

PLAN REVIEW CHECKLIST FOR SUMMIT COUNTY HEALTH DEPARTMENT

ESTABLISHMENT NAME:

Appointment made			24" x 16" or larger plans		
2nd appointment made			Meals per day		
Menu			Payment		

<u>HAND SINK</u>	Date	Initials	<u>DRY STORAGE</u>	Date	Initials
Sufficient hand sinks?			Sufficient for food and utensils?		
<u>DISHWASH SINK</u>			<u>REFRIGERATION</u>		
Bowl size? HxWxD 3 comp			Sufficient for food?		
<u>PLUMBING PLAN</u>			<u>RESTROOMS</u>		
Indirect drains shown?			Location noted?		
<u>JANITORAL SINKS</u>			<u>CHEMICAL STORAGE</u>		
Specs Provided?			Shown on plans?		
<u>DISHWASHER</u>			<u>EMPLOYEE STORAGE</u>		
Specs show GPH and incoming water temp requirements?			Space provided for staff personal items?		
<u>EQUIPMENT</u>			<u>ICE MACHINE</u>		
Specs for all equipment			Indirectly drained?		
Remodels - existing equipment					
Cut sheets/plans labeled?			<u>LIGHTING/CEILING PLAN</u>		
			Fixture specs?		

PLEASE ALLOW 2 WEEKS FOR REVIEW ONCE ALL MATERIALS HAVE BEEN SUBMITTED

ONCE EVERYTHING IS COMPLETE, YOU CAN EXPECT YOUR PLAN REVIEW TO BE FINISHED BY:

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FINISH SCHEDULE

Area	Floor	Base	Walls	Ceiling	Remarks
Kitchen					
Restrooms					
Mop Service Area					
Dry Storage					
Walk - in cooler/freezer					
Bar					
Other					
Other					

QT = Quarry Tile

VCT = Vinyl Tile

SC = Sealed Concrete

RB = Rubber Cove Base

SR = Sheet Rock

CT = Ceramic Tile

WCT = Washable Ceiling Tile (vinyl faced)

SS = Stainless Steel

Other = Specify on chart

FRP = Fiberglass Reinforced Panel

Office Use Only

Amount: \$ _____ Check #: _____ Cash Credit Card

Receipt Number _____ Deposit # _____

Review Started _____ Letter Sent _____ Approval Sent: _____