



# SHEBOYGAN COUNTY

Division of Public Health  
Health and Human Services Department



Public Health  
Prevent. Promote. Protect.

## Plan Review Checklist

Establishment Name	
Establishment Address	
Contact Person	Phone Number

### FOOD PREPARATION

**Check categories of food to be handled, prepared, and served.**

- Thin meats, poultry, fish, eggs (burgers, sliced meats, filets)
- Thick meats, whole poultry (roast beef, whole turkey, chicken, ham)
- Cold processed foods (salads, sandwiches, vegetables)
- Hot processed foods (soups, stews, rice/noodles, gravy, casserole, chili)
- Bakery goods (pies, custards, cream fillings & toppings)
- Other: \_\_\_\_\_

### **Preparation:**

Please list any foods that will be cooked and cooled in advance of service.


### **Cooling:**

If cooling foods, please indicate the methods that will be used for cooling. (Some cooling methods include using shallow pans, ice baths, or reducing volume). Please also indicate where cooling will take place. (i.e. cooler, freezer, prep sink, counter).


**Reheating:**

1. How will foods be reheated to 165F within 2 hours for hot holding?


**Food Handling and Practices**

1. Will you be washing produce prior to use? (YES/NO)

If yes, where will you wash produce? Describe

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2. How will you sanitize oversized cooking equipment, cutting boards, counter tops, slicers, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher?


3. Will food employees be trained in food sanitation practices? (YES/NO)

Method of training:


4. Will disposable gloves and/or utensils be used to prevent handling of ready-to-eat foods? (YES/NO)

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

*Please provide a copy of your policy.*

6. Will the facility be serving food to a highly susceptible population (i.e. nursing home, hospital patients, daycare)? (YES/NO)

7. Check special processes\* below that will be conducted. These activities may require a HACCP Plan and/or Variance.

- Smoking of foods (to extend shelf life/preservation)
- Curing foods
- Adding vinegar or using food additives as methods of preservation (ex. Sushi rice, refrigerator pickles)
- Packaging food using reduced oxygen packaging (ROP) method (including cook-chill and sous vide)
- Non-continuous cooking of raw animal food (par-cook)
- Packaging juice
- Fermentation of foods (i.e. yogurt making)
- Sprouting
- Molluscan shellfish life support tanks
- None

- Will the facility include any self-service areas such as buffets or salad bars? (YES/NO)  
If yes, what method will be used to protect the food? (Examples include sneeze guards, single-service utensils, and covered food containers.)


**EQUIPMENT**

- All cold and hot holding units' commercial-grade or ANSI approved? (YES/NO)
- All equipment and utensils commercial-grade or ANSI approved? (YES/NO)
- Does each cooler have a thermometer? (YES/NO)

**Cold/Hot Holding:**

- List brand and type of all cold holding units (include all coolers and freezers).


- List brand and type of all hot holding units.


**Cooking**

- Will food thermometers be used to measure final cooking/reheating temperatures of food? (YES/NO). If no, please explain.

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- List name and type of cooking equipment (include all grills, ovens, microwaves, etc).


- Is food cooked outside (i.e. smoker, pig roaster, outdoor grill) (YES/NO)

4. Will foods be served undercooked? (YES/NO)  
If yes, describe.


5. Will there be a Consumer Advisory on the menu? (YES/NO)

**FACILITY**

**Plumbing**

1. What is the method of dishwashing? (Please mark all that apply)
  - 3-compartment sink
  - 4-compartment sink
  - Mechanical dishwasher
  
2. Is there a dedicated handwashing sink? (Please mark all locations that apply)
  - Food prep areas
  - Food dispensing areas
  - Warewashing areas
  - Waitstaff areas
  - Other \_\_\_\_\_

**Note: ALL handwashing sinks must be provided with non-hand operated faucet control.**
  
3. Are there activities that require a dump sink, such as a bar or a coffee station? YES/NO
  - If yes, where will liquids be dumped? \_\_\_\_\_
  
4. Is there a food prep sink present? YES/NO (If yes, an air gap is required)
  
5. Is there a utility or mop sink present to discard wastewater? YES/NO
  
6. Source of water supply
  - Private well (must submit water test for bacteriological analysis)
  - Public: List municipal water source \_\_\_\_\_
  
7. Sewage Service
  - Private sewage system: List Type \_\_\_\_\_
  - Public sewage
  
8. Grease trap/interceptor (Contact local building inspector to determine if a grease interceptor is required). (YES/NO)
  
9. Are public bathrooms available? (YES/NO)

**Construction and Finishes**

1. Are the floors constructed of material that is durable, non-absorbent, and easily cleanable? (YES/NO)
  
2. Does the floor/wall juncture have a coved base? (YES/NO)
  
3. Are the walls smooth, non-absorbent and easily cleanable? (YES/NO)

**Does the Operation Include:**

1. Banquet and/or catering activities (YES/NO)

**GENERAL INFORMATION**

1. Seating Capacity (including bar) \_\_\_\_\_
2. Hours of Operation: \_\_\_\_\_
3. Certified Food Protection Manager (CFPM)
  - Name: \_\_\_\_\_
  - Type of Certification (i.e. ServSafe) \_\_\_\_\_
  - Expiration: \_\_\_\_\_

*NOTE: New operators have 90 days from the initial day of operation to obtain a CFPM.*

4. Contacts to other Departments and Agencies

- Compliance with Commercial Building Codes:* verify compliance with the Commercial Building Codes.

If you are operating within the city of Sheboygan, Sheboygan Falls, or Plymouth please reach out to your local building inspector. If you do not operate in the above mention communities please contact the Wisconsin Department of Safety and Professional Services (DPS) for inspection. DPS website: [Click here](#)

- Compliance with Zoning Requirements:* verify land use for the proposed property. Contact your local municipality for zoning requirements.
- Compliance with On-Site Waste Disposal:* verify the correct size sewage system is present for the proposed activity. Contact Sheboygan County Planning and Conservation for additional information 920-459-1370.

**SUMMARY**

Information required to complete plan review includes:

- Floor plan drawn to scale and equipment schedule
- Proposed menu
- Proposed date of opening \_\_\_\_\_

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Signature of Operator

Date