

**PLATTE COUNTY HEALTH DEPARTMENT**

212 Marshall Road  
Platte City, MO 64079  
(816) 858-2412

**FOOD ESTABLISHMENT PLAN REVIEW WORKSHEET**

(Please check one)

New Building ( )      Remodeled Establishment ( )      Converted Structure ( )

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

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

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

Owner(s): \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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Construction Start Date: \_\_\_\_\_

Projected Completion Date: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_ Type of Establishment: \_\_\_\_\_

Type of Operation (single-service, reusable tableware, etc.): \_\_\_\_\_

Type of Foods (please attach menu): \_\_\_\_\_

## **EQUIPMENT, MATERIALS CHECK LIST**

Cold-Holding Equipment (include equipment type, manufacturer, model number, etc.):

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Cooking and Hot-Holding Equipment (include equipment type, manufacturers, model numbers, etc.):

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Ice Machine(s) (include type, manufacturers, model numbers, backflow prevention, etc.):

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Thermometers and Test Papers:

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Warewashing (include type of sanitizer; if mechanical dishwasher is used, include manufacturer, model, etc.):

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Three-compartment Sink:

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Garbage Disposal:

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Prep Sink(s):

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Handwashing Sink(s):

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Utility Sink(s):

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Wall Construction Material:

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Ceiling Construction Material:

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Floor Construction Material:

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Outer Openings (delivery doors, window screens, drive-thru service, etc.):

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Outside Trash Disposal Area:

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Employee Break Area:

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Dry Storage Area (types of racks, etc.):

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Restrooms:

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Plumbing and Backflow Prevention:

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Ventilation:

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Lighting:

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Water Supply (public or non-community public):

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Wastewater (public or private):

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Certified Food Handlers:

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