

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

Establishment Address: \_\_\_\_\_

Include suite / unit#	Street # and Name	Suite / Unit #	City / Zip Code
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**FOOD PREPARATION REVIEW**

Check categories of **Potentially Hazardous Foods (PHF's)** to be handled, prepared and served:

CATEGORY	YES	NO
1. Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)	<input type="checkbox"/>	<input type="checkbox"/>
2. Thick meats, whole poultry (roast beef, whole turkeys, chickens, hams)	<input type="checkbox"/>	<input type="checkbox"/>
3. Cold processed foods (salads, sandwiches, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
4. Hot processed foods (soups, stews, rice / noodles, gravy, chowders, casseroles)	<input type="checkbox"/>	<input type="checkbox"/>
5. Bakery goods (pies, custards, cream fillings and toppings)	<input type="checkbox"/>	<input type="checkbox"/>
6. Fruits / vegetables to be washed onsite (if YES, prep sink is required)	<input type="checkbox"/>	<input type="checkbox"/>
7. * Specialty food (i.e. acidification, sushi, curing, drying, reduced oxygen packaging)	<input type="checkbox"/>	<input type="checkbox"/>
8. Other: _____		

\* A HACCP plan is required for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority. Attach a copy of HACCP plan if applicable. (See Rule 511-6-1-.02 (5), Rule 511-6-1-.04 (6) (j) and Rule 511-6-1.10(5)(a) and (5)(b).

**PLEASE CHECK THE APPROPRIATE BOX / ANSWER THE FOLLOWING QUESTIONS**

**A. FOOD SUPPLIES**

- Are all food supplies from inspected and approved sources?  Yes  No
- What are the projected frequencies of deliveries for:
 

	Day of Week	AM / PM	KEY DROP DELIVERY
Frozen foods	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refrigerated foods	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dry goods	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Provide information on the amount of space (in cubic feet) allocated for:
 

Dish Drying _____	Dry Storage _____	Refrigerated Storage _____	Frozen Storage _____
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- Will foods be transported after preparation (delivery or catering)?  Yes  No  
 Please describe equipment used to transport hot / cold foods and provide spec sheets:  
 \_\_\_\_\_  
 \_\_\_\_\_
- Please describe delivery radius (in time / distance traveled):  N/A  
 \_\_\_\_\_

**B. COLD STORAGE**

- Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 4° F (5 ° C) and below?  Yes  No **Ensure that thermometers are provided in all refrigeration units**
- Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked / ready-to-eat foods?  
 Yes  No  
 If yes, how will cross-contamination be prevented?  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. COLD STORAGE continued**

3. Does each refrigerator / freezer have a thermometer in the warmest part of the unit?  Yes  No

Number of refrigeration units: \_\_\_\_\_ Number of freezer units: \_\_\_\_\_

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

Describe the cleaning schedule for the bulk ice machine:

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**C. THAWING FROZEN POTENTIALLY HAZARDOUS FOOD**

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHFs) in each category will be thawed. More than one method may apply. Also indicate where thawing will take place.

<b>Thawing Method</b>	<b>* Thick Frozen Foods</b>	<b>* Thin Frozen Foods</b>
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>
Running water less than 70°F (21° C)	<input type="checkbox"/>	<input type="checkbox"/>
Microwave (as part of cooking process)	<input type="checkbox"/>	<input type="checkbox"/>
Cooked from frozen state	<input type="checkbox"/>	<input type="checkbox"/>

Other (describe): \_\_\_\_\_

**\* Frozen foods: thick = more than one inch, thin = approximately one inch or less**

**D. COOKING**

What type of temperature measuring device will be used to measure final cooking / reheating temperatures of potentially hazardous foods (PHF)? **PHF is a food that requires time / temperature control for safety (TCS) to limit disease causing microorganism growth or toxin formation.**

1. \_\_\_\_\_

2. Will meat, poultry, eggs or fish be offered raw or undercooked on the menu?  Yes  No

If yes, which items? \_\_\_\_\_

Is there a consumer advisory?  Yes  No

3. List types of cooking equipment:

\_\_\_\_\_

\_\_\_\_\_

**E. HOT / COLD HOLDING**

1. How will hot PHF food be maintained at 135°F (57° C) or above during holding for service? Indicate type and number of hot holding units.

\_\_\_\_\_

\_\_\_\_\_

2. How will cold PHF food be maintained at 41°F (5° C) or below during holding for service? Indicate type and number of cold holding units.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. COOLING**

Please indicate by checking the appropriate boxes how and where PHFs will be cooled to 41° F (5° C) within 6 hours (135° F to 70° F in 2 hours; then, 70° F to 41° F for a total cool time of 6 hours).

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS / GRAVY	THICK SOUPS / GRAVY	RICE / NOODLES
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce Volume or Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (describe): \_\_\_\_\_

**G. REHEATING FOR HOLDING**

How will PHF foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165° F for 15 seconds? Indicate type and number of units used for reheating foods?

1. \_\_\_\_\_  
\_\_\_\_\_

2. How will reheating cooked and cooled food to 165° F for at least 15 seconds for hot holding occur rapidly and within 2 hours?  
\_\_\_\_\_  
\_\_\_\_\_

**H. SAFE PRACTICES**

Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled?  Yes  No

1. \_\_\_\_\_  
If No, how will ready-to-eat foods be cooled to 41° F? \_\_\_\_\_  
\_\_\_\_\_

2. Are raw fruits and vegetables included on the menu or as ingredients in dishes?  Yes  No  
If Yes, is a dedicated sink provided for washing raw fruits and vegetables prior to their preparation?  Yes  No

3. Describe the procedure used for minimizing the length of time PHFs will be kept in the temperature danger zone (41° F - 135°F) during preparation.  
\_\_\_\_\_  
\_\_\_\_\_

4. Will the facility be serving food to a highly susceptible population?  Yes  No  
If Yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?  
\_\_\_\_\_  
\_\_\_\_\_

5. Are there any other locations besides the main kitchen area in which food is planned to be held or stored prior to being served?  
\_\_\_\_\_

Which of the following will be used to prevent handling of ready-to-eat foods? **Please check all that apply**

6.  Disposable gloves  Utensils  Food grade paper

7. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and / or lesions?  Yes  No  
Briefly describe the policy or attach a copy: \_\_\_\_\_  
\_\_\_\_\_

**H. SAFE PRACTICES continued**

8. Please indicate how and when employees will be trained on employee health policy, food safety and allergens. Include the method of training and the tracking mechanism.

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The undersigned hereby acknowledges that the **FOOD PREPARATION REVIEW** was completed to accurately reflect the food service operation.

Applicant Name: \_\_\_\_\_ Applicant Phone #: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner  Authorized Agent  Contractor  Other \_\_\_\_\_