bulk ice machine available? Yes No

If yes, how often will this machine be washed, rinsed, and sanitized?

8. What type(s) of containers will be used to store bulk food products such as rice, flour, sugar, etc.?

9. How will dry goods be stored?

Food Labeling & Packaging

**Shelf life of products past 7 days may require scientific validation, testing and/or process authority approval*

1. For foods that are being processed, packaged, and/or repackaged, have you included a representative sample of your labels and packaging with the application?

Yes No

2. Are you using a food grade packaging for your product? Yes No

3. How long do you intend your product(s) to be on store shelves (shelf-life)?

4. How did you determine the shelf-life of your product(s)?

5. If your products have extended shelf-life (beyond 7 days), please indicate the shelf-life of your products and submit the information used to support the safety of these products during the extended shelf-life:

6. If pH, Aw, or other methods are used as safety measures, please briefly describe your monitoring, documentation, and calibration methods and frequency:

Facility Practices

1. Briefly describe how your food employees be trained in good food sanitation practices (policies and/or methods, and frequency):

Method of training: _____

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

3. Describe how in use cooking equipment, cutting boards, counter tops, and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher will be sanitized every 4 hours?

Chemical type: _____ Concentration: _____

Available test kit: Yes No

4. What type of sanitizer will be used when washing dishes & equipment in the three compartment sink?

Chemical type: _____ Concentration: _____

Available test kit: Yes No

At what temperature? _____

5. Do all dish machines have temperature / pressure gauges, as required by code, that are accurately working? Yes No

6. Has the facility developed a written employee health policy to restrict food workers who are sick or who have infected cuts or lesions? Yes No

7. 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:

8. Indicate the anticipated daily volume of food prepared, processed and/or stored on site (e.g., number of commodities or packages, product weight, pallets, etc.):

9. If there is more than one location, please specify the location and the anticipated volume for the additional area(s):

10. Describe storage facilities for employee's personal belongings (e.g., purse, boots, hat, etc.):

11. Will linens be laundered on site? Yes No

If yes, where? _____

If no, how and where will linens be cleaned?

How often will off-site laundering of linens be picked up and delivered?

Thawing, Cooking & Reheating

**If these processes do not occur at your facility, indicate N/A and move on to the next section* N/A

1. Briefly describe your thawing methods (including placement and duration) (i.e., chicken is thawed in the walk-in cooler on the bottom shelf for 2 days before preparation):

Under refrigeration: _____

Other: _____

Length of time for thawing: _____

2. Will food product thermometers be used to measure final cooking/reheating temperatures of TCS foods?

Yes No

With what type of temperature measuring device? _____

How are temperature measuring devices calibrated and at what frequency? _____

12. List all foods that will be cooked and cooled:

13. List all foods that will be reheated and held hot until served:

14. List all foods that will be cooked, cooled, and reheated:

Cooling

**If these processes do not occur at your facility, indicate N/A and move on to the next section N/A*

Please indicate how TCS foods will be cooled to 41°F (5°C) within 6 hours (140°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). More than one method may apply.

1. Placing the food in shallow pans	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Separating the food into smaller or thinner portions	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Using rapid cooling equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Stirring the food in a container placed into an ice water bath	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Using containers that facilitate heat transfer	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Using ice as an ingredient	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Other: _____	

Equipment List

Must be NSF or ANSI certified - Specification sheets may be required (Do not include standard kitchen equipment manufactured in the U.S.)

Major Equipment	Model Numbers

Interior Finish Schedule

Indicate the finished materials of the floors, walls, and ceilings (E.g. sealed concrete, FRP, PVC vinyl, etc.)

Floors

All floor/wall junctures in the kitchen, food service areas, food storage areas, warewashing areas and bathrooms must be covered

Food Production Area(s)	
Toilet Room(s)	
Food Storage Area(s)	
Ware Washing Area(s)	
Coving Type	

Walls

Walls must be smooth, easily cleanable, durable and non-absorbent

Food Production Area(s)	
Toilet Room(s) <small>Toilet room doors shall be self-closing</small>	
Food Storage Area(s)	
Ware Washing Area(s)	
Coving Type	

Ceilings

Ceilings must be smooth, easily cleanable and nonporous - No open rafters or exposed pipes in production areas

Food Production Area(s)	
Toilet Room(s)	
Food Storage Area(s)	
Ware Washing Area(s)	
Coving Type	

Water & Waste Disposal

	Water	Waste (Sewer / Septic)
Public (Name)		
Private (Type)		
Trash Disposal <small>Number, size & frequency of pick-up</small>		
Grease Storage <small>Location & size</small>		
Water Heater(s) <small>Location & size</small>		

1. Is there a water treatment device? Yes No

If yes, describe the treatment and how the device will be inspected & serviced?

2. Do water temperatures meet peak demand?

3. Describe method and frequency of grease traps inspected & serviced, if applicable:

Backflow Prevention

	Air Gap	Air Break	Vacuum Breaker	Other
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ice Machine(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mop Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Three Compartment Sink(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Two Compartment Sink(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigeration Condensate Drain Line(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical Dispenser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Beverage Dispenser w/ Carbonator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vending Machine(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1. Describe method and frequency of backflow prevention devices inspected & serviced?

Pest Control

	Yes	No	N/A
Will all outside doors be self-closing and rodent proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will screens be provided on all entrances, openings and vents left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will all openable windows have a minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will electrical insect control devices be used? If yes, where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will air curtains be used? If yes, where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe how you will maintain the area around the building:

The owner/operator is responsible for submitting all Hazard Analysis and Critical Control Points (HACCP) plans, variance requests, and written standard operating procedures before engaging in a specialized processing method.

This form and the provisions therein must be submitted to the Support Services Staff at udaf-planreview@utah.gov. Submitting this food establishment plan review application does not constitute an authorization from the Utah Department of Agriculture and Food to operate a food establishment. Plans will not be reviewed until payment is received.

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Utah Department of Agriculture and Food may delay final approval.

Printed Name: _____
Legal Agent and/or Owner

Signature: _____
Legal Agent and/or Owner

Date: ___ / ___ / _____