



**Public Health**  
Prevent. Promote. Protect.  
Wicomico County  
Health Department

# WICOMICO COUNTY HEALTH DEPARTMENT FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

*Application Fee: High and Moderate: Major - \$400 / Minor - \$200 Low (Prepackaged Only): \$200*

- New Construction     
  Remodel     
  Materially Altered (COMAR 10.15.03.33)

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

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Telephone: \_\_\_\_\_ Facility Local Fax: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

Number of Seats: \_\_\_\_\_ Number of Staff: \_\_\_\_\_ (Maximum per shift)

Type of Service (Check all that apply):

- Sit Down Meals   
  Take Out   
  Caterer   
  Mobile Vendor   
  Other \_\_\_\_\_

I have submitted plans/applications (if applicable) to the following authorities:

- Plumbing   
  Electric   
  Planning & Zoning   
  Building   
  Fire

This facility is a franchise and is similar to one constructed in \_\_\_\_\_.

If checked, please go to <http://ideha.dhnh.maryland.gov/OEHFP/OFPCHS/SitePages/plan-review.aspx> for more information.

Maryland Health-General Code Annotated, §21-321, requires that properly prepared plans be submitted and approved before a person constructs a food establishment, remodels or alters a food establishment, or converts or remodels an existing building for use as a food establishment. \*\*\*\*\* Office Use Only\*\*\*\*\*

**Date Received** \_\_\_\_\_ **Fee** \_\_\_\_\_ **Receipt** \_\_\_\_\_ **Clerk** \_\_\_\_\_

Please read carefully and submit all required information. Failure to do so will result in the rejection of your plans and delay the plan review process. Allow for a minimum of 30 days from the receipt of a completed application to be processed. Submittals are retained by this department as part of the permanent record. Please note that plans are not forwarded to this department by any other agency.

**Please complete and sign this form and enclose the following documents:**

- Fully completed and signed Plan Review Application Packet
- Proposed Menu (including seasonal, off-site and banquet menus)
- Equipment list (see attached) with model number and Manufacturer's Name
- Specification sheets for each piece of equipment shown on the plan. (If a remodel, identify existing and new equipment.)
- 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 **drawn to scale** of food establishment showing layout and arrangement of work areas and location of all equipment, plumbing features, and mechanical ventilation
- Finish schedule (coverings and/or finishes for floors, walls, and ceilings)
- Copy of Hazard Analysis Critical Control Point plan
- Copy of Standard Operating Procedure signature page
- Application and fee for License to Operate a Food Service Facility
- Statement of Workers' Compensation Insurance

**Missing information will result in a delay in review of the plans.** Please address every item that applies to your food service operation.

## **GUIDELINES FOR PLAN SUBMITTAL**

### **Menu (COMAR 10.15.03.11F &.33)**

Submit proposed menu, including seasonal dishes, off-site and catering menus.

Refer to COMAR 10.15.03.11(F) for details regarding undercooked and raw animal food products.

### **Type of Service (COMAR 10.15.03.33)**

Check all of the food processes that you propose to utilize:

- Cook, Cool, Reheat, Hold Hot and Serve
- Cook, Hold Hot and Serve
- Cook and Serve
- Cold Hold and Serve
- Commercially prepackaged foods
- Open foods including:
  - Fountain soda machine
  - Hand dipped ice cream
  - Coffee

### **Hazard Analysis Critical Control Point (HACCP) Plan (COMAR 10.15.03.33&.34)**

HACCP guidelines are available through the Maryland DHMH website,

<http://ideha.dhmh.maryland.gov/OEHFP/OFPCHS/SitePages/plan-review.aspx>.

### **Required Format and Specifications for Scaled Floor Plans (COMAR 10.15.03.33)**

The scaled drawing of the proposed facility must identify the layout and arrangement of work areas and the location of all equipment.

1. Accurately draw floor plan to a minimum scale of 1 inch = 4 feet.
2. Locate all seating.
3. Locate and label each piece of equipment with its common name.
4. Locate exterior doors.
5. Locate all shelving, including in any walk-in units, in dry storage areas, and in custodial areas.
6. Locate all hand sinks-including in the restroom, utensil wash areas, and food preparation areas.
7. Locate all food preparation sinks and 3 compartment sinks.
8. Locate toxic chemical storage areas.
9. Locate personal storage area.
10. Locate mop sink & custodial storage areas.
11. Locate all open site drains and water heaters. Indicate if open site drain is a floor drain.
12. Locate all indoor garbage & refuse storage containers.
13. Locate all restrooms.

### **Required Format and Specifications for Scaled Site Plans**

1. Accurately draw site plan to a minimum scale of 1 inch = 40 feet.
2. If applicable, locate any private wells, septic systems, and grease traps.
3. Locate exterior garbage & refuse storage containers.
4. Locate building.
5. Locate driveways and parking areas.
6. Locate the main road.

### **Interior Finishes/Surfaces (COMAR 10.15.03.21&.33)**

1. Submit a finish schedule for all areas of the facility.
2. In general, all finishes must be smooth, durable, non-absorbent and easily cleanable.
3. Finishes must be grease resistant in grease producing areas.
4. All floor to wall junctures must be closed and sealed and/or provided with a coved base in all food preparation areas.
5. Drop ceiling panels should be non-perforated and not backed with fiberglass.
6. Sample materials may be required.
7. Piping, conduit and other similar construction that is located outside of the wall must be installed so that there is a minimum of 3/4 of an inch space between the piping, conduit or other similar construction and the wall.
8. If water cleaning is proposed for any floor, including walk-in units, the floor must be graded to a floor drain.

### **Lighting (COMAR 10.15.03.22 & .33)**

1. All lights in food preparation areas and in utensil wash areas must be shielded.
2. Lighting in all food preparation areas must be a minimum of 50 foot candles at the work surface.
3. Lighting in all other areas must be a minimum of 20 foot candles at 30 inches above the floor.
4. Indicate the proposed type of lighting for each area (i.e. fluorescent, incandescent, strip, etc.).
5. Indicate the proposed type of light shields for each area.

### **Ventilation (COMAR 10.15.03.22 & .33)**

1. A hood is required for any open cooking, high temperature sanitizing dish machines, and for some heat producing equipment, such as a large pizza oven.
2. Grease hoods must be NSF approved and if UL tested, must provide at least the minimum exhaust according to the UL 710 listing.

### **Plumbing (COMAR 10.15.03.18)**

1. All plumbing must meet the applicable Plumbing Code.
2. Overhead wastewater lines are prohibited in food preparation and storage areas.
3. The water heater must be sufficiently sized to accommodate the facility. Contact a Master Plumber for assistance in determining adequacy of the water heater.
4. All spigots, including outside spigots and mop sinks, must be installed in a manner that prevents backflow or backsiphonage.
5. Sewer lines are not approved over food preparation areas or over food storage areas.

6. An indirect waste line is required in any situation where foods or food contact equipment is placed. The following require indirect drains, 3 compartment sinks, preparation sinks, ice machines, steam kettles, potato peelers, condensate lines and hand sinks located in a food preparation counter
7. A grease trap is required when grease is generated. If the proposed facility is on public sewer contact applicable jurisdiction for details regarding evaluation, installation and sizing. If the proposed facility has a septic system, contact this department for evaluation and any further requirements.
8. Dishwashers require a pressure gauge immediately upstream from the final rinse control valve.

**Doors (COMAR 10.15.03.20)**

1. All exterior doors must be self closing and tight fitting.
2. Any opening into the building must be less than ¼ inch.
3. Screens must be a minimum of 16-mesh to the inch.

**Equipment (COMAR 10.15.03.15 & .33)**

1. Identify each piece of equipment indicated on the corresponding floor plan.
2. All equipment must be NSF certified or equivalent.
3. Submit manufacturer and model number for each piece of equipment **or**
4. Submit corresponding manufacturer sheets for each piece of equipment.
5. Include shop drawings for custom built equipment.
6. Identify if equipment is new or used (used equipment must be inspected for compliance).
7. Identify if equipment is on NSF approved casters, 4 inch legs (table top equipment), 6 inch legs, or sealed to all adjacent surfaces.
8. Equipment which weighs in excess of 80 lbs or equipment that is not installed on casters must be spaced from adjacent surfaces as follows:

Equipment Length    Minimum Spacing

- |             |           |
|-------------|-----------|
| 1. <2 feet  | 6 inches  |
| 2. 2-4 feet | 8 inches  |
| 3. 4-6 feet | 12 inches |
| 4. >6 feet  | 18 inches |

If the minimum spacing cannot be met, then the equipment must be sealed to all adjacent surfaces or installed on NSF approved casters.

9. Shelving must be constructed of a non-corrosive material in all moisture producing areas such as in walk-in units. It is recommended that a material such as vinyl coating is utilized.
10. Shelving intended to hold exposed foods or food contact items must be a minimum of 18 inches above the floor, all other shelving must be a minimum of 6 inches above the floor.
11. Over shelves or salamanders are not approved over cooking surfaces, unless a deflector is provided.

**Toilet Facilities (COMAR 10.15.03.18)**

1. Must provide public restrooms if the facility prepares food and provides seating; or is a carry-out with indoor tables used for dining.
2. Public restrooms must be accessible without entering food preparation, storage, or utensil washing areas.

3. The amount of fixtures required is dependent on the number of seats proposed. Refer to the applicable Building or Plumbing Code for guidelines.
4. Restroom doors must be self closing.
5. Must provide mechanical ventilation (minimum of 2 c.f.m. per square foot area), that is exhausted directly to the outside of the building.
6. Must provide a covered trash receptacle for any women's or unisex restrooms.

### **Storage Areas**

1. Must provide sufficient storage areas.
2. Must provide shelving in the storage areas.

### **Hand Washing Stations (COMAR 10.15.03.18)**

1. Hand sinks are required in all restrooms, food preparation, and utensil washing areas.
2. All hand washing stations must be accessible at all times.
3. Must be located greater than 18 inches from any area of potential contamination or a splash guard must be installed.
4. Must provide soap, paper towels or other hand drying device, and trash receptacle at each hand sink.
5. Posting hand washing signs at all hand sinks is recommended.

### **Mop Sink (COMAR 10.15.03.23)**

1. Must provide a mop sink or curbed cleaning facility.
2. Must provide a sufficient method to allow mops to thoroughly dry.
3. Must provide sufficient space to store all custodial equipment.

### **Chemical Storage (COMAR 10.15.03.13)**

Toxic materials must be stored separate from areas used for food storage, food preparation or equipment and utensil washing or storage.

### **Personal Items & Dressing Rooms (COMAR 10.15.03.23)**

1. Must provide sufficient area to store personal items.
2. Specify how personal items will be stored.

### **Utensil Washing (COMAR 10.15.03.16)**

1. A NSF approved 3 compartment sink with coved basins and integral dual drainboards **or** a NSF approved dishwasher is required.
2. All discharge lines on a 3 compartment sink must be indirectly drained and provided with an air gap.
3. The 3 compartment sink must be adequately sized to accommodate the largest piece of equipment.
4. Is a dish machine proposed?
  - Yes
  - No

If yes, which type of sanitization is proposed?

- Chemical
- High temperature sanitization
  - A ventilation hood is required for high temperature sanitization

**Garbage & Refuse Storage (COMAR 10.15.03.19 & .33)**

1. Must provide sufficient amount of containers to store refuse & garbage.
2. Exterior containers must be rodent proof.
3. Exterior containers must be located on a grease resistant, cleanable surface.
4. Containers cannot leak.

**COMAR 10.15.03 Regulations Governing Food Service Facilities**

You are responsible for all of the material covered under COMAR 10.15.03, Regulations governing “Food Service Facilities”.

1. Do you have a copy of **COMAR 10.15.03, Regulations governing “Food Service Facilities”**?  
 Yes  No

2. COMAR 10.15.03, Regulations governing “Food Service Facilities,” are also available on the web at:  
<http://www.dsd.state.md.us/comar/comar.htm>

Click on the 3<sup>rd</sup> or bottom red circle on the main search page

Search by **Access through the table of contents structure**

Select **Title 10 “Department of Health & Mental Hygiene”**

Select **Subtitle 15, “Food”**

Select **10.15.03 “Food Service Facilities”**

At this point, you must select one of the 39 individual regulations you wish to view.

**Additional Plan Requirements for Mobile Units Only**

1. What is the size of the fresh water tank (gallons)? \_\_\_\_\_

2. What is the size of the waste water tank (gallons)? \_\_\_\_\_

3. Where will the waste water be disposed of? \_\_\_\_\_

- Submit a copy of the waste disposal contract.

4. Note: All aspects of a food service facility operation are prohibited in a private residence. This includes the prohibition of storage, utensil washing, and preparation in a residence.

5. Will the entire operation of the facility take place in the mobile unit?

- Yes (Go to #6)       No (Continue #5)

- What is the name of the proposed base of operation? \_\_\_\_\_

- What portion of the operation will be conducted at the proposed base of operation:

- Cook  Preparation  Dry Storage  Cold Hold  Utensil Wash  Other (Describe)?

\_\_\_\_\_

- What areas will you utilize in the base of operation:  Kitchen  Stockroom  Dish Wash Area

- Other (Describe)? \_\_\_\_\_

- How will your operation be segregated from the existing base of operation?

- Submit a letter from the proposed base of operation’s permit holder. The letter must include:
  - The proposed facility has permission to utilize the base of operation.
  - The proposed facility will notify this department if the proposed facility is no longer utilizing the base of operation.
  - The base of operation’s permit holder is aware that the base of operation’s permit holder is responsible for any violations found in the base of operation regardless of the origin of the violation.

6. What is the proposed location that the unit will set up? Include days and times of operation.

\*\*\*\*\*

**Statement:** I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from Wicomico County Health Department may nullify final approval.

Signature(s) of Owner(s) or responsible representative(s):

	Date
	Date
	Date

\*\*\*\*\*

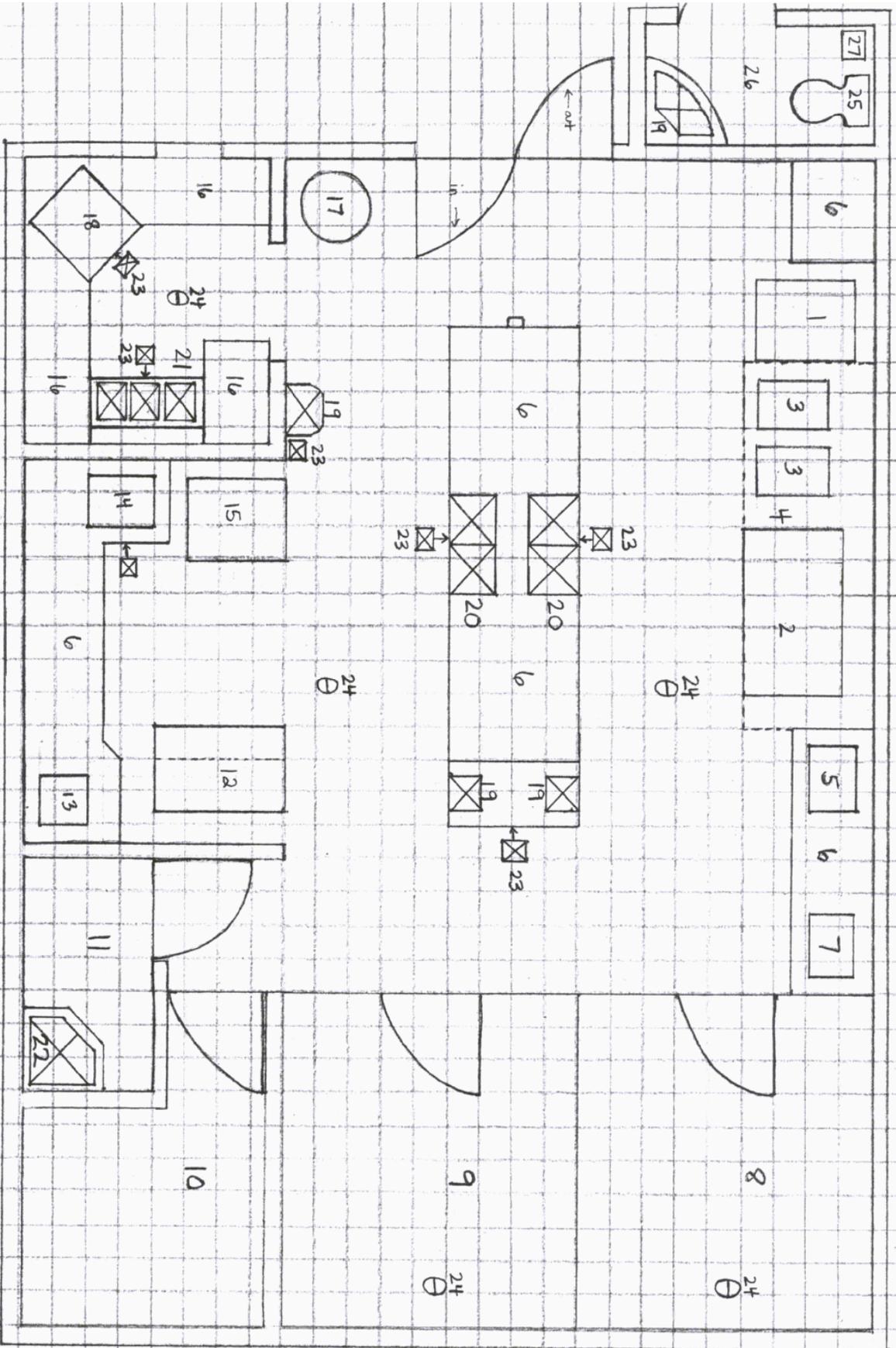
Approval of these plans and specifications by the Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required -- federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with COMAR 10.15.03 Regulations Governing “Food Service Facilities”.

Do not begin construction nor purchase any equipment until final approval is granted. Failure to comply may result in disapproval & removal of purchased equipment or materials.

Changes made after submitting the original plans will delay the plan review process. Changes made after an approval is granted may void the approval.

Upon approval of the final plans and a satisfactory final pre opening inspection, you may apply for a food service facility permit.

# Sample Floor Plan Equipment Layout



⊗ = Floor Drain  
 ⊠ = Sink

□ = 1/4" = 1 ft.



## EQUIPMENT LIST

Equipment Description	Model #
1.	
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29.	

## Sample EQUIPMENT LIST

	Equipment Description	Model #
1	Piper Product Natural Convection Oven/proofer	OP-3
2	Vulcan Gas Restaurant Range	60L
3	Frymaster	MJ35GBLSD
4	Captive Aire Ventilation Hood	H00-ND-11
5	Amara Commercial Microwave oven	ALD 10T
6	Custom built-in stainless countertops, Cabinets below	
7	Eurobid Double Panini Grill - Flat bottom, ribbed top	PDL 3000
8	Walk-in freezer	
9	Walk-in refrigerator	
10	Dry storage room	
11	Mop room	
12	Delfield Pizza /Salad /Sandwich Prep Table	18648 PTB
13	Univex Slicer -10"	4510
14	Countertop Soda Dispenser	
15	Hoshizaki Water Cooled ice dispenser / stand	DCM-750 BWH-05 / SD-700
16	Stainless counter for warewashing	
17	Trash can	
18	Champion Dishwasher	D-HBC (40)
19	Hand sink	
20	2-compartment food-prep sink	
21	3-compartment dishwashing sink	
22	mop sink	
23	floor sink	
24	floor drain	
25	Toilet	
26	Employee restroom	
27	Covered trash can	
28		
29		
30		

WICOMICO COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH  
108 East Main Street, Salisbury, Maryland 21801  
Phone – (410) 546-4446  
Fax – (410)219-2882

**Application for License to Operate a Food Service Facility**

Application is hereby made to operate a food service facility in accordance with COMAR 10.15.03, Regulations Governing Food Service Facilities

**THE YEARLY FEE FOR COMMERCIAL FACILITIES WITH HIGH RISK ASSESSMENT IS \$450.00**  
**THE YEARLY FEE FOR COMMERCIAL FACILITIES WITH MODERATE RISK ASSESSMENT IS \$350.00**  
**THE YEARLY FEE FOR COMMERCIAL FACILITIES WITH LOW RISK ASSESSMENT IS \$200.00**

**THERE IS NO FEE OR LICENSE FOR EXCLUDED, BONAFIDE NONPROFIT ORGANIZATIONS AS DEFINED BY COMAR 10.15.03.02B(6) & (20)**

**PLEASE PRINT OR TYPE**

FACILITY NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_, FACILITY LOCAL FAX: \_\_\_\_\_

FACILITY STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

**IF OWNED BY A CORPORATION, PROVIDE NAMES AND ADDRESS ON THE BACK OF THIS FORM**

(CHECK ALL THAT APPLY)

PRE-PACKAGED ONLY: \_\_\_\_\_ CARRY-OUT ONLY: \_\_\_\_\_ FULL SERVICE: \_\_\_\_\_ CATERING: \_\_\_\_\_ NON PROFIT: \_\_\_\_\_

SEATING CAPACITY: \_\_\_\_\_ NORMAL HOURS & DAYS OF OPERATION: \_\_\_\_\_

WATER SUPPLY: PUBLIC: \_\_\_\_\_ PRIVATE: \_\_\_\_\_ SEWAGE: PUBLIC: \_\_\_\_\_ PRIVATE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT APPLICANT NAME: \_\_\_\_\_

**OFFICE USE ONLY** PROPERTY ID: \_\_\_\_\_ FACILITY NUMBER: \_\_\_\_\_

DATE LICENSE ISSUED: \_\_\_\_\_ SANITARIAN: \_\_\_\_\_

PRIORITY ASSESSMENT: HIGH MODERATE LOW

DATE PAID: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_



# Wicomico County Health Department

108 East Main Street • Salisbury, Maryland 21801

*Matthew McConaughey, MPH, Health Officer*



## STATEMENT OF WORKERS' COMPENSATION INSURANCE

Maryland Code Annotated, HealthGeneral Article, §1202 requires that an employer must file with the issuing authority: (1) a certificate of compliance with the Maryland Workers Compensation Act; or (2) a workers' compensation insurance policy or binder number before any license or permit is issued.

Please circle the number of the option below which best applies to you, provide the requested information, sign, date the form, and return it with the attached application.

1. I have worker's compensation insurance.

Insurance Company \_\_\_\_\_

Policy or Binder Number \_\_\_\_\_

2. I do not have any *covered employees* as defined by Maryland Code Annotated, Labor and Employment Article §9-202, and therefore, am exempt from having workers' compensation insurance.

3. I am self-insured. Approval of self-insurance has been received from the Worker's Compensation Commission. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name of Attester

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Date

410-749-1244 • FAX 410-543-6975 • TDD 410-543-6952  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE • 1-800-4MD-DHMH  
AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY EMPLOYER AND PROVIDER

# STANDARD OPERATING PROCEDURES (SOP'S) FOR HAZARD ANALYSIS CRITICAL CONTROL POINT (HACCP) PLANS

## RECEIVING:

### Standard:

All food must be from approved sources. Foods must be wholesome and not adulterated. No home-prepared foods can be present in a food service facility. Severely dented, rusty, or swollen cans must be rejected. All meats and poultry must be USDA inspected. All eggs must be from USDA registered flocks. All shellfish must be from FDA approved harvesters and must be provided with shell stock tags. The shell stock tags and egg records must be maintained on site for 90 days.

### Monitoring:

Inspect incoming product for package integrity. Measure product temperature to ensure the product has been received at a compliant temperature. Pasteurized crab meat and vacuum packed meats with no preservatives must be refrigerated at 38°F or below. All other refrigerated products must be 41°F or below and frozen products must be fully frozen upon delivery. Inspect shellfish and other seafood products for freshness.

### Corrective Action:

Reject delivery or discard product if criteria is not met.

### Verification:

Supervisor visually observes that employees are inspecting incoming products for package integrity and that temperature monitoring is being conducted if necessary.

## **STORAGE:**

### Standard:

Frozen products must be fully frozen. Pasteurized crab meat and vacuum packed meats with no preservatives must be refrigerated at 38°F or below. All other refrigerated products must be stored at 41°F or below. Store raw refrigerated animal food products separate from refrigerated ready-to-eat foods. If stored on the same set of shelves, raw animal foods must be stored below ready-to-eat foods. Foods must be stored only in designated areas. Protected foods must be stored a minimum of 6 inches above the floor; exposed food must be stored at least 18 inches above the floor.

### Monitoring:

While the facility is in operation, check the temperature of refrigeration and freezer units a minimum of every 4 hours.

### Corrective Action:

If a storage freezer is not working properly, move foods to the freezer unit capable of maintaining frozen foods. If frozen product has begun to thaw, move to a refrigerated unit maintaining 41°F or below and cook within 72 hours.

If a refrigerator is not maintaining 41°F or below, and if the product was out of temperature for a verifiable time of less than 4 hours then move the product to a unit properly maintaining 41°F or below. If the product temperature was above 41°F for an unverifiable time or longer than 4 hours then discard the product.

### Verification:

Review temperature logs of storage units if available. If temperature logs are not utilized, the supervisor will visually observe that unit temperatures are monitored by employees and corrective actions are taken when warranted.

## **THAWING:**

### Standard:

Food products must be thawed in a refrigerator at 41°F or below, under potable running water that is at or below 70°F, in a microwave oven only if the product is being cooked immediately or as part of the conventional cooking process.

### Monitoring:

Monitor the temperature of the refrigerator to ensure the unit is maintaining 41°F or below for proper thawing.

Ensure running water is less than 70°F with sufficient force to agitate and float off loose particles if this process is used.

Ensure product is immediately cooked after thawing in the microwave.

### Corrective Action:

Any food items that have begun the thawing process must be cooked within 72 hours.

If a refrigerator is not maintaining 41°F or below, and if the product was out of temperature for a verifiable time of less than 4 hours then move the product to a unit properly maintaining 41°F or below.

If the product temperature was above 41°F for an unverifiable time or longer than 4 hours then discard the product.

Foods not cooked immediately after thawing in the microwave are discarded.

### Verification:

Supervisor visually observes that employees are thawing foods properly and that corrective actions are taken when needed.

## **PREPARATION/PROCESSING/ASSEMBLING:**

### Standard:

Food workers prevent contact of exposed, ready-to-eat food with their bare hands by using gloves or utensils such as tongs or deli paper. Cross contamination is prevented by not allowing contact between ready-to-eat and raw foods. Utensils used in food preparation are clean and sanitized. Fruits and vegetables are free of dirt, etc. prior to processing. The time that potentially hazardous items are removed from temperature control for processes such as portioning, slicing and mixing must be minimized.

### Monitoring:

All raw fruits and vegetables are washed thoroughly to remove soil and other contaminants before cutting, cooking, or serving. Managers will ensure employees are properly utilizing gloves or other approved methods when handling ready-to-eat foods. Ensure that the time that potentially hazardous foods are out of temperature control for preparation is minimized.

### Corrective Action:

Any food items contaminated by bare hands, unclean utensils, etc. are discarded. Discard product if out of temperature control for an extended period of time for preparation.

### Verification:

Supervisor visually observes that proper techniques are being utilized during food preparation and ensures that corrective actions are being taken when monitoring procedures are not met.

## **COOKING:**

### Standard:

All potentially hazardous foods must be cooked to the following proper minimum internal temperature for 15 seconds unless otherwise noted:

- Pork; Ham 145°F
- Comminuted fish/meats 155°F
- Ground Beef 155°F
- Roast Beef 130°F for 121 minutes for immediate service
- Poultry; Stuffing; Stuffed Meat 165°F
- Shelled Eggs 155°F
- Shelled Eggs 145°F for immediate service
- Ready to eat commercially processed foods 135°F
- All others not specified 145°F

Certain foods may be cooked to order for immediate service upon customer request, provided that a consumer advisory is provided and the process is approved in the HACCP plan.

### Monitoring:

A consumer advisory is provided on the menu or in another approved form when an animal food, such as beef, eggs, fish, lamb, pork, poultry, or shellfish, is served raw or undercooked. The HACCP plan must specify that raw or undercooked items are offered and must include a method of customer notification. Advisory must state "consuming raw or undercooked animal foods may increase your risk of contracting a food borne illness, especially if you have certain medical conditions". Internal product temperatures will be checked using a calibrated stem thermometer.

### Corrective Action:

Product will continue to cook until proper temperatures are reached.

### Verification:

Review cooking temperature logs. If cooking logs are not utilized, the supervisor must visually observe that temperatures are taken at the proper times and if unsatisfactory, food is returned to the cooking equipment until the required time and temperature standards are met. Supervisors must also verify that thermometers are properly calibrated.

## **HOT HOLDING:**

### Standard:

All food items are hot held at a temperature of 135°F or above.

### Monitoring:

Internal product temperatures will be checked using a calibrated stem thermometer at regular intervals as specified in HACCP plan or at a minimum of every two hours.

### Corrective Action:

Food items are rapidly reheated to a minimum temperature of 165°F if the food was below 135°F for a verifiable period not exceeding 4 hours. Product is discarded if the food was below 135°F for more than 4 hours or the time the food had been out of temperature is not verifiable.

### Verification:

Monitor temperature logs, and/or observe temperature monitoring and calibration practices.

## **COOLING:**

### Standard:

Potentially hazardous cooked food's internal temperature is cooled from 135°F to 70°F within 2 hours and from 70°F to 41°F or less within an additional 4 hours. Cooling is accomplished by refrigerating in shallow pans less than 3 inch food depth with vented cover, reducing food mass by separating foods into smaller portions, use of ice water baths combined with frequent stirring or use of other effective methods acceptable to the approving authority. Cooling method of foods must be documented in the approved HACCP plan for the facility.

### Monitoring:

Internal product temperature will be checked using a calibrated stem thermometer at regular intervals as specified in HACCP plan, at a minimum of every two hours.

### Corrective Action:

If the internal product temperature does not reach 70°F within 2 hours, rapidly reheat the product to 165°F and begin the cooling process again. If internal product temperature does not reach 41°F within the additional 4 hour time period, the product will be discarded.

### Verification:

Review cooling logs, and/or observe temperature monitoring procedures.

## **REHEATING:**

### Standard:

Potentially hazardous foods that have been cooked, cooled, and refrigerated are reheated to an internal temperature of 165°F or above within 2 hours. Ready to eat foods taken from a commercially processed, hermetically sealed container or from an intact package from a food processing plant that is inspected by a food regulatory authority is reheated to a minimum of 135°F.

### Monitoring:

Internal product temperature will be checked using a calibrated stem thermometer at regular intervals as specified in the HACCP plan.

### Corrective Action:

Product will be discarded if it fails to reach 165°F within 2 hours.

### Verification:

Monitor temperature logs, and/or observe temperature monitoring and calibration practices.

## **HAND WASHING:**

### Standard:

Hand washing must be performed prior to the start of handling foods and after eating, drinking, smoking, sneezing, coughing, using the restroom, handling soiled equipment or utensils, and handling raw animal products. Hands must be washed for a minimum of twenty seconds while utilizing soap and warm water. Hands must be dried with paper towels, hand dryer or other approved method.

## **DISHWASHING:**

### Standard:

Dishes, utensils and equipment must be flushed of all debris, then washed with hot soapy water in the first compartment, rinsed in hot clear water in the second compartment, and sanitized in the third compartment. The time and strength will be dependent on the type of sanitizer utilized. Chemical test strips must be provided to ensure the proper sanitizer strength is utilized. Dishes, utensils and equipment must air dry prior to stacking and putting away.

## **WIPING CLOTHS:**

### Standard:

If wiping cloths are to be utilized, they must be stored in a container of sanitizer solution between uses. If utilizing chlorine, the sanitizer strength must maintain a minimum of 50 ppm. Any debris on the cloth must be disposed of in the garbage, prior to placing the cloth into the sanitizer solution.

## WRITTEN PROCEDURES FOR EMPLOYEE HACCP TRAINING

Implementation of the Hazard Analysis Critical Control Point (HACCP) plan in your establishment will give you the greatest assurance possible that the food you are serving to your customers is safe. In order to prevent food borne illness, HACCP targets the critical steps in preparing and serving potentially hazardous foods. The HACCP plan that is approved for your facility is intended to be used as a reference and a training tool for all food workers.

All employees will be trained to use the approved HACCP plan prior to beginning employment and periodically after that. Training will include identification of the processes that are critical control points, how these processes will be monitored, and what corrective actions must be taken when standards are violated. The approved HACCP plan will be available in the food preparation area at all times.

Food temperature logs\* will be used to monitor product temperatures during the preparation process. These completed logs will be maintained in the food preparation area, and held for review by management, as part of the HACCP monitoring system.

At a minimum, I will train all food workers in approved methods on the following:

- Hand washing
- Glove use
- Cleaning and sanitizing utensils, equipment, and food preparation surfaces
- Weekly calibration of a metal stem thermometer

I have read the above information and agree to train my staff in all areas listed in this Standard Operating Procedures (SOP) document.

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Printed Name

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Title

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Signature

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Date

*\*Note- Use of logs for record keeping is strongly encouraged, but not required, as long as the facility can demonstrate that temperatures are routinely monitored, as described in HACCP plan, and that specified corrective actions are taken when standards are not met.*

# Food Safety Plan

**Based on Hazard Analysis Critical  
Control Point (HACCP) Principles**

**\*Keep in food preparation area\***

**CCP: COLD HOLD \_\_\_\_\_**

**CCP and Critical Limits:**

All items are to be Cold Held at 41°F or below at all times

**Monitoring:**

Refrigerator temperature to be monitored every \_\_\_\_\_ to verify proper temperature maintenance.

**Corrective Actions:**

If temperature of refrigerator rises above 41°F:

For less than 4 hours: all food items to be removed and rapidly re-chilled to 41°F or below.

If food is out of temperature for greater than 4 hours, or an unverifiable amount of time (i.e. no temp logs available): food is to be discarded.

**Verification:**

\_\_\_\_\_ will ensure that temperature of all refrigeration is monitored at interval specified above and that corrective actions are taken if standards are not met.

**Equipment Used:**

**Menu items using this CCP:** ( \*Include all menu items that utilize this step)

**CCP: COOKING/REHEATING**

**CCP and Critical Limits:**

Foods are cooked to temperatures below for specified time:

Shell eggs for immediate service, fish, meat, and other potentially hazardous food not specified below cooked to **145°F for 15 seconds**.

Shell eggs not for immediate service, ground fish and meats, commercially raised game animals, and injected meats cooked to **155°F for 15 seconds**.

Whole roasts (for rare roast beef) cooked to **130°F and held for at least 112 minutes**.

Poultry, stuffed meats, stuffed pasta or poultry, or stuffing containing these cooked to **165°F for 15 seconds**.

Raw animal foods cooked to **165°F and held for 2 minutes**, when using a microwave oven.

Fruits, veggies, and commercially processed food for hot holding cooked to at least **135°F**.

**Monitoring:**

Internal product temperature of food is taken \_\_\_\_\_ using a metal stemmed thermometer.

**Corrective Actions:**

If food has not reached the required temperature for a specified time, continue cooking.

**Verification:**

Supervisor will ensure that temperatures are being taken and if not satisfactory, food is returned to cooking equipment until the required time and temperature standards are met.

**Equipment Used:**

**Menu items using this CCP:** : ( \*Include **all** menu items that utilize this step)

**CCP: HOT HOLD**

<p><b>CCP and Critical Limits:</b></p> <p>Foods are Hot Held at a minimum of 135°F.</p>
<p><b>Monitoring:</b></p> <p>Internal temperature of food is taken at least every _____ using a metal stemmed thermometer.</p> <p>Hot Holding Equipment temperature will be checked every _____.</p>
<p><b>Corrective Actions:</b></p> <p>If temperature falls below 135°F and:</p> <p>out of temperature for 4 hours or less, product will be rapidly reheated to 165°F ;</p> <p>out of temperature for an unverifiable time or a time greater than 4 hours, product will be discarded.</p>
<p><b>Verification:</b></p> <p>Supervisor will ensure that temperatures are being taken at intervals specified above and if the temperature is not acceptable, corrective actions are followed.</p>
<p><b>Equipment Used:</b></p>
<p><b>Menu items using this CCP: :</b> ( *Include <b>all</b> menu items that utilize this step)</p>

CCP: COOLING

**CCP and Critical Limits:**

Foods are cooled from 135°F to 70°F within 2 hours, and from 70 to 41 within an additional 4 hours.

**Monitoring:**

Internal product temperature of food is taken at 1.5 and 6 hours with a metal stemmed thermometer.

**Corrective Actions:**

If food is not  $\leq 70^{\circ}\text{F}$  at 1.5 hours, food will be iced, stirred, or broken into smaller containers. Food that has not reached  $41^{\circ}\text{F}$  within 6 hours will be discarded.

**Verification:**

Supervisor will ensure that temperatures are being taken at proper times and, if not taken or not satisfactory, that corrective actions listed above are taken.

**Equipment Used:**

**Cooling Method(s) Utilized:**

**Menu items using this CCP:** (\*Include all menu items that utilize this step)

**CCP: REHEATING**

<p><b>CCP and Critical Limits:</b></p> <p>Foods are cooked to temperatures below for specified time:</p> <p>All foods are <b>reheated</b> to <b>165°F</b>.</p>
<p><b>Monitoring:</b></p> <p>Internal product temperature of food is taken at completion of cooking time using a metal stemmed thermometer.</p>
<p><b>Corrective Actions:</b></p> <p>If food has not reached required temperature for a specified time, continue cooking. Recheck temperature after additional cooking to make sure the standard is reached.</p>
<p><b>Verification:</b></p> <p>Supervisor will ensure that temperatures are being taken and if not satisfactory, food is returned to cooking equipment until the required time and temperature standards are met.</p>
<p><b>Equipment Used:</b></p>
<p><b>Menu items using this CCP: :</b> ( *Include <b>all</b> menu items that utilize this step)</p>