

**FLORIDA DEPARTMENT OF HEALTH – BREVARD COUNTY
ENVIRONMENTAL HEALTH SERVICES**

**INSTRUCTIONS FOR COMPLETING
FOOD ESTABLISHMENT PLAN REVIEW GUIDE**

Plan Review Guide begins on page 5

This packet contains information on procedures for obtaining food establishment plan review approval and a Sanitation Certificate for establishments under the jurisdiction of the Florida Department of Health – Brevard County (DOH-Brevard). 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 www.BrevardEH.com. If you have questions, or need clarification, please contact Environmental Health Services at 321.633.2100, Monday through Friday between 8:00AM and 4:30 PM or email: BrevardEH.Facilities@flhealth.gov. 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 Brevard County. Issuance of this approval does not relieve the owner of meeting the permit requirements of county, municipal, or other legally constituted authorities. All establishments are required to meet the sanitation and safety standards provided by law.

Tier II Food Service Establishments: 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 Day Cares, Adult Family Care Homes and Hospices). These 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.*

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

APPLICATION FOR A SANITATION CERTIFICATE

- ☐ Form DH 4086 Application for a Sanitation Certificate. ***Do not send payment at this time (Fees*)***
‡This is not required for Tier II Food Establishments.

FOOD ESTABLISHMENT PLAN REVIEW GUIDE

- ☐ Form DH8003-DCHP Food Service Establishment Plan Review Application
- ☐ Form HD-158E Food Service Establishment Plan Review Guide
- ☐ A sample menu or list of pre-packaged snacks to be available to patrons on a separate document.
*****Bars with no food must still submit their beer and wine list.***
- ☐ Equipment schedule with manufacturer 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*

Plan Review Fee

- ☐ New Establishment - Submit \$75.00 plan review fee (for the first hour)
- ☐ Modification of Existing Establishment - Submit \$50.00 fee (for the first hour)
 - Additional hours spent reviewing plans will be billed at a rate of \$40.00 per hour.
 - Public schools, colleges, and vocational teaching facilities are exempt from this fee.

Sanitation Certificate permit fee for initial operation

This fee is paid after the plan approval letter issued and construction is complete. When you are ready for the construction/opening inspection contact DOH-Brevard to obtain payment information. Fees are different per facility and are prorated on a quarterly basis; the permitting year is October 1 to September 30. Permitting fees must be made prior to the construction/preopening inspection.

‡ Tier II Food Service Establishments do not pay permitting fees and will not receive a Sanitation Certificate.

Acceptable forms of payment

They include cash, check, money order, Visa or MasterCard credit or debit (in person or over the phone), or online payment. Electronic forms of payment are accepted Monday through Friday from 8:00AM to 4:30PM.

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 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:

- ☐ Identify the location of business in the building.
- ☐ Identify the location of building on the property including alley, streets, etc.
- ☐ Identify location of any outside equipment (e.g., dumpsters, well, septic system – if applicable).
- ☐ Indicate type of nonabsorbent surface installed under dumpster or outdoor trash area on site plan.

Include the following information on the floor plan:

- ☐ Label all areas of the food establishment (e.g., bars, wait stations, seating, dining areas, serving lines, etc.).
- ☐ 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 handwashing sink (exclusively used for handwashing), 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 handwashing purposes. In addition to the designated one compartment handwashing sink, a two compartment sink or one compartment sink and a residential use dishwasher shall be provided for warewashing. If a facility has a two compartment sink and a residential dishwasher, one compartment of the two compartment sink can be designated as a handwashing sink when labeled and used exclusively as such. A mop sink is not required for this type of facility.

- ☐ Identify location of plumbing services. All establishments must have hot and cold running water under pressure to all handwash sinks (including those in restrooms used by food workers), food equipment/utensil washing sinks, dishwashers, mop/utility sinks, etc. Grease traps must meet all local plumbing codes and be located so they can be easily cleaned.

AIR GAPS REQUIRED: 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. *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.*

‡Tier II Food Service Establishments 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 gaps are not required.

- ☐ Identify lighting. Protective covers or coatings are required for lights located in food storage, preparation, and display areas where food is opened or exposed.
- ☐ Identify electrical services and mechanical ventilation. All 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.
- ☐ Identify location of restrooms for food worker use.
- ☐ Identify all storage areas (including where cleaning equipment and supplies, dry goods, and employee personal items are stored).
- Time as a Public Health Control Written Procedures document must be submitted if you choose to use "Time Only" as a Public Health Control. The document is on our website under the food tab.
- You must install thermometers in the warmest part of all refrigeration/freezer units. A probe-type thermometer scaled for its intended use is required for employees to check food temperatures. Be sure all thermometers are calibrated and present at the time of the opening inspection.

DOH-Brevard will send you a plan approval letter once the review is complete and approved. It is important to construct your facility exactly as approved or otherwise indicated on the approval letter and meet all other local code requirements. Prior to making any changes to the approved plan must be submitted to the department for review and approval. Plan review approval does not guarantee that the department will approve completed establishment's structure or equipment. When construction is near completion, please contact our office at to obtain permitting fee requirements. Once permitting fees have been paid, an inspector will contact you to schedule your construction/preopening inspection. During the inspection, department staff will confirm you have constructed your facility according to the approved plans and any provisos, and verify that the establishment complies with state code requirements and is ready to operate. A satisfactory inspection 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. After receiving the approval letter, when the facility is ready for inspection, please contact our office at 321.633.2100 to schedule your sanitation inspection. Food safety and sanitation standards will be inspected during your inspection.

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, 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 (birth through 5th grade), individuals 60 years or older, 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 about 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., American Legion #123). (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 in the areas indicated. 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 drainboards 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. Please indicate the location of all dishwashing equipment on the plans. (Required)

*If the establishment will be using only single service utensils or no warewashing 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, handwash 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 handwashing 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 or the Department of Environmental Protection. If the wastewater disposal method is a septic system, a separate approval from this office may be required. Please contact 321.633.2100 for more information. If water and/or wastewater supply/disposal method is municipal, indicate the name of the utility providing this service. (Required)

SECTION 13 – SIGNATURE

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



FLORIDA DEPARTMENT OF HEALTH – BREVARD COUNTY
Environmental Health Services
2725 Judge Fran Jamieson Way, Suite A116, Viera, FL 32940
PHONE: 321/633-2100 FAX: 321/690-6856
Email: brevardeh.facilities@flhealth.gov
Website: www.BrevardEH.com

For Office Use Only
Tracking Number
Payment Information

FOOD ESTABLISHMENT PLAN REVIEW GUIDE

Please submit signed and completed Plan Review Application and Guide, plan review fee of \$75.00 for new establishment or \$50.00 for modification of existing facility (for first hour), plans, and supporting documents in Section 6. (Additional hours spent reviewing plans will be billed a rate of \$40.00 per hour. Include Application for a Sanitation Certificate without fees (permit fees collected at later date).

SECTION 1 – PLAN REVIEW TYPE				
Please check the box that best describes your establishment. Please check only one box.				
<input type="checkbox"/> Newly Built Establishment	<input type="checkbox"/> New Food Establishment in Existing Structure	<input type="checkbox"/> Reopen a Closed Food Establishment*	<input type="checkbox"/> Remodeling of Existing Food Establishment*	<input type="checkbox"/> 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="checkbox"/> Adult Day Care*	<input type="checkbox"/> Afterschool Meal Program	<input type="checkbox"/> Assisted Living Facility*	<input type="checkbox"/> Bar/Lounge	
<input type="checkbox"/> Civic Organization	<input type="checkbox"/> Crisis Stabilization Unit*	<input type="checkbox"/> Detention Facility	<input type="checkbox"/> Fraternal Organization	
<input type="checkbox"/> Homes for Special Services*	<input type="checkbox"/> Hospice*	<input type="checkbox"/> Intermediate Care Facility for Developmentally Disabled*	<input type="checkbox"/> Migrant Labor	
<input type="checkbox"/> Movie Theater	<input type="checkbox"/> Prescribed Pediatric Extended Care Center*	<input type="checkbox"/> Recreational Camp	<input type="checkbox"/> Residential Treatment Facility (AHCA)*	
<input type="checkbox"/> School (9 months or less)	<input type="checkbox"/> School (more than 9 months)	<input type="checkbox"/> Short-term Residential Treatment Center (DCF)*	<input type="checkbox"/> Transitional Living Facility*	
*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="checkbox"/> Yes <input type="checkbox"/> No				
SECTION 3 – OPERATION TYPE				
Please check the box that best describes your establishment. Check all that apply.				
<input type="checkbox"/> Afterschool Meal Program	<input type="checkbox"/> Bakery-Type	<input type="checkbox"/> Canteen	<input type="checkbox"/> Caterer	<input type="checkbox"/> Concession Stand
<input type="checkbox"/> Delicatessen / Sandwich Shop	<input type="checkbox"/> Main Operation	<input type="checkbox"/> Mobile Food Unit	<input type="checkbox"/> Non-Alcoholic Beverage Shop	<input type="checkbox"/> Restaurant-Style
<input type="checkbox"/> Retail Food Store	<input type="checkbox"/> Satellite Kitchen	<input type="checkbox"/> 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="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> 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:		<ul style="list-style-type: none"> • 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. 		
<ul style="list-style-type: none"> • Proposed menu (including seasonal, off-site and banquet menus), pre-packaged snacks list and/or beer/wine list. • Equipment list with manufacturer specification sheets for each piece of equipment shown on the plan. 				

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="checkbox"/> Prepackaged Non-PHF's (Temperature hold NOT required) | <input type="checkbox"/> Complex Cooking (any type of cooking higher than simple cooking) |
| <input type="checkbox"/> Prepackaged PHF's (Temperature hold IS required) | <input type="checkbox"/> Specialized Processing-Type Activities (such as acidification, cook-chill, reduced oxygen packaging, smoking, sous vide, etc.) |
| <input type="checkbox"/> Heat for Service/Holding (pre-cooked shelf stable food that does not require cooking) | <input type="checkbox"/> Major Cooling (cooling for purpose of overnight storage and subsequent reheating) |
| <input type="checkbox"/> Receipt/Service of Catered Foods | <input type="checkbox"/> Minor Cooling (cooling for use in a subsequent service on the same day) |
| <input type="checkbox"/> 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="checkbox"/> 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="checkbox"/> 24 hours	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Opening Time:	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Closing Time:	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> 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 drain boards or equivalent shelving) ☐ Single-use/Single Service Utensils to be used☐ 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 INFORMATIONWater Supply Type (Provide Supplier if Municipal): ☐ Well-DOH ☐ Well-DEP ☐ 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.