

## **Food Establishment Operational Plan**

*Operational plans must be submitted when applying for a new Food Establishment License (i.e. new construction), or if you are the new owner of a food establishment. If your proposed food establishment involves a significant conversation of another space, major additions, extensive remodel, submission of this form may also be required.*

Establishment Name
Establishment Address
Contact Person
Phone Number
Email

### **General Operations**

Will the establishment be serving food to a highly susceptible population (nursing home, hospital patients, daycare, etc.)?  Yes  No

Will the establishment have self-service food bars (buffets, salad bars, etc.)?  Yes  No  
If yes, what method will be used to protect the food (sneeze guard, single service utensils, etc.)?

Does the establishment include a drive-thru window?  Yes  No

Does the establishment include alcohol or liquor sales?  Yes  No

Is the establishment inside another business or private home?  Yes  No

If yes, explain:

Is extensive remodeling going to take place prior to opening?  Yes  No  N/A

### **Food Preparation**

Check categories of food to be handled, prepared, and served:

- Raw poultry, fish, eggs, meats (burgers, filets, etc.)
- Cold processed foods (salads, sandwiches, vegetables, fruits, etc.)
- Hot processed foods (soups, stews, rice, noodles, gravy, casserole, chili, etc.)
- Bakery items (pies, custards, cream fillings, cheesecake)
- Other

From what companies will food items/ingredients be purchased?

Will disposable gloves and/or utensils be used for handling ready-to-eat foods?

Yes  No  N/A

Will foods be served undercooked?  Yes  No

If Yes, explain:

Will there be a Consumer Advisory on the menu and located on the appropriate page(s)?

Yes  N/A

### **Employees**

Will food employees be trained in food sanitation practices?  Yes  No

Explain the method of training.

Is there a written policy to exclude or restrict food workers who are sick or have infected cuts AND Clean-up of Vomiting and Diarrheal Events? Yes No

Will employees have a designated break area and/or area to store belongings?  Yes  No

### **Food Handling and Practices**

Will any foods be cooked and cooled in advance of service?  Yes  No

If yes, where, and how will these foods be cooled (cooler, freezer, prep sink, shallow pans, ice bath, reducing volume, etc.)?

How will foods be reheated to 165°F (within 2 hours) for hot holding?

Will produce be washed before use?  Yes  No  N/A

If yes, where will it be washed?

How will foods be thawed?

Is there an NSF approved food thermometer on site?

Yes  No

**Plumbing and Sanitizing**

Is the hot water generation and distribution system of sufficient size to meet peak water demands?

Yes  No

How will oversized cooking equipment, cutting boards, counter tops, slicers, and other food contact surfaces that cannot be submerged in sinks or put through a dish washer be washed, rinsed, and sanitized?

What is the method of dishwashing?

3-compartment sink (NSF approved)

4-compartment sink (NSF approved)

Mechanical dishwasher (NSF approved)

*If dishware cannot be effectively cleaned using a 3-compartment sink, a 4-compartment sink may be required to provide pre-washing. Sink compartments shall be large enough to fit the largest piece of equipment or utensil.*

Type of sanitizer test strip:  Chlorine  Quaternary Ammonium  Iodine  pH  Heat

Other \_\_\_\_\_

Is there adequate space for air drying of equipment and utensils?  Yes  No

Are there dedicated handwashing sinks in all required areas? (Mark all locations that apply)

Food prep areas Number of sinks: \_\_\_\_\_

Food dispensing areas Number of sinks: \_\_\_\_\_

Warewashing areas Number of sinks: \_\_\_\_\_

Waitstaff areas Number of sinks: \_\_\_\_\_

Tavern areas Number of sinks: \_\_\_\_\_

Other \_\_\_\_\_ Number of sinks: \_\_\_\_\_

**Note: ALL handwashing sinks must be provided with non-hand operated faucet control**

Are there activities that will require a dump sink or blender rinse sink, such as a bar or a coffee station?  Yes  No

If yes, where will liquids be dumped?

Is there a food prep sink?  Yes  No If yes, is there an air gap present?  Yes  No

Is there a bulk ice machine on site?  Yes  No (provide ice source) \_\_\_\_\_

If yes, is there an air gap on the ice machine drain line?  Yes  No

Are there ice bins for holding and scooping ice?  Yes  No

If yes, is there an air gap on the drain line?  Yes  No

Will the establishment be bagging ice for retail sale?  Yes  No

Is there a utility or mop sink to discard wastewater?  Yes  No If no, where will water be discarded? \_\_\_\_\_

Source of water supply

Private Well (must submit most recent water test results)

Public: List municipal water source \_\_\_\_\_

### **Equipment**

Will cold holding and hot holding units be commercial grade / NSF approved?  Yes  No

Will equipment and utensils be commercial grade / NSF approved?  Yes  No

Does each cooler have a thermometer?  Yes  No

Is there adequate space for food preparation to prevent contamination?  Yes  No

Will the establishment have an approved ventilation hood with grease filters and a fire suppression system?  Yes  No

List name and type of all cold holding units (include all coolers and freezers).

List name and type of all hot holding units.

List name and type of cooking equipment (include all grills, ovens, microwaves, etc.).

Is there adequate lighting in food prep areas, cold holding units, and food storage areas?

Yes  No

Is the lighting shatterproof or shielded?  Yes  No

**Outdoor areas**

Will the facility have outdoor tavern areas where beverages are poured or prepared with ice?

Yes  No

Will the establishment have outdoor tavern areas with beer taps?  Yes  No

Is food cooked outside (smoker, outdoor grill, etc.)?  Yes  No

Will the facility have overhead doors/garage doors in dining areas?  Yes  No

**Waste and grease disposal**

Will dumpsters be provided on site?  Yes  No

Sewage Service

Private septic system: List Type \_\_\_\_\_

Municipal sewer system

Is there a grease trap/interceptor (contact local building inspector to determine if a grease interceptor is required)?  Yes  No

How and where will grease from fryers be discarded?

Are public rest-rooms available?  Yes  No

Do rest-room doors have a self-closing door mechanism?  Yes  No

**Additional Equipment:**

Is there a mechanical washer and dryer on site?  Yes  No

Where will toxic chemicals be stored?

**Construction and Finishes**

Is the floor constructed of material that is durable, non-absorbent, and easily cleanable?

Yes  No

Does the floor/wall juncture have a coved base?  Yes  No

Are the floors, walls, and ceilings smooth, non-absorbent, and easily cleanable?  Yes  No

Do food storage areas have shelving to keep food off the floor?  Yes  No

Does the establishment have a contract with a pest control company?  Yes  No

**Additional Information**

Hours of operation: \_\_\_\_\_

Certified Food Protection Manager (OR submit current Oneida Food Handler Safety Training ):

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

CPFM certificate number if applicable: \_\_\_\_\_

Type of certification (ServSafe, etc.): \_\_\_\_\_

Expiration date: \_\_\_\_\_

- Copy of signed shared kitchen agreement, if applicable
- Copy of HACCP plans, if applicable
- Copy of Building Approval Letter, if applicable
- Copy of other municipal, county, or state or Nation Department approvals relating to the operation of the retail food establishment
- Proposed date of the start of construction or remodel \_\_\_\_\_
- Proposed date of opening \_\_\_\_\_

Completed plans submitted to the Nation Sanitarian will be reviewed within 30 days of receipt.  
Incomplete plans will extend the plan review process.

\_\_\_\_\_  
Printed Name - Applicant

\_\_\_\_\_  
Signature - Applicant

\_\_\_\_\_  
Date

