



Environmental Health Division
85 East 1800 North
Logan, UT 84341
Telephone 435-792-6570
Fax 435-752-1570

So you want to open a restaurant?

Here's the checklist of things that need to be done before you can open to the public.

1. Plan Review
 - a. Fill out and submit the plan review application, parts A & B, along with the applicable fee. With the application, submit construction plans of the kitchen area complete with plumbing, electrical, finishing, floors, walls, ceilings, and floor plan designs.
 - b. The floor plan designs should designate equipment placement.
 - c. Also include an equipment schedule (including cut sheets).
2. Each establishment shall have someone on staff that has a Food Safety Manager Certification (Title 26, Chapter 15a of Utah Code). This person can not be the food safety manager of any other establishment. A Food Safety Manager Certification is different from a food handler's permit in that it requires a higher level of education and training and involves taking an extensive course in food safety.
 - a. Submit a copy of this certificate to the health department to be registered with the facility.
 - b. Each employee (except for the FSM) must have a food handler permit issued by the Bear River Health Department.
3. Final Inspection
 - a. No establishment shall open without a pre-opening inspection being done.
 - b. Fill out and submit a new establishment application with the permit fee.

These requirements apply to all new establishments, either newly constructed or in an existing building, and to all changes of ownership. All of the applications and additional information can be found in the New Establishment and Information Packet. Additional fees may be levied for incomplete applications or plans. Please contact the Bear River Health Department with any questions.

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Food Establishment Plan Checklist

This list is not comprehensive and is meant only to give direction when planning

1. Floors
 - a. Kitchen, restrooms, and storage areas must be of smooth, cleanable construction such as quarry tile, vinyl tile, poured epoxy, or other acceptable type floors.
 - b. Floor-wall junctures must be coved and sealed.
 - c. Dining rooms may be carpet or smooth, cleanable surfaces.
2. Walls
 - a. Kitchen, restroom and storage area walls must be of smooth, cleanable, durable, and non-absorbent construction. Light colored walls are preferred. In kitchen areas fiberglass reinforced plastic (FRP), stainless steel, or epoxy paint are preferred in high use areas such as cooking, ware washing and food preparation areas.
 - b. All splash areas must have equipment fixed and sealed to adjoining walls to prevent moisture and debris from collecting behind the equipment. This includes all sinks and dishwashers.
3. Hand Washing
 - a. The number and placement of hand washing stations must be approved by the Bear River Health Department during the plan review process.
 - b. At least one sink dedicated to hand washing must be provided.
 - c. Must be convenient and easily accessible.
 - d. Must have hot and cold water through a mixing tap.
 - e. Must have soap and approved sanitary hand drying provided.
4. Ware Washing
 - a. 3-Compartment sink is required regardless of the use of automatic dish washing machines.
 - i. Must be NSF approved or equivalent.
 - ii. Must be indirectly plumbed using an air break, i.e. floor sink.
 - b. Dish machine
 - i. Must be NSF approved or equivalent.
 - ii. Must be indirectly plumbed using an air break, i.e. floor sink.
5. Food Preparation Sinks
 - a. Must be NSF approved or equivalent.
 - b. Must be indirectly plumbed to a floor sink using an air break, i.e. floor sink.
6. Cooking/Grilling Equipment
 - a. Must be vented with cleanable filters in compliance with local, state, federal laws.
7. Food Equipment
 - a. Must be NSF approved or equivalent.
 - b. If equipment drains then it needs to be indirectly plumbed using an airbreak, i.e. floor sink.
 - c. Equipment must be set back from walls to allow access for cleaning:
 - i. 0'-4' line of equipment: 6" from wall
 - ii. 4'-8' line of equipment: 12" from wall
 - iii. Over 8' line of equipment: 18" from wall
 - iv. Lines of equipment can be broken by kettles (easily cleaned around) or equipment on casters
 - v. Putting equipment on casters is highly recommended
8. Storage
 - a. All storage must be at least 6" above the floor.
 - b. Storage shelves must be smooth, easily cleanable, durable, and non-porous.
 - c. Separate storage for cleaning chemicals and other toxics must be provided.
 - d. Food storage must be adequate, determined by the seating capacity and frequency of deliveries.
9. Self-Service

- a. Self-service counters, including salad bars, must have sneeze-guards or other protection devices.

10. Restrooms

- a. Must meet ADA (Americans with Disabilities Act) requirements.
- b. Must have self-closing, tight fitting doors.
- c. Door can not open directly into food preparation area.
- d. Floors must slope to a floor drain.
- e. Must be equipped with hand washing basin:
 - i. Hot and cold water through a mixing valve
 - ii. Soap
 - iii. Approved sanitary hand drying
- f. Where no seating is provided, a restroom is required for employees.
- g. Where seating is provided at least two restrooms must be provided for customers (these may be used by employees as well).
- h. Bathrooms for mixed gender and females must have a lidded trash receptacle.
- i. A sign or poster that notifies employees to wash their hands must be provided and clearly visible.

11. Hot/Cold Holding

- a. Must meet temperature requirements:
 - i. Cold foods must be held at 41°F or below
 - ii. Hot food must be held at 135°F or higher
- b. A redundancy in temperature measuring devices is required in all cold holding units (at least 2 thermometers per unit).

12. Garbage-inside

- a. Waste receptacles must be durable, cleanable, insect- and rodent-resistant, leak proof, and non-absorbent.

13. Garbage-outside

- a. All containers must have tight fitting lids or covers.
- b. Container storage area must be hard surfaced and cleanable.
- c. Containers must be cleaned at frequent intervals.

14. Lighting

- a. Must be shielded, coated, or otherwise shatter resistant in areas where there is exposed food, clean equipment, utensils, or linens.

15. Surfaces

- a. Food contact and splash surfaces must be smooth, easily cleanable, durable, and non-porous.

16. Backflow Protection

- a. All hose bibs must be protected with anti-back siphon device or vacuum breaker.
- b. All chemical dispensers must meet standard ANSI 112.1.2, not ASSE 1055.
- c. Ice makers, steam tables, soft drink dispensers, and walk-in coolers need to be indirectly drained using an air break, i.e. floor sink.
- d. Faucets protected by atmospheric vacuum breakers can not have valves downstream. It is recommended that a spill resistant vacuum breaker (SVB), meeting ASSE 1056 standard, be installed on faucets that will have valves downstream.

17. Utility sink or other curved mop sink must be provided.

18. Vermin and Pests

- a. All outer openings must be sealed to the outside.
- b. Screens may be used as long as there are not openings to allow pests or vermin entrance from the outside.
- c. Air curtains may be used.

19. Where seating is provided, water service or an accessible water fountain might need to be provided, depending on local rules and ordinances.

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS FOR PLAN REVIEW

(Digital copies need to be in a .pdf format)

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot.
2. Include: proposed menu, equipment cut sheets, plumbing schedule, mechanical schedule, electrical schedule, dimensional floor plan, finish schedule for floors, walls, and ceilings, and an equipment layout and schedule. Each piece of equipment must be clearly labeled on the plan with its common name.
3. Sneeze guards for hot and cold holding units must be labeled as such.
4. Label and locate separate food preparation sinks and hand washing sinks.
5. Clearly designate adequate hand washing sinks for each toilet fixture and in the immediate area of food preparation and dishwashing. The number of hand washing sinks must be approved by the health inspector.
6. The plans should show auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation with their respective dimensions.
7. Include and provide specifications for the following:
 - a. Dimensions of any walk-in coolers or freezers;
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
 - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
 - d. Lighting schedule with protectors.
 - e. Cut sheets of all equipment to be used. All equipment must be NSF compliant or equivalent.
 - f. The location of a mop sink or curbed cleaning facility with facilities for hanging wet mops;
 - j. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;
 - k. Complete the New Food Establishment Information form.

Used/New Food Equipment

All food equipment must be NSF approved or have an equivalent certification in order to ensure that all food equipment meets with the requirements of the Utah Food Code (R392-100). This means that the equipment will either bear the NSF mark or a marking from ETL (Semko Environmental Test Laboratory), UL (Underwriters Lab) Sanitation, or CSA (Canadian Standards Association).



Intertek



**SANITATION
NSF/ANSI 2**



Note that UL, ETL, and CSA marks all need to say 'sanitation' or 'classified' on them. These organizations also certify equipment to different standards for other areas of certification apart from food safety and sanitation and as such will have different marks. Any NSF mark is sufficient.

Many new operators purchase used food service equipment in starting up a facility in an attempt to save money. While most food service resale companies are legitimate, it is important to ensure that used equipment meets the Utah food code requirements.

It is the responsibility of the food service facility owner to obtain the proper food service equipment. You must also provide documentation to the Bear River Health Department that the equipment meets the code. This is done with equipment cut sheets, which will bear one or more of the above marks showing compliance with the NSF standards.

If the supplier is unable to supply cut sheets for the used equipment, other documentation must be provided to the department to confirm that the equipment meets current standards. It is not the responsibility of the health department to do this research. If no such documentation is provided, the equipment will not be allowed for use.

Additionally, food service equipment designed for home use will not be allowed for commercial use. Residential appliances (dishwashers, refrigerators, ovens, mixers, etc.) are designed for occasional use and are not meant to meet rigid commercial standards. Commercial equipment is designed to meet the demanding use of a commercial establishment.

If there is a change of ownership in a food service facility, any food service equipment that does not meet these standards must be replaced with approved equipment before the facility will be permitted to operate.



Food Safety Manager Certification

“Each food service establishment in the state of Utah shall be managed by at least one full-time certified food safety manager at each establishment site, who need not be present at the establishment site during all its hours of operation” (Utah code 26-15a-104(1)).

A food safety manager course provides a more in depth training in food safety. This helps to ensure that managers at food service establishments are aware of what food safety practices need to be followed. Establishments managed by someone with this certification tend to do better on inspections than those without this training.

There is some confusion over this certification and the food handler card. Every food service worker must have a food handler card. A food safety manager certification only needs to be held by one person per establishment. While the Bear River Health Department does issue food handler cards, it does not provide any food safety manager training or certification. A copy of this certificate needs to be submitted to the health department.

Food safety manager courses must be approved by the Utah Department of Health before being accepted by the Bear River Health Department. Certificates from these entities are approved*:

1. National Registry of Food Safety Professionals (FSP)
<http://www.nrfsp.com/>
2. Utah State University Food Safety Manager’s Certification Course
<http://extension.usu.edu/foodsafety/htm/fsmc>
3. Prometric, Inc.
<https://www.prometric.com/en-us/clients/foodsafety/Pages/landing.aspx>
4. National Restaurant Association (ServSafe)
<https://www.servsafe.com/>
5. ANSI-CFP Approved Organizations
<https://www.ansi.org/Accreditation/credentialing/personnel-certification/food-protection-manager/ALLdirectoryListing?menuID=8&prgID=8&statusID=4>
6. 360 Training (Learn2Serve).com, Inc.
<http://www.learn2serve.com/food-manager-certification/>

*For the most current list of all approved entities visit:

http://health.utah.gov/epi/community/sanitation/foodSafety/food_safety_managerCert

Certifications from FSP or ServSafe can be obtained through Rex Davidsavor at Bridgerland Applied Technology College. He can be reached at 435-750-3237



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Food Handler's Classes

All food employees who work in the food service industry are required to obtain a Food Handler's Permit from an approved provider.

Food Handler classes last approximately 90 minutes and are offered at three locations regularly. Permits are valid for 3 years from the date of the exam.

Go to www.brhd.org for more information.

Food Handler Classes are taught at:

Logan Office:	85 East 1800 North Call 435-792-6570 for more information.
Brigham City Office:	800 West 992 South Call 435-695-2065 for information
Tremonton Office:	440 West 600 North Call 435-257-3318 for information
Rich County Office:	115 South Bear Lake Blvd, Garden City

On-site classes may be arranged by calling the telephone numbers listed.

Online classes are available through approved providers. For a list of approved online classes, visit www.brhd.org



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Plan Review Application Part A

Please Print

Date ___/___/___

Facility Information:

Seating Capacity: _____

Establishment Name: _____

Address: _____

Street

City

State

ZIP code

Email: _____ Website: _____

Phone (____)____-____ Alt. Phone (____)____-____ Fax (____)____-____

Architect/Design Professional:

Name: _____ Company: _____

Project Contact:

Name: _____ Company: _____

Address: _____

Street

City

State

ZIP code

Email: _____ Website: _____

Phone (____)____-____ Alt. Phone (____)____-____ Fax (____)____-____

Projected Project Completion Date: ___/___/___

The following information is required before a plan review will be started. Incomplete plans not meeting the following requirements may be subject to additional fees.

- Site plan
Mechanical Schedule
Dimensional Floor Plan
Plumbing Schedule
Proposed Menu
Electrical Schedule
Equipment Layout and Schedule
Equipment Cut Sheets

For Office Use Only
Plan Review Fee \$ _____ Received by: _____ Date: ___/___/___
Incomplete Plans \$ _____ Date Est. Created ___/___/___ Est. Number: _____



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Plan Review Application Part B

6 pages

To be completed and submitted with the Plan Review Application Part A

Date: _____

NEW _____ REMODEL _____ CONVERSION _____ CHANGE OF OWNERSHIP _____

Name of Establishment: _____

Choose all that apply

- Health Care Facility
Beverage Service
Group Home
Caterer
Child Care Center
Concessions
Residential Treatment
Jail, Detention Center
Mobile
Public Lodging
Restaurant, non-plated
Restaurant, plated

When were plans submitted to the following authorities:

- City/County Business License Division
Planning/Zoning
Building
Fire
Other (Please list):

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

FOOD PREPARATION REVIEW

Proposed Hours of Operation:

Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thur: _____ Fri: _____ Sat: _____

*Expected Number of Meals To Be Served Daily At:

Breakfast: _____ Lunch: _____ Dinner: _____

*It is important to know this information. With this we will know how much space will be needed for refrigeration and dry storage.

FOOD SUPPLIES:

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

CATEGORY	(YES)	(NO)
A. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	()	()
B. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	()	()
C. Cold processed foods (salads, sandwiches, vegetables)	()	()
D. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	()	()
E. Bakery goods (pies, custards, cream fillings & toppings)	()	()
F. Other _____		

1. Are all food supplies from inspected and approved sources? YES / NO

2. What are the projected frequencies of deliveries for (ex: 2x/week):

Frozen foods _____ Refrigerated foods _____ Dry goods _____

3. Provide information on the amount of space (in cubic feet) allocated for:

Dry storage _____ Refrigerated Storage _____ Frozen storage _____

4. How will dry goods be stored off the floor?

5. Please list foods or categories of foods prepared more than 12 hours in advance of service.

6. Provide a HACCP plan for specialized processing methods such as vacuum packaged food, sous-vide, or cook-chill items prepared on-site or otherwise required by the regulatory authority.

Date Submitted: _____

7. 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? _____

8. Are containers constructed of food-grade materials to store bulk food products? YES / NO

Indicate type: _____

COLD STORAGE:

1. Does each refrigerator/freezer have a thermometer? YES / NO

2. Is there a bulk ice machine available? YES / NO

COOKING and HOT/COLD HOLDING:

1. What type of temperature measuring device will be used to ensure proper cooking temperatures?

2. How will hot foods be maintained at 135°F (60°C) or above during holding for service? Indicate type and number of hot holding units.

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

4. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

EXCLUSION:

1. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?
YES / NO

Please describe briefly: _____

2. Will employees have paid sick leave? YES / NO

INSECT AND RODENT CONTROL:

1. How will rodents, insects, and other pests be excluded from entry to the establishment?

2. Will air curtains be used?

YES / NO Where? _____

SANITATION:

1. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

2. Will all produce be washed on-site prior to use? YES / NO

Is there a planned location used for washing produce? YES / NO

Describe _____

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

GARBAGE AND REFUSE:

Inside

1. Will refuse be stored inside?

YES / NO Where? _____

2. Is there an area designated for garbage can or floor mat cleaning?

YES / NO Where? _____

3. Is there an area to store returnable damaged goods? YES / NO

Outside

4. Will a dumpster be used? YES / NO

5. Will a compactor be used? YES / NO

6. Will garbage cans be stored outside? YES / NO

7. Describe surface and location where dumpster/compactor/garbage cans are to be stored

8. Describe location of grease storage receptacle

9. Is there an area to store recycled containers? YES / NO

WATER SUPPLY:

1. Is the water supply public () or private ()
If private, has source been approved? YES / NO / PENDING
Please attach copy of written approval and/or permit.

2. Is ice made on premises () or purchased commercially ()
If made on premise, are specifications for the ice machine provided? YES / NO

3. What is the capacity of the hot water generator?

4. Is the hot water generator sufficient for the needs of the establishment (take into account handwashing, dishwashing, cooking and customer usage)? YES / NO

5. Is there a water treatment device? YES / NO
If yes, how will the device be inspected & serviced?

SEWAGE DISPOSAL:

1. Is building connected to a municipal sewer? YES / NO
If no, is private disposal system approved? YES / NO / PENDING
Please attach copy of written approval and/or permit.
Do you acknowledge that all sewage disposal must be done in accordance with all state, federal, and local laws and regulations; Do you acknowledge that no sewage may be disposed of down a storm drain or on the ground? YES / NO

2. Do local regulations require a grease trap at this establishment? YES / NO
If so, where? _____
Provide schedule for cleaning & maintenance _____

GENERAL:

1. Are all containers of toxics, including sanitizing spray bottles, clearly labeled? YES / NO

2. Will linens be laundered on site? YES / NO
If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

3. Is a laundry dryer available? YES / NO

4. Location of clean linen storage: _____

5. Location of dirty linen storage: _____

6. Is a mop sink present? YES / NO
If no, please describe facility for cleaning of mops and other equipment:

DISHWASHING FACILITIES:

- 1. Will sinks or a dishwasher be used for warewashing?
Dishwasher (___) 3-Compartment Sink (___)
Is ventilation provided? YES / NO
Hot Water Sanitizing (___) or Chemical Sanitizing (___)
- 2. Are there drain boards on both ends of any pot sinks (deep sinks)? YES / NO
- 3. Are test papers and/or kits available for checking sanitizer concentration? YES / NO

HANDWASHING/TOILET FACILITIES:

- 5. Is there a handwashing sink in each food preparation and warewashing area? YES / NO
- 6. Do all handwashing sinks have a mixing valve or combination faucet? YES / NO
- 7. Are covered waste receptacles available in each restroom? YES / NO
- 8. Are all toilet room doors self-closing? YES / NO
- 9. Are all toilet rooms equipped with adequate forced air ventilation? YES / NO
- 10. Is a handwashing sign posted in each employee restroom? YES / NO

STATEMENT: I hereby certify that the information in Plan Review Part A & B is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval. I acknowledge that the information in Part A & B is not a comprehensive list of all food regulations and that it will be my responsibility to be familiar with and follow all applicable laws and rules.

Signature(s): _____

Owner(s) or Responsible Party

Date: _____

Approval of these plans and specifications by this 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 preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.



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FOOD SERVICE PERMIT APPLICATION

Please Print

Date ___/___/___

Transaction Type: [] New/ Remodeled Facility [] Renewal [] Transfer of Ownership

Seating Capacity: _____

Facility Information:

(Required for food trucks)

Food Truck License Plate: _____

Establishment Name: _____

Address: _____
Street City State ZIP code

Email (Required): _____

Phone (____)____-____ Alt. Phone (____)____-____ Fax (____)____-____

Mailing Address: (If different from above) In Care Of: _____

Position: _____ Phone (____)____-____ Fax (____)____-____

Address: _____
Street City State ZIP code

Certified Food Safety Manager(s): _____

Please attach a copy of certificate(s)

Owner Information:

Primary Owner: _____ DBA: _____

Address: _____
Street City State ZIP code

Email (Required): _____

Phone (____)____-____ Alt. Phone (____)____-____ Fax (____)____-____

Ownership Type: [] Sole Owner [] Partnership [] Corporation [] Other _____

Billing Information:

Send Bill To: [] Owner [] Facility [] Third Party (If third party, fill out information below)

Send Permit To: [] Owner [] Facility [] Third Party (If third party, fill out information below)

Address: _____
Street City State ZIP code

Phone (____)____-____ Alt. Phone (____)____-____ Fax (____)____-____

Signature of Applicant: _____

For Office Use Only
Food Permit Fee \$ _____ Received by: _____ Date: ___/___/___
Permit Issued Date: ___/___/___ Est. Number: _____ Risk: _____