

FOOD SERVICE PLAN REVIEW: INSTRUCTIONS

1. No license will be issued until a pre-opening inspection is conducted, and the food establishment is in compliances.
2. Fill out Plan Review Checklist completely. An incomplete application cannot be processed and will be returned to the sender which may delay the review and result in the denial of licensure.
3. **A plan review and approval are required for new construction of a food establishment or extensive remodel, conversion, or renovation of an existing establishment.** When applicable, complete **Plan Review Checklist** found on page 2 and submit at least **30 days prior** to beginning construction. Construction standards for a food establishment are available in the [Food Establishment Plan Review Manual](#).
4. Within 3 – 5 business days, the Department will contact the submitter to confirm receipt of a complete application and plans submittal and will determine license fee payment based on the set fee schedule.
5. The license application will be given to the operator at the time of the final inspection prior to opening. The license fee will be determined at the time of inspection. **The application and fee must be submitted before the facility can begin operation.**
6. **Changes to any plans may require an additional plan submittal and review as changes without prior approval may void this plan review submission.** Notify the SWDHU of any changes made to the plan layout, equipment, process flow, or submitted documents.
7. It is **recommended** that local planning and zoning approval is acquired before submitting plans for review by the SWDHU. In addition, the following agencies should be contacted for any necessary approvals/certifications (as applicable). ***Required documentation must be submitted to the SWDHU prior to final license approval:**
 - Local Building Code Authority Contact your city or county for a building permit, building inspection, or certificate of occupancy.
 - ND Secretary of State Register your business at sos.nd.gov/business/business-services or call 701-328-2900.
 - ND State Tax Commissioner Apply for state tax ID number at nd.gov/tax/user/businesses or call 701-328-1241.
 - ND Attorney General Apply for a liquor license at attorneygeneral.nd.gov or call 701-328-2210.
 - ND State Fire Marshal Request a fire inspection from the state or local fire authority at attorneygeneral.nd.gov or call 701-328-5555.
 - ***ND State Plumbing Board** **Request a plumbing certification or proof of licensed installation at ndplumbingboard.com or call 701-328-9977.**
 - ***ND State Electrical Board** **Request an electrical certificate or proof of licensed installation at ndseb.com or call 701-328-9522.**
 - ND Dept. of Environmental Quality Submit water and wastewater system plans for approval to Division of Municipal Facilities at deq.nd.gov/MF or call 701-328-5200. For onsite wastewater treatment systems serving less than 15 connections or less than 25 people, contact Southwestern District Health Unit at (701)483-0171 for permit requirements.
8. Proceed to **Plan Review Checklist**

For questions or assistance, please contact the Southwestern District Health Unit at (701) 483-0171 or 1(866) 483- 3050

PLAN REVIEW CHECKLIST

Requirements provided in this document are consistent with North Dakota Century Code 23-09 and the North Dakota Food Code (Administrative Code 33-33-04.1). The ND Food Code is based on the 2013 FDA Model Food Code (<https://www.fda.gov/food/fda-food-code/food-code-2013>) and contains requirements for protecting public health and ensuring food is safe and honestly presented.

PROJECT MANAGER INFORMATION

Construction, Remodel, Conversion, or Renovation Estimated Dates	
Project Start Date:	Estimated Project Completion Date:
Point of Contact/Applicant Information (Owner/Architect/Contractor)	
Point of Contact:	
Mailing Address:	
Email Address:	Telephone Number:
<input type="checkbox"/> Use of shared commercial kitchen Name and Location:	

A. Attach a proposed menu or list of food and beverages to be offered.

- A consumer advisory may be required if animal foods will be offered as rare, raw, or under cooked. See page 6 'Cooking' and [FDA Food Code Chapter 3](#).

B. Submit a floor plan drawing showing the following:

- Identify the locations of all entrances, exits, food preparation, serving and seating areas, warewashing, storage areas, describe off-site storage locations, restrooms, employee changing and break room areas, loading/unloading areas or docks, chemical supply storage, and garbage room.
- Label the location and dimensions of all required sinks including handwashing sinks, dishwashing sinks, food preparation sinks, and mop or utility sinks. All sinks shall be located to prevent cross-contamination.
- Include equipment list.
- Include room size, aisle space, and spaces between, under, or behind equipment.
- Label the location of all food storage, heating, cooling, and service equipment with the common name (examples of equipment include refrigeration, walk-in coolers, walk-in freezers, hot-holding units, buffet units, ice machines, stovetops/grills, ovens, warmers, and fryers).
- Provide exhaust ventilation layout including location of hood, and fire suppression equipment, if applicable.
- Indicate if your food establishment will have exposed (unscreened) outer openings (i.e., retractable doors, etc.)

C. Plan Review Checklist

- Complete pages 2 – 9 and submit with requested documents.
- For questions about specifications, see the [Food Establishment Plan Review Manual](#).

D. Hazard analysis and critical control point (HACCP) Plan Submittal (if applicable).

Submit a [HACCP Plan](#) and request a variance or waiver for special processes such as curing food, reduced oxygen packaging, cook-chill, sous vide, smoking for preservation not only for flavor, or using additives to preserve food not only as a flavor enhancement. See page 6 "Specialized Processes" and [FDA Food Code Chapter 3](#).

FOOD SOURCE, STORAGE/DISPLAY, and PROCESSES

FOOD SOURCE (Food Code Chapter 3)

3. All food supplies must be from inspected and approved sources. Provide names of food supplier(s), delivery company, etc.:

FOOD STORAGE/DISPLAY (Food Code Chapter 3)

4. Identify the location of each on the floor plan. Provide the space (estimated in cubic feet) and list the number of units (refrigerators/freezers) available:

Dry storage cu ft: _____	Cold storage cu ft: _____ # of units: _____	Frozen storage cu ft: _____ # of units: _____
-----------------------------	---	---

Cold Storage Equipment list (select all that apply):

- Upright Reach-In
 Under counter (low boy, high boy, drawers)
 Preparation Table
 Display Unit
 Walk-In Refrigerator
 Walk-In Freezer
 Other: _____

Each refrigerator/freezer requires a thermometer to verify temperature. Refrigerators must maintain foods at 41°F or below and freezers must maintain foods frozen.

5. Description of off-site (remote) storage locations (if applicable):

6. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? Y N N/A

If yes, how will cross-contamination be prevented?

Food contact equipment, single-service items including packaging, and foods on display must be protected from contamination by storing in a clean, dry container, where it is not exposed to splash, dust, or other contamination and at least 6 inches off the floor.

FOOD PROCESSES (Food Code Chapter 3)

7. Select all applicable types of Temperature Control for Safety foods (TCS) that will be stored, prepared, served, and sold:

- | | |
|---|--|
| <input type="checkbox"/> Thin cuts of meat, poultry, or fish | <input type="checkbox"/> Hot foods (soups, stews, casseroles) |
| <input type="checkbox"/> Thick cuts of meat, roasts, or whole poultry | <input type="checkbox"/> Bakery goods (pies, custards, creams) |
| <input type="checkbox"/> Cold foods (salads, sandwiches, vegetables) | <input type="checkbox"/> Other TCS foods: |
| <input type="checkbox"/> Shellfish or seafood | |

If processes will not be used indicate N/A:

8. Washing of Fruits and Vegetables	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
o Will a designated food preparation sink be available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Will chemicals be used for washing fruits and vegetables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Y	N	N/A
<p>9. Thawing of TCS foods</p> <ul style="list-style-type: none"> ○ Will be done under refrigeration at 41°F or below. ○ Will be done completely submerged under running water 70°F or below. ○ As part of the cooking process (such as microwave then immediate cooking) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>10. Cooking</p> <ul style="list-style-type: none"> ○ Will all foods be cooked per Food Code requirements? <ul style="list-style-type: none"> ▪ If No: <ul style="list-style-type: none"> • Is a consumer advisory provided as required? • Indicate the foods which will be served undercooked/raw: <input type="checkbox"/> Eggs to order <input type="checkbox"/> Steaks <input type="checkbox"/> Hamburgers <input type="checkbox"/> Sushi <input type="checkbox"/> Other: _____ ○ Is a thermometer or other temperature measuring device available to measure final cooking temperatures? <p>Equipment (check all that apply):</p> <input type="checkbox"/> Stovetop <input type="checkbox"/> Oven <input type="checkbox"/> Fryer <input type="checkbox"/> Broiler <input type="checkbox"/> Grill <input type="checkbox"/> Cook Top <input type="checkbox"/> Griddle <input type="checkbox"/> Other: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>11. Hot Holding</p> <ul style="list-style-type: none"> ○ Will foods be cooked and then held until service (at >135°F)? <input type="checkbox"/> If yes; indicate type and total number of hot holding units: _____ ○ Will customer self-service (buffet-style) be provided? ○ Will food items being hot held be saved for reuse or leftovers? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>12. Cold Holding</p> <ul style="list-style-type: none"> ○ Will foods be prepared and then held until service (at 41°F or less)? ○ Will customer self-service (salad bar, buffet-style) be provided? ○ Will food items being cold held be saved for reuse or as leftovers? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>13. Cooling</p> <ul style="list-style-type: none"> ○ Will TCS foods be cooled following preparation at room temperature, cooking, heating, or reheating? <p>If YES, select from the following methods used to cool food to 41°F within 6 hours (from 135° to 70°F in 2 hours and to 41°F within 4 hours):</p> <input type="checkbox"/> Shallow pans <input type="checkbox"/> Ice baths <input type="checkbox"/> Reduce volume <input type="checkbox"/> Rapid chill (ice wand, blast chiller) <input type="checkbox"/> Pre-chilled prior to preparation (cold salads) <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>14. Reheating</p> <ul style="list-style-type: none"> ○ Will foods be reheated for immediate service (leftovers, prepackaged precooked food items)? ○ Will foods be reheated for hot holding (heated to 165°F for 15 seconds within 2 hours and then maintained at 135°F or higher)? ○ Will food items reheated for hot holding be saved for reuse or as leftovers? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	Y	N	N/A
15. Specialized processes* <ul style="list-style-type: none"> ○ Reduced oxygen packaging (ROP) (vacuum packaging, sous vide, or cook-chill) ○ Curing, Brining, Fermenting ○ Food additive to render TCS foods shelf-stable (e.g. vinegar for sushi)? ○ Smoking (for food preservation) ○ Other 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

*A Hazard Analysis Critical Control Point (HACCP) Plan or variance waiver request may be required.

FACILITY INFORMATION

Facility is a shared commercial kitchen that is currently approved
(If checked above, *Finish Schedule* and *Physical Facilities* Sections are not required; Skip to Page 8).

Name of Facility: _____ License # (if applicable): _____

FINISH SCHEDULE (Food Code Chapter 6)

16. Describe floor, wall, and ceiling coverings (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, plastic coved molding, etc.). Label each area on the floor plan. Indicate N/A as applicable.

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING
Food Preparation/Kitchen				
Dry Food Storage				
Warewashing/Dishwashing Area				
Walk-in Refrigerators and Freezers				
Mop/Service Sink				
Garbage/Refuse Area				
Toilet Rooms and Dressing Rooms				
Other area:				

Provide the finish of the following:

Cabinets: _____ Countertops: _____ Shelving: _____

PHYSICAL FACILITIES (Food Code Chapters 4, 5, and 6)	Y	N	N/A
<p>17. Ventilation and Fire Suppression</p> <ul style="list-style-type: none"> ○ Grease laden vapors will be produced during cooking? <input type="checkbox"/> ○ Exhaust hoods present over all cooking equipment? <input type="checkbox"/> <input type="checkbox"/> If YES; Label location(s) of hoods on floor plan drawing. ○ Indicate the fire suppression or extinguishers located on-site: <input type="checkbox"/> 2A10BC extinguisher <input type="checkbox"/> Type K extinguisher <input type="checkbox"/> Fire suppression system <input type="checkbox"/> Other: _____ <p>* Submit a copy of the fire inspection report when available.</p>			
<p>18. Handwashing Facilities</p> <ul style="list-style-type: none"> ○ Identify total number of the handwashing sinks in each of the following locations: <p>Food preparation: _____ Warewashing area: _____ Bar area: _____</p>			
<p>All handwashing sinks must be equipped with hot and cold running water, soap, and disposable towels or heated-air drying device. Handwashing signage is required. Handwashing sink shall be used for no purpose other than hand washing.</p> <p>Handwashing signs are available while supplies last. Email foodandlodging@nd.gov or download at: https://www.health.nd.gov/sites/www/files/documents/Files/HR/FL/Main%20Page/Handwashing%20Poster.pdf</p>			
<p>19. Warewashing/Dishwashing Facilities</p> <p>Select the type of warewashing/dishwashing which will be used and complete the applicable section(s):</p> <p><input type="checkbox"/> Manual Dishwashing</p> <ul style="list-style-type: none"> ○ 3-compartment sink(s) dimensions: Length _____ Width _____ Depth _____ ○ Will the largest piece of equipment (pot/pan) fit into each compartment of the sink? <input type="checkbox"/> If NO, how will the cleaning and sanitizing of those large items be completed: _____ ○ What type of food-contact sanitizer will be used? <input type="checkbox"/> Chemical, Type(s): _____ <small>(Chlorine, quat, iodine, etc.)</small> Test Strips on site? <input type="checkbox"/> -or- <input type="checkbox"/> Hot Water, Sanitizing Temperature: _____ Maximum temperature thermometer or temperature strips on site? <input type="checkbox"/> 	<p style="text-align: center;">Y</p>	<p style="text-align: center;">N</p>	<p style="text-align: center;">N/A</p>

	Y	N	N/A
<input type="checkbox"/> Mechanical Dishwashing <ul style="list-style-type: none"> ○ Are the temperature and pressure gauges accurately working? ○ What type of food-contact sanitizer will be used? <ul style="list-style-type: none"> <input type="checkbox"/> Chemical, Type(s): _____ (Chlorine, quat, iodine, etc.) <li style="text-align: right;">Test Strips on site? -or- <input type="checkbox"/> Hot Water, Sanitizing Temperature: _____ Maximum temperature thermometer or temperature strips on site? Hot water booster present? Ventilation hood installed above the dishwasher? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ○ Will clean in place need to be done for any equipment? <ul style="list-style-type: none"> <input type="checkbox"/> If YES; list/describe kitchen equipment: _____ 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Is there adequate space provided for air drying dishes and utensils? <ul style="list-style-type: none"> ▪ Describe the location, size, type of drainboards, wall-mounted or overhead shelves, stationary or portable racks: _____ 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Additional Sink Facilities <ul style="list-style-type: none"> ○ Is there a mop/service sink (at least 1 is required)? ○ Is there a food preparation sink (i.e., fruit and vegetable washing)? ○ Is there a dump sink (dedicated to discarding liquids, i.e., bar area drinks or coffee)? ○ Other: _____ 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Water Supply <ul style="list-style-type: none"> ○ Is the water sourced from a public system? <ul style="list-style-type: none"> ▪ If YES; indicate the type: <input type="checkbox"/> municipal/city water <input type="checkbox"/> rural water ○ Is the water sourced from a private system (i.e., private well water)? <ul style="list-style-type: none"> <input type="checkbox"/> If YES; a copy of the most recent bacteria and nitrate/nitrite water test will be required. Information on well water testing: https://deq.nd.gov/publications/WQ/1_GW/PrivateWells/PrivateWellSampling.pdf 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Ice <ul style="list-style-type: none"> ○ Will ice be purchased commercially? ○ Will an ice machine be used on-site for ice production? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Sewage Disposal <ul style="list-style-type: none"> ○ Is the sewage disposal through a public municipal/city system? ○ Is the sewage disposal through a private system? <ul style="list-style-type: none"> <input type="checkbox"/> If YES; a copy of the written approval or permit will be required. ○ Are grease traps/interceptors installed for the disposal system? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Plumbing <ul style="list-style-type: none"> ○ Is all plumbing work installed to code? (Attach certificate or proof of licensed installation or provide explanation of "NO"): 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Y	N	N/A
26. Restrooms <ul style="list-style-type: none"> ○ Number and location to code? ○ Covered waste receptacle in women's restroom? ○ Handwashing facilities with hot/cold water? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Employee Storage/Dressing Rooms <ul style="list-style-type: none"> ○ Suitable area for storage of employee belongings and changing area if necessary? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Poisonous or Toxic Materials (FDA Food Code Chapter 7) <ul style="list-style-type: none"> ○ Will only poisonous or toxic materials necessary for the operation of the establishment be allowed, be clearly labeled, and will they be stored to prevent contamination? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Pest Control Management Program <ul style="list-style-type: none"> ○ Will all outside doors be self-closing and rodent proof? ○ Will all entrances (doors/windows) left open to the outside be protected against the entry of insects and rodents? (If applicable select method of protection below) <ul style="list-style-type: none"> <input type="checkbox"/> Screens (16 mesh to 1 inch) <input type="checkbox"/> Air curtains <input type="checkbox"/> Other effective means ○ Pest control management contractor planned? ○ Is area around building clear of unnecessary brush, litter, and other harborage? ○ Will all pipes and electrical conduit chases be sealed to prevent pests? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Refuse, Recyclables, and Returnables <ul style="list-style-type: none"> ○ Do all garbage or refuse containers have lids for when not in continuous use? ○ Will a dumpster(s) or compacter be used outside? <ul style="list-style-type: none"> <input type="checkbox"/> If YES; Number: _____ Frequency of pick-up: _____ ○ How will refuse containers and floor mats be cleaned: ○ Will grease storage containers be stored on-site? <ul style="list-style-type: none"> <input type="checkbox"/> If YES; describe location: _____ 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approval of plans does not establish compliance with state or local license requirements. Approval of plans is not acceptance or issuance of a license to operate or occupy a place of business. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preoperational inspection of the establishment will be necessary to determine compliance with laws governing foodservice establishments and to determine the license approval prior to operation. I certify that the above information as submitted is correct and I fully understand that any deviation without prior approval from the Southwestern District Health Unit may void this submission for plans review.

Signature of Owner/Responsible Party

Date Signed

*For questions or assistance,
please contact the Southwestern District Health Unit at (701) 483- 0171 or 1(866) 483- 3050*

Submit by mail or fax:

Southwestern District Health Unit
528 21st St West
Dickinson, ND 58601

or Fax 1 (701) 483- 4097

Submit all Pages