Establishment Name: _____

Establishment Address: _____
Include suite / unit# **Street # and Name** **Suite / Unit #** **City / Zip Code**

FOOD PREPARATION REVIEW

Check categories of **P**otentially **H**azardous **F**oods (PHF's) to be handled, prepared and served:

	CATEGORY	**YES**	**NO**
1.	Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)	☐	☐
2.	Thick meats, whole poultry (roast beef, whole turkeys, chickens, hams)	☐	☐
3.	Cold processed foods (salads, sandwiches, vegetables)	☐	☐
4.	Hot processed foods (soups, stews, rice / noodles, gravy, chowders, casseroles)	☐	☐
5.	Bakery goods (pies, custards, cream fillings and toppings)	☐	☐
6.	Fruits / vegetables to be washed onsite (**if YES, prep sink is required**)	☐	☐
7.	✱ Specialty food (i.e. acidification, sushi, curing, drying, reduced oxygen packaging)	☐	☐

8. Other: _____

✱ A HACCP plan is required for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority. Attach a copy of HACCP plan if applicable. (See Rule 511-6-1-.02 (5), Rule 511-6-1-.04 (6) (j) and Rule 511-6-1.10(5)(a) and (5)(b).

PLEASE CHECK THE APPROPRIATE BOX / ANSWER THE FOLLOWING QUESTIONS

A. FOOD SUPPLIES

1. Are all food supplies from inspected and approved sources? ☐ Yes ☐ No
2. What are the projected frequencies of deliveries for:

	Day of Week	**AM / PM**	**KEY DROP DELIVERY**
Frozen foods	_____	_____	☐ Yes ☐ No
Refrigerated foods	_____	_____	☐ Yes ☐ No
Dry goods	_____	_____	☐ Yes ☐ No

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

Dish Drying _____ Dry Storage _____ Refrigerated Storage _____ Frozen Storage _____

4. Will foods be transported after preparation (delivery or catering)? ☐ Yes ☐ No

Please describe equipment used to transport hot / cold foods and provide spec sheets:

_____

_____

5. Please describe delivery radius (in time / distance traveled): ☐ N/A

_____

B. COLD STORAGE

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 4º F (5 º C) and below? ☐ Yes ☐ No **Ensure that thermometers are provided in all refrigeration units**
2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked / ready-to-eat foods? ☐ Yes ☐ No

If yes, how will cross-contamination be prevented?

_____

_____

B. COLD STORAGE continued

3. Does each refrigerator / freezer have a thermometer in the warmest part of the unit? ☐ Yes ☐ No

Number of refrigeration units: _____ Number of freezer units: _____

4. Is there a bulk ice machine available? ☐ Yes ☐ No

Describe the cleaning schedule for the bulk ice machine:

C. THAWING FROZEN POTENTIALLY HAZARDOUS FOOD

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHFs) in each category will be thawed. More than one method may apply. Also indicate where thawing will take place.

Thawing Method	∗ Thick Frozen Foods	∗ Thin Frozen Foods
Refrigeration	☐	☐
Running water less than 70°F (21° C)	☐	☐
Microwave (as part of cooking process)	☐	☐
Cooked from frozen state	☐	☐

Other (describe): _____

∗ Frozen foods: thick = more than one inch, thin = approximately one inch or less

D. COOKING

1. What type of temperature measuring device will be used to measure final cooking / reheating temperatures of potentially hazardous foods (PHF)? **PHF is a food that requires time / temperature control for safety (TCS) to limit disease causing microorganism growth or toxin formation.)**

2. Will meat, poultry, eggs or fish be offered raw or undercooked on the menu? ☐ Yes ☐ No

If yes, which items? _____

Is there a consumer advisory? ☐ Yes ☐ No

3. List types of cooking equipment:

E. HOT / COLD HOLDING

1. How will hot PHF food be maintained at 135°F (57° C) or above during holding for service? Indicate type and number of hot holding units.

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

F. COOLING

Please indicate by checking the appropriate boxes how and where PHFs will be cooled to 41° F (5° C) within 6 hours (135° F to 70° F in 2 hours; then, 70° F to 41° F for a total cool time of 6 hours).

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS / GRAVY	THICK SOUPS / GRAVY	RICE / NOODLES
Shallow Pans	☐	☐	☐	☐	☐
Ice Baths	☐	☐	☐	☐	☐
Reduce Volume or Size	☐	☐	☐	☐	☐
Rapid Chill	☐	☐	☐	☐	☐

Other (describe): _____

G. REHEATING FOR HOLDING

1. How will PHF foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165° F for 15 seconds? Indicate type and number of units used for reheating foods?

_____

_____

2. How will reheating cooked and cooled food to 165° F for at least 15 seconds for hot holding occur rapidly and within 2 hours?

_____

_____

H. SAFE PRACTICES

1. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? ☐ Yes ☐ No

   If No, how will ready-to-eat foods be cooled to 41° F? _____

_____

2. Are raw fruits and vegetables included on the menu or as ingredients in dishes? ☐ Yes ☐ No

   If Yes, is a dedicated sink provided for washing raw fruits and vegetables prior to their preparation? ☐ Yes ☐ No

3. Describe the procedure used for minimizing the length of time PHFs will be kept in the temperature danger zone (41° F - 135°F) during preparation.

_____

_____

4. 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?

_____

_____

5. Are there any other locations besides the main kitchen area in which food is planned to be held or stored prior to being served?

_____

6. Which of the following will be used to prevent handling of ready-to-eat foods? **Please check all that apply**
   ☐ Disposable gloves ☐ Utensils ☐ Food grade paper

7. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and / or lesions? ☐ Yes ☐ No

   Briefly describe the policy or attach a copy: _____

_____

H. SAFE PRACTICES continued

8. Please indicate how and when employees will be trained on employee health policy, food safety and allergens. Include the method of training and the tracking mechanism.

_____

_____

_____

The undersigned hereby acknowledges that the **FOOD PREPARATION REVIEW** was completed to accurately reflect the food service operation.

Applicant Name: _____ Applicant Phone #: _____

Applicant Signature: _____ Date: _____

☐ Owner ☐ Authorized Agent ☐ Contractor ☐ Other _____