

ROCKLAND COUNTY DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT PLAN REVIEW CHECKLIST

Facility name/address: _____

Contact name: _____ Telephone: _____

Address: _____

Number of Seats: Dining _____ Bar _____ Outside _____ Total _____

GUIDELINE CODE ITEM:	YES	NO	N.A.	
2. Construction - floors, walls, ceilings				All surfaces smooth & non-porous. Walls & ceilings light-colored.
3. Plans complete- all equipment shown				
5a. Three basin sink & drain boards				
5b. Food sink with indirect drain				
5c. Mop sink				
5d. Water heater-size and location				
5e. Hood with filters and exhaust				
6b. Toilet facilities adequate (Article VI)				
6c. Hand wash sinks adequate				
7a. Water supply- Public ___ Well ___				Well- approved
7b. Sewage system- Public ___ Septic ___				Septic- approved
7c. Indirect waste lines				
7d./9b. Grease trap				
8. Lockers/coat hooks				
9d. Application documents supplied				
9f. Building Department approval				
9g. County Planning Certification approval				

The Applicant must build in compliance with these approved plans.

The Health Department must be notified and approve any changes.

Plans Approved Yes: _____ No: _____ (see comments) Date: _____

Reviewed by (Name/Title): _____ Date: _____

Faxed to R.C. Sewer District 365 6686 by (initial): _____ Date: _____

Water Supply System Approved by (Name/Title): _____ Date: _____

Sewage Disposal System Approved (Name/Title): _____ Date: _____

Fee: New- \$160 _____ Modification/Renovation- \$100 _____