



Fixed Food Service Establishment Plan Submission Instructions

Congratulations! You are proposing to build, convert, or remodel a food establishment in Detroit, Michigan. Please submit your plan review package to the Detroit Health Department (DHD)- Food Safety Unit located at 3245 E. Jefferson Ave. Ste.100, Detroit, Michigan 48207. **All of the following items must be completed and compiled into a single package or the plan review may be delayed as additional material is requested.**

Also, contact the Buildings, Safety Engineering and Environmental Department (BSEED)- Plan Review Division for BSEED requirements. BSEED is located at the Coleman A. Young Municipal Center, 2 Woodward Ave. Ste. 401, Detroit, Michigan 48226. Phone: (313)224-3233 Website: <http://detroitmi.gov/bseed>

Construction or installation of new equipment may not begin until a written approval has been received by the Detroit Health Department. Construction prior to approval will be assessed a fee.

1. Plan review application and any necessary plan review fees.

All new or remodeled food service establishments inspected by the Detroit Health Department require a mandatory plan review. If the food service establishment is changing the menu, equipment, or closed for two years or more, a plan review may be required. Contact the Detroit Health Department- Food Safety Unit at (313)876-0135 for the plan review fees. The fee schedule can also be found at: <http://detroitmi.gov/Portals/0/docs/Health/FEE%20SCHEDULE.pdf>

2. Completed Plan Review Worksheet

Worksheet and guidance manual copies are available at the Detroit Health Department, or at: http://www.michigan.gov/documents/MDA_Plan_Review_Manual_20303_7.PDF

3. Menu

If your facility does not have a formal, set menu (e.g., school with a rotating menu) submit representative sample menus or a list of foods offered for sale or service.

4. One complete set of plans. Provide scaled plans (1/4" per foot is a normal, easy to read scale). Show:

- Proposed layout, with all equipment, including countertop items identified. Label sinks, shelves, and prep tables with their intended use.
- Mechanical plan (e.g., cooking ventilation systems: including hood, duct and exhaust fans).
- Plumbing plan (e.g., sinks for handwashing, food preparation and dishwashing, dishmachines, hot and cold water outlets, hot water equipment, water heater, sewer drains, grease traps and floor drains/sinks).
- Lighting plan, indicating which lights are shielded
- Site Plan, including: Details of outside garbage storage area and containers, as well as exterior storage areas. On-site water well and sewage disposal system data (if applicable)

5. Specifications

Include manufacturer's specifications for each piece of equipment. Minimum information for each piece of equipment includes the following (note: the manufacturer's specification or "cut" sheet typically provides most of this information):

- Type, Manufacturer, Model number, Dimensions, Performance capacity
- Indicate how equipment will be installed (e.g., on leg or wheels, fixed or flexible utility connections)
- Indicate which items are used equipment and what equipment is NSF approved or equivalent
- Sanitation Standard Operating Procedures (SSOPs): Include any available cleaning and maintenance instructions for food processing, cutting and grinding equipment.

6. Standard Operating Procedures (SOPs)

SOPs should be specific to your operation. See the SOP Cover Sheet and the SOP Manual guidance document that is available at DHD or at: http://www.michigan.gov/documents/mda/MDA_SOPMnI06-09rev_290207_7.pdf

7. Certified Manager and Allergen Training Documentation

Most food establishments will be required to employ at least one (1) full time certified manager employee who is certified under the American National Standards Institute accredited certification program (Food Law 2000, as amended, Section 289.2129). Documentation that verifies they meet the certified manager requirements and completed the additional allergen training prior to establishment opening will be required.



DETROIT HEALTH DEPARTMENT

PLAN REVIEW PROCESS

1

New Food Establishment/Remodeling/Conversion Proposed.

Note: No construction may begin until Health approval is granted. The DHD has the authority to issue a stop work order when construction begins before plans are approved.

2

The applicant provides the required plan review package and submits the packet along with the plan review fee(s) to the DHD. Contact the DHD for the plan review requirements.

3

The DHD reviews plans on a first come, first served basis. Public Act 92 of the Michigan Food Law allows the DHD 30 business days to review the submitted plans.

4

If needed, the DHD will send a letter requesting for additional information.

Note: It is the responsibility of the applicant to submit the requested corrections or documentation to the DHD in timely manner to keep the plan review process moving forward.

5

Once the plan reviewer completes the review, an approval letter granting permission to begin construction of the food establishment will be sent.

Note: This approval expires one year from the date of issue. Please contact the DHD if more than one year is needed, otherwise the file may be closed and new fees and plans may be needed.

6

CONSTRUCTION BEGINS

7

The facility must conform to the latest set of approved plans. Any change in the approved plans and specifications must be submitted to the DHD in writing and written approval must be obtained. Any alterations of plans after the plan review process has begun may require a revision fee.

8

Once construction is complete, the applicant submits the food service establishment license application and license fee.

9

The applicant requests a pre-opening inspection by contacting the DHD at least five business days in advance of the desired date.

10

Operational approval is granted during the pre-opening inspection.

Note: Approval does not negate the applicant's responsibility to obtain all necessary permits and approvals from other agencies.

3245 E. Jefferson Ave. Ste. 100
Detroit, MI 48207

313.876.0135
www.DetroitMI.gov/Foodsafety



Establishment Name: _____

Address: _____

Contact Person: _____ Phone #: _____

E-mail: _____ Alternate Phone #: _____

Additional Contact Person: _____ E-mail: _____

Date Submitted: _____ BLD # (if assigned): _____

v	Item	Description	Office Use Only
	Plan Review Fee	Seating # _____ 0-50 seats: \$1,000 51-100 seats: \$1,150 101+ seats, including banquet halls and commissaries: \$1,550 Partial, addition of equipment/renovation: \$575	
	Plan Review Application	Provide a detailed summary (what work will be done) of the proposed project, and complete contact information.	
	Plan Review Worksheet	Each item needs to be completed or marked as N/A . Provide as much detail as possible.	
	Site Plan	Provide an overall site plan(s). Show streets, sidewalks, parking, garbage areas, recycling areas, or any other storage, and patio(s) (if applicable)	
	Plans: ____ Equipment ____ Plumbing ____ Mechanical ____ Lighting	Provide floor plan(s) of the entire facility. Must show location of all food service equipment (i.e. sinks including drain boards, refrigeration, cooking equipment, countertop equipment, shelving, trash cans, etc.), storage areas, janitor closet, restrooms, water heater, basement, etc. *Plans showing finishes, millwork, and side elevations are helpful	
	Equipment Specification Sheets	Provide the manufacturer's equipment specification for EACH piece of food service equipment including hot water heater, refrigeration units, cooking equipment, countertop appliances, etc. *The cut sheets should be labeled to correspond to the identifier number shown on the equipment plan	
	Menu	Provide a detailed menu with item descriptions. Include beverage, brunch, children's, happy hour or specials, and banquets or catering menus (if applicable) *Provide the proper consumer advisories where needed.	
	Standard Operating Procedures (SOP's)	See the SOP Cover Sheet for a list of SOP's that are required. SOP's should be written in detail to show exactly what is being done in the facility. The SOP's MUST be specific to the proposed operation. - Please do not simply turn in generic SOP's or a copy from a different establishment.	
	Certifications	Food protection manager certification from an American National Standards Institute (ANSI) approved course. Allergens training certification (unless exempt)	

Receivers Initials



Fixed Food Establishment Plan Review Application

Meets the Food Law requirement for a transmittal letter to be submitted with the plans.

Establishment Name: _____

Address, City, Zip: _____

Establishment Phone: _____

Location Information: Between _____ & _____ street

Prior Establishment Name: _____

Owner Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____	Food Service Equipment Supply Co. Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____
Architect Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____	General Contractor Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____

Which of the above will serve as the primary contact? _____

Which of the above should all correspondence be mailed to? _____

Proposed construction start date: _____ Proposed opening date: _____

For reviewing agency use only:

Fee \$: _____

Date: _____

Plan Review #: _____

Check #: _____

Receipt #: _____

Assigned to: _____

Remarks: _____

www.michigan.gov/mdard, keyword: Food Plan Review - Industry

General Information

Hours of Operation:_____

Seating Capacity (include bar): _____ Facility Size (square feet): _____

Minimum staff per shift: _____ **Maximum staff per shift:** _____

These plans are for a: ☐ New establishment **What describes the establishment better?**
 ☐ Remodeling ☐ On-site Preparation
 ☐ Conversion ☐ Serving Site

Will part of the operation be outdoors (e.g., bar, dining, storage, cooking, etc.)? ☐ Yes ☐ No

If yes, explain: _____

Type of Operation (check all that apply)

A. Restaurant Related

<input type="checkbox"/> Sit down meals	<input type="checkbox"/> Commissary	<input type="checkbox"/> Buffet or salad bar
<input type="checkbox"/> Counter	<input type="checkbox"/> Church	<input type="checkbox"/> Tableside / display cooking
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Takeout menu	<input type="checkbox"/> Hospital
<input type="checkbox"/> Fast food	<input type="checkbox"/> Catering	<input type="checkbox"/> Bottling alcoholic beverages
<input type="checkbox"/> Bar with food prep		

B. Grocery Related

<input type="checkbox"/> Grocery store	<input type="checkbox"/> Produce processing	<input type="checkbox"/> Wholesale foods
<input type="checkbox"/> Fresh Meat	<input type="checkbox"/> Smoked fish	<input type="checkbox"/> Repackage / processor of:
<input type="checkbox"/> Seafood / fish	<input type="checkbox"/> Bakery	<input type="checkbox"/> _____
<input type="checkbox"/> Deli	<input type="checkbox"/> Commissary	<input type="checkbox"/> Water bottling
<input type="checkbox"/> Ice production / packaging	<input type="checkbox"/> Self-service bulk items	<input type="checkbox"/> Bottling alcoholic beverages
<input type="checkbox"/> Produce	<input type="checkbox"/> Self-service baked goods	

Please summarize the proposed project.

[illegible]

I certify that the plan review application package submitted is accurate to the best of my knowledge.

Signature of owner or representative _____ Date _____

Please print name and title here _____



Michigan Department of Agriculture and Rural Development

Fixed Food Establishment Plan Review **Worksheet**

To be completed by the operator and submitted to the local health department
or the Michigan Department of Agriculture and Rural Development,
(whichever will be conducting the plan review).

Establishment

Name: _____

Address: _____

City, State, Zip: _____

Pages 6-10 ask structural and equipment questions that the operator may wish to have the contractor or architect complete.

Refer to the food establishment plan review manual for technical assistance. The manual is available from your reviewing agency or by visiting www.michigan.gov/mdard, Search: Plan Review.

Information contained in the plans may be referenced and does not have to be repeated in the worksheet (e.g., see plan sheet 3a, #6).

Food Manager Knowledge

Under the Food Law of 2000, as amended, retail food establishments are required to have a person in charge (PIC) during all hours of operation and employee at least managerial employee under a program accredited by American National Standards Institute.

1. Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> A designated person in charge that can demonstrate knowledge of: foodborne disease prevention, application of food safety (HACCP) principles, and the requirements of the Food Code, will be available during all hours of operation. (REQUIRED) | |
| <input type="checkbox"/> Certified Managerial Employees under ANSI Requirements is provided (REQUIRED) | <input type="checkbox"/> A written food safety (HACCP) plan will be provided.* (Only required under certain circumstances) |
| <input type="checkbox"/> Standard operating procedures (SOP) including a policy that excludes or restricts food workers who are ill or have infected cuts or lesions* | <input type="checkbox"/> Animal based foods, such as meat, poultry, fish, shellfish or eggs served raw, or undercooked or not otherwise processed to eliminate pathogens.** |

* Please submit copies of these documents (or an inventory if there are numerous large documents, and training videos)

**If you checked this item, then the customer must be informed by means of a consumer advisory upon ordering, that a particular menu item contains raw or undercooked foods of animal origin. The consumer advisory must be made whether the food is normally prepared undercooked or is prepared undercooked only at the customer's order. Submit a copy of the menu for review. For further clarification please contact your reviewing health agency or read the consumer advisory guidance document at <http://www.michigan.gov/mdard>, Search: Updated Food Law/Food Code 2012.

Food Preparation Review

(See manual parts 1 and 3)

2. How will potentially hazardous food (time/temperature control for safety food) be thawed? (Check all that apply)

<u>Thawing Method</u>	Foods less than 1" thick	Foods more than 1" thick
Refrigeration		
Running water (less than 70 °F)		
Microwave as part of cooking process		
Cook from frozen		
Other:		

3. Cooking and reheating potentially hazardous food (time/temperature control for safety food): List all cooking and reheating equipment and check all applicable boxes.

Equipment Name	Cooking	Reheating	New	Used	NSF Approved or Equivalent

4. Hot and cold holding of potentially hazardous food (time/temperature control for safety food): List all hot and cold holding equipment and check all applicable boxes.

Equipment Name	Hot Holding	Cold Holding	New	Used	NSF Approved Or Equivalent

5. Will ice be used as a refrigerant for potentially hazardous foods (time/temperature control for safety food)? ☐ Yes ☐ No
If yes, describe which foods will be held on ice, for how long, where this will occur and the source of the ice.

6. Will time be used for bacterial growth control, instead of hot or cold holding? ☐ Yes ☐ No
If yes, submit a list of the foods involved and the standard operating procedures that will be used to monitor the use of time as a control.

7. Cooling Potentially Hazardous Food: List foods that will be cooled using each of the following methods. Foods must be cooled from 135°F to 70°F in 2 hours or less and with a total of 6 hours from 135°F to 41°F or less.

A. Shallow pans in refrigerator: _____

B. Ice baths: _____

C. Volume reduction (e.g., quartering a large roast): _____

D. Rapid chill devices (e.g., blast freezers): _____

E. Ice paddles: _____

F. Other: _____

8. Food Preparation

- A. List foods that will be prepared a day or more in advance of service or sale.

- B. How will employees avoid bare-hand contact with ready-to-eat foods? (Check all that apply)

☐ Disposable gloves

☐ Suitable utensils

☐ Deli tissue

☐ Other: _____

- C. Will produce be cleaned on-site? ☐ Yes ☐ No

- D. If C is yes, describe which sink(s) will be used for food preparation.

9. Date Marking:

When potentially hazardous food (time/temperature control for safety food) is ready-to-eat and will be kept under refrigeration for more than 24 hours after preparation / opening, a date marking system must be utilized. Note: The day of preparation counts as Day 1.

A. Will the establishment have food items that must be date marked? ____ Yes ____ No

If yes, describe the date marking system that will be used and provide written standard operating procedures.

10. Catering/Off-Site/Satellite:

Complete if establishment will cater foods to another location or performing any cooking or preparations off-site at other locations.

A. List menu items

B. Maximum number of meals per day taken to or prepared at off-site location

C. How will hot food be held at proper temperature during transportation and at the remote serving location?

D. How will cold food be held at proper temperature during transportation and at the remote serving location?

E. What types of vehicles will be used to transport food?

F. What types of sneeze guards or food protection devices will be used? (See manual part 4)

Dishwashing
(See manual part 8)

11. Dishwashing methods (check all that apply) ____ Dishmachine ____ Sink

Dishwashing Sinks	Length (inches)	Width (inches)	Depth (inches)
A. Sink 1, Size of compartments			
B. Sink 2, Size of compartments			
C. Sink 3, Size of compartments			

D. What is the largest item that will have to be washed in a sink and its size?

E. List the location of all garbage disposals:

General

12. Will employee dressing rooms be provided? ___ Yes ___ No
(See manual part 16.)

13. If no, describe how personal belongings will be stored:

14. Check which of the following will be used ___ Washer ___ Dryer
on-site:

15. Describe what will be laundered on-site: _____

16. What type of mop sink will be provided (e.g., curbed floor drain, mop sink on legs, etc)?
See manual part 8.

Room Finish Schedules

Fill in materials to be used (See manual part 10)

Area	Floor	Coving*	Wall	Ceiling
17. Preparation				
18. Cooking				
19. Dishwashing				
20. Food Storage				
21. Bar				
22. Dining				
23. Employee Restrooms				
24. Dressing Room				
25. Walk-In Refrigerator				
26. Walk-In Freezer				
27. Garbage Room				
28. Janitor Closet				
29.				
30.				

*List the material that will be used to provide a smooth, rounded and cleanable surface where the floor and wall joins. **Note:** Please explain abbreviations.

Water Supply

(See manual part 5)

31. Will the water supply be: ☐ Municipal ☐ Existing on-site ☐ New on-site
32. If an on-site water supply is being used, is the local health department in the process of approving? ☐ Yes ☐ No*

Sewage Disposal

(See manual part 5)

33. Will the sewage disposal be: ☐ Municipal ☐ Existing on-site ☐ New on-site
34. If an on-site sewage system is being used, is the local health department or Michigan Department of Environmental Quality in the process of approving? ☐ Yes ☐ No*

* It is recommended that you contact your local health department to begin the approval process.

Insect and Rodent Control

(See manual part 13)

35. Will outside doors be self-closing? ☐ Yes ☐ No
36. Will the facility have a drive-thru or walk-up window? ☐ Yes ☐ No
37. If 36 is yes, describe how insects will be kept out (e.g., self-closer, air curtains, etc.)
-
38. Are other openable windows screened? ☐ NA ☐ Yes ☐ No
39. Will openings around pipes, electrical conduits, chases and other wall perforations be sealed? ☐ Yes ☐ No
40. Will garage-style or loading bay doors be present? ☐ Yes ☐ No
41. If 40 is yes, how will garage style or loading doors be protected against vermin entry?
-
-
-

Solid Waste Storage

(See manual part 17)

42. Outside Storage
- A. What type of storage will be used?* ☐ Compactor* ☐ Dumpster* ☐ Cans
- B. What type of surface will be under the container? _____
- C. What is the minimum pick-up frequency? _____

*Remember to show details on site plan, including unit location and slope of surface under the unit.

43. Inside Storage

A. Describe how garbage, boxes, etc., will be stored inside:

B. Describe any inside storage or cleaning area (e.g., garbage can cleaning area):

C. Will any compactors or dumpsters be located inside? If yes, show on plans. ☐ Yes ☐ No

D. Describe any area where damaged merchandise returned for credit to vendor will be stored:

E. Describe how waste grease will be handled and stored: _____

F. Describe how and where recyclables will be stored: _____

G. Check the types of materials that will be recycled:

☐ Glass ☐ Metal ☐ Paper ☐ Cardboard ☐ Plastic

Plumbing Cross-Connections

(See manual part 12)

The following technical information is needed on the proposed plumbing. This section is best completed by a qualified plumber, architect or engineer. Be sure to include all devices, equipment and fixtures that have cross-connection protection. Remember to complete both the water supply and waste side (e.g., a dishwasher may have an AVB on the water supply and an air-gapped drain).

Fixture	Sewage Disposal			Water Supply					
	Air Gap	Air Break	Direct Connect	AVB	PVB	RPZ	VDC	HB	Air Gap
44. Dishwasher									
45. Glasswasher									
46. Garbage grinder									
47. Ice machines									
48. Ice storage bin									
49. Mop sink faucet									
50. 3 compartment sink									
51. 2 compartment sink									
52. 1 compartment sink									
53. Steam tables									
54. Dipper wells									
55. Hose connections									
56. Refrigeration condensate drain lines									
57. Beverage dispenser with carbonator									
58. Water softener									
59. Potato peeler									
60. Walk-in floor drain									
61. Chinese range									
62. Detergent feeder on faucet									

63. Outside sprinkler or irrigation system									
64. Power washer									
65. Retractable hose reel									
66. Toilet									
67. Urinal									
68. Boiler									
69. Bain-marie									
70. Espresso machine									
71. Combi-style oven									
72. Kettle									
73. Rethermalizer									
74. Steamer									
75. Overhead spray rinse									
76. Hot water dispenser									
77.									
78.									
AVB = atmospheric vacuum breaker					HB = hose bib vacuum breaker				
PVB = pressure vacuum breaker					VDC = vented double check valve				
RPZ = reduced pressure principle backflow preventer									

Formula Information

Several calculations are required to determine if there will be adequate hot water, ventilation, dry storage space and refrigerated storage space. The information requested on the following two pages provides the necessary data for performing calculations. See the plan review manual for formulas and directions.

79. Hot Water (see manual part 9)

List each type of plumbing fixture that uses hot water	# fixtures
Handsinks	
Bathroom Sinks	
1 Compartment Sink	
2 Compartment Sink	
3 Compartment Sink	
Vegetable Sink	
Overhead Spray Rinse	
Bar Sink _____ 3 compartment _____ 4 compartment	
Cook Sink	
Hot Water Filling Faucet	
Bain-marie	
Coffee Urn	
Kettle Stand	
Garbage Can Washer	
9 & 12 lb. Clothes Washer	
16 lb. Clothes Washer	
Employee Shower	
Mop Sink	
Dishmachine _____ hot water _____ chemical	
Dishmachine Make & model: _____	
Other:	
Other:	

80. Water Heater #1 Manufacturer: _____ Model number: _____
 A. Hot water heater proposed size: Electric _____ KW
 Gas _____ BTU's Thermal Efficiency: _____ %
 B. Hot water heater storage capacity: _____ gallons
 C. Hot water heater recovery rate: _____ gallons per hour (@100° rise)

Attach information for any additional water heaters. Specify what area each water heater services and whether or not units will be installed in parallel.

81. Do hot water heater(s) serve any non-food equipment areas?

If yes describe: _____

82. Dishmachine Booster Heater _____ KW _____ BTU Make _____ Model # _____

83. Refrigerated and Dry Food Storage (see manual parts 3 & 7)

It is essential that a reliable estimate be made of the number of customers that are served or buy food between deliveries, in order to calculate dry and refrigerated storage capacities.

A. # meals or people served per day = _____
 B. # days between deliveries = _____ Dry Food _____ Refrigerated Items _____
 C. # meals between deliveries (AxB =) Dry Food _____ Refrigerated Items _____

Please describe any assumptions made in determining the meal quantity estimate:

84. Refrigerated Storage (see manual part 3)

Walk-in Item #	**Interior Usable Height (ft)	Interior Length (ft)	Interior Width (ft)

*Upright Item #	Interior Depth (in)	Interior Width (in)	Interior Height (in)

*Working, preparation and line refrigerators should not be included. Only storage units.

85. Dry Storage (see manual part 7)

Storage Rooms*

**Usable room height (ft)	Interior Length (ft)	Interior Width (ft)

*Please note the location of any auxiliary storage (i.e outside storage).

**To determine usable height, determine height from floor to ceiling, then subtract height of food off floor (usually 6") and height of food from ceiling (usually 12-18").

Or, if there is no dry storage room proposed:

For full height shelves

Total Shelving Length (ft)	Shelving Width (ft)

Suggestion Sheet Food Establishment Plan Review Worksheet

Suggestions for changes to this plan review worksheet are welcomed from all users (e.g, food service operators, architects, engineers and regulators, etc.). Revisions to documents are made periodically as needed. Thank you for taking the time to submit your ideas.

Name: _____ Phone: _____ Fax: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Submit to:
Plan Review Specialist
Food Service Sanitation Section
Food & Dairy Division
Michigan Department of Agriculture
PO Box 30017
Lansing, MI. 48909

Fax: 517-373-3333

E-mail: greens2@michigan.gov

For suggested changes, please list section specific location in document. You may list your suggestions below or attach separate sheets. Please be specific and clear.



Food & Dairy Division
Michigan Department of Agriculture
and Rural Development
PO Box 30017
Lansing, MI 48909
800-292-3939
www.michigan.gov/mdard



Standard Operating Procedure Cover Sheet

Establishment Name: _____

Address, City: _____

√ or NA	
All Food Establishments, except vending locations:	
	Handwashing
	Personal hygiene, including cuts and sores
	Preventing bare hand contact with ready-to-eat food (gloves, utensils, etc.)
	Employee Illness Policy, including clean-up of vomiting and diarrheal events
	Purchasing food from approved sources, list of food purveyors
	Cleaning and sanitizing food contact surfaces, including frequency
	Emergency Action Plans for: Interruption of electrical service, Interruption of water service, Contaminated water supply (biological), Sewage back-up, Fire, Flood
When applicable to the establishment:	
	Cross-contamination prevention (food/chemicals: during preparation and storage)
	Warewashing (manual and mechanical, if necessary)
	Date-marking ready-to-eat, potentially hazardous food
	Using time only (not time and temperature) as a method to control bacterial growth
	Time and temperature control for <u>thawing</u> potentially hazardous food
	Time and temperature control for <u>cooking</u> potentially hazardous food
	Time and temperature control for <u>cooling</u> potentially hazardous food
	Time and temperature control for <u>reheating</u> potentially hazardous food
	Time and temperature control for <u>hot holding</u> potentially hazardous food
	Time and temperature control for <u>cold holding</u> potentially hazardous food
Special transitory food units (STFU's) and Mobile Food Establishments:	
	Menu with descriptions
	Storage of the vehicle, food, and equipment
	Water supply
	Wastewater disposal
	Proposed route and operating hours
	Accessibility to restrooms
	Operating during cold weather months (below 32 degrees F)

The documents noted above were reviewed and found to be technically correct:

Agency Name: _____ DETROIT HEALTH DEPARTMENT _____

Agency Rep., Date: _____

Notes: