

CALVERT COUNTY HEALTH DEPARTMENT

PLAN REVIEW SUBMISSION FORM

150 Main Street, PO Box 980, Prince Frederick, MD 20678

410-535-3922 · Fax 410-535-5252

Maryland Relay Service 1-800-735-2258 · Web Site: www.calverthealth.org

PROJECT INFORMATION

Project/Facility Name	Project/Facility Address	City	County	Zip Code
Project Description (Select Only One)	Facility Type	Applicable Plan Review Fees		
<input type="checkbox"/> New Construction (not prototypical) <input type="checkbox"/> Remodel (not prototypical) <input type="checkbox"/> Prototype (new construction)* <input type="checkbox"/> Prototype (remodel)* <input type="checkbox"/> HACCP Review <input type="checkbox"/> Equipment Review <input type="checkbox"/> Process Review <input type="checkbox"/> Plan Revision/Re-submittal <input type="checkbox"/> Alteration * Prototype plans must be submitted to DHMH for review.	<input type="checkbox"/> Restaurant <input type="checkbox"/> Grocery/Convenience Store <input type="checkbox"/> Cafeteria <input type="checkbox"/> School <input type="checkbox"/> Mobile Unit <input type="checkbox"/> Catering Facility <input type="checkbox"/> Excluded Organization <input type="checkbox"/> Other (specify): _____ _____	<input type="checkbox"/> New Construction- \$170 <input type="checkbox"/> Remodel -\$170 <input type="checkbox"/> Resubmittal - \$60 <input type="checkbox"/> Alteration - \$60 <input type="checkbox"/> Equipment Review**-\$30 **If changes are made to cooking equipment that requires a hood system or if the equipment addition changes the approved floor plan, the submittal will be considered an alteration.		

Scope of Project: _____

SITE INFORMATION

If a Retail Food Service Facility, will 2 or more facilities be built from this plan in MD?*** <input type="checkbox"/> Yes <input type="checkbox"/> No *** If yes, the plans must be submitted to the DHMH for review.	Zoning (select all that apply) <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Maritime <input type="checkbox"/> Mixed
Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	Sewage Disposal System: <input type="checkbox"/> Public <input type="checkbox"/> Private
Tax Map/Block/Parcel: _____/_____/_____	FEIN _____

CONTACT INFORMATION

First Name	Last Name	Company	Position
			<input type="checkbox"/> Owner <input type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Expediter <input type="checkbox"/> HACCP Coordinator
Address		City/Town	State
Phone () -		Email	

The Following Must Be Provided, If Applicable. Missing/Incomplete Information Will Delay Your Review

Retail Food Service - Check all that Apply

<input type="checkbox"/> Architectural drawings (2 full sets), site and facility layout <input type="checkbox"/> Plumbing diagram <input type="checkbox"/> Finish schedule <input type="checkbox"/> Equipment schedule <input type="checkbox"/> Equipment specification sheets (2 sets, numbered in sequence to correspond to list/plan) <input type="checkbox"/> Electrical plan <input type="checkbox"/> Reflected ceiling plan (with illumination levels) <input type="checkbox"/> Exhaust hood drawings/calculations – if applicable <input type="checkbox"/> Worker's Compensation Information <input type="checkbox"/> Grease Interceptor/Trap Specifications	<input type="checkbox"/> Mechanical plan (air balance) <input type="checkbox"/> Roof plan/venting <input type="checkbox"/> Elevation drawings <input type="checkbox"/> Menu <input type="checkbox"/> HACCP Plan <input type="checkbox"/> List of all products & sample labels/packaging (if distributing products or pre-packaging product) <input type="checkbox"/> Sanitation Standard Operating Procedures (SSOPs) and Training Plan (as applicable) <input type="checkbox"/> Licensure Application (license will not be issued until the facility passes the pre-opening inspection)
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Please Submit Application with your plans along with the applicable payment to:

Make Check or Money Order Payable to: Calvert County Health Department

Applicant Signature: _____ Date: _____

Agency Use Only

Received By: _____ Date: _____ Check#: _____

Food Service Plan Approved By: _____ Date: _____

Approval Type (circle one): Denied Awaiting Revisions Conditionally Approved* Approved

*Approving agencies, please request a copy of the approval letter if the project is conditionally approved.

Water/Sewage Disposal Approved By: _____ Date: _____

Grease Trap To be Installed (circle one): Yes No If yes, type and size: _____

Amount Due: \$ _____
Date Paid: _____
Pd By: _____

CALVERT COUNTY HEALTH DEPARTMENT
Division of Environmental Health
P.O. Box 980
Prince Frederick, MD 20678
410-535-3922/301-855-1557
Fax# 410-535-5252
www.calverthealth.org

License # _____

APPLICATION FOR LICENSE TO OPERATE A FOOD ESTABLISHMENT

Application is hereby made to operate a food establishment in accordance with the Health-General Article §21-305, Annotated Code of Maryland Governing Food Establishments. A Permit Fee for Permanent Food Establishments for High Priority is \$300, Moderate Priority is \$230, Low Priority is \$180 and Seasonal Food Establishments is \$180. These fees must accompany those applications. Please make all checks payable to the Calvert County Health Department.

PLEASE PRINT OR TYPE

Type of Application: NEW _____ CHANGE OF OWNERSHIP _____ RENEWAL _____

I. Facility Information

Name of Business: _____ T/A: _____

Former Name of Business (if applicable): _____

Physical Address: _____

Mailing Address: _____

Directions: _____

Facility Phone#: _____ Contact Person: _____

Contact Person Phone #: _____ Email: _____

II. Business Owner (Licensee Agent) – If incorporated, see next section.

Name: _____
(Please Print)

Address: _____

Phone#: _____ Fax #: _____ Email: _____

Signature: _____

III. Corporate Information

Name: _____ Tax ID# (FEIN): _____

Address: _____

Corporate Contact Person: _____ Phone#: _____

Fax#: _____ Email: _____

Signature: _____

IV. Property Owner

Name: _____

Mailing Address: _____

Phone#: _____

V. **Operations**

Check Applicable Operation: Permanent _____ Seasonal _____ (4 Month Consecutive Operation or Less)

Normal Days/Hours for Business Operation: _____ (Specify Starting Mo/Day & Ending Mo/Day if Seasonal)

Number of Seats: _____ # of patrons served per day: _____

Check Type of Establishment: (Check all that apply)

Restaurant _____ Mobile Unit _____ School _____ Processing _____
Hospital _____ Caterer _____ Grocery _____ Other _____
Nursing Home _____ Liquor Store _____ Carry Out _____ (Explain)

VI. **Utilities**

Water Supply: _____ Public _____ Private* * For "private wells", does the facility serve 25 or more patrons, for 60 days or more per year?
_____ Yes _____ No

Sewerage: _____ Public _____ Private _____ Yes _____ No

Grease Trap: _____ Yes _____ No Grease Trap Size: _____ gallons

VII. **Mobile Unit**

Make: _____ Model: _____ Year: _____ Color: _____

Tag#/State: _____ VIN: _____

Owner: _____ (Name, Address, Phone Number)

Special Markings: _____ (Names, Numbers Etc.)

Mechanical Refrigeration: _____ Yes _____ No Ice: _____ Yes _____ No

VIII. **Source of Food:** _____ (Name of Supplier, Grocery, Restaurant or Commercial Distributor)

Type of Food Service System/Processes (check all processes that apply and circle the applicable food flows):

_____ Process 1 (commercial packaged potentially hazardous food; hand dipped ice cream)

_____ Process 2 (cook-serve; cook-hot hold serve; cold hold-serve)

_____ Process 3 (cook-hot hold-cool-serve; cook-hot hold-cool-reheat serve; cook-hot hold-cool-reheat-serve; cook-cool-reheat-hot hold-serve; cook-cool-cold hold-serve; special processes)

_____ Other: _____

IX. **Workers Compensation Insurance Information**

Workers Compensation Insurance Provided: _____ Yes _____ No

If "yes", please list Carrier Name: _____ Policy# _____

If "no", please list reason (exempt, sole proprietor, etc....): _____

By signing this application, you hereby acknowledge that your business is in compliance with the Maryland Worker's Compensation Laws and Regulations.

OFFICIAL USE ONLY: License Issued: _____ Approved By: _____

Date HACCP Approved: _____

Priority: High _____ Moderate _____ Low _____

Statement of Workmen's Compensation Insurance

Maryland Health-General Code Annotated Section 1-202 requires that before any license or permit can be issued under the Health-General Article to an employer to engage in an activity in which the employer may employ any individual, the employer must file with the issuing authority a certificate of compliance with the State Workmen's compensation laws indicating the employer's workmen's compensation insurance policy or binder number.

Please check the option box below that applies to you, provide the requested information, sign and date the form, and return it with the attached application.

1. I have workmen's compensation insurance.

Insurance Company _____

Policy or Binder Number _____

2. A waiver has been received from the Workmen's Compensation Commission. (ATTACH A COPY OF THE WAIVER).

3. As provided by Maryland Annotated Code Article 101, I am exempt from having workmen's compensation insurance. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE).

4. I am self-insured. Approval of self-insurance has been received from the Workmen's Compensation Commission. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE).

Date

Signature

Company Name

Title

Company Address

Type of License

FOR OFFICE USE ONLY

New Permit/License _____ Approved _____ Denied _____ Hold _____

Reason _____

By _____ Date _____

**STATEMENT OF WORKMENS' COMPENSATION INSURANCE –
ADDITIONAL INFORMATION**

If a proprietor does not have employees he/she may qualify for a waiver or exemption of self-insurance is not required. In order to comply with Maryland Health-General Code Annotated Section 1-202, a copy of the certificate of compliance (with official seal) for a waiver or exemption from the workmen's compensation Board must be submitted to the Calvert County Health Department, Division of Environmental Health, P.O. Box 980, Prince Frederick, MD 20678.

In order to receive a waiver or exemption of this insurance, a notarized letter must be submitted to the board stating your situation. All letters should be addressed to:

State of Maryland
Workers' Compensation Commission
10 East Baltimore Street
Baltimore, MD 21202-1641

The Workers' Compensation Commission may be contacted at:

(410) 864-5100
(800) 492-0479 (Outside Metro Baltimore)
711 or (800) 735-2258 (Maryland Relay-Hearing Impaired)
Email: info@wcc.state.md.us
Website: <http://www.wcc.state.md.us>

If you have self-insurance, approval must be received from the Workmen's Compensation Commission and a copy of the certificate of compliance shall be submitted to this department.

If you wish to inquire on receiving self-insurance, you may contact:

INJURED WORKERS INSURANCE
8722 Loch Raven Blvd
Towson, MD 21286-2235
1-800-264-IWIF (4943), Monday-Friday, 8:00am to 5:00pm

If you have any further questions or need additional information, please do not hesitate to call our department weekdays between the hours of 8:00 a.m. and 4:30 p.m. at the following phone number: (410) 535-3922.

***NOTE: Workmen's Compensation Insurance is not required for
Excluded Organizations with volunteer workers.**

Food Service Facility Plan Review Submittal Requirements

A food service facility owner/owner's designee shall submit properly prepared plans and specifications for construction, remodeling, or alterations to the approving authority in accordance with Health General Article §21-321, Annotated Code of Maryland. The following requirements pertain to any situation where a food service facility is constructed or materially altered, or when an existing structure is converted for use as a food service facility. Prior to commencing construction activities, the owner/owner's designee must obtain approval from the approving authority by submitting all required materials for review. **Incomplete submission of information will delay your review. Please submit all plan review materials that are appropriate for the scope of your project.**

- A. Classification of Facility: In order for this Department to evaluate the potential risk for a food borne illness to occur in the proposed food service facility, the following information is required:
1. Describe the clientele to be served.
 2. Submit a proposed menu or a written description of foods which will be prepared and served.
 3. Indicate the type of food service system(s) proposed, i.e. cook-serve, cook-hot hold-serve, cook-chill-reheat-hot hold-serve, etc. After reviewing the above information, a priority assessment (high, moderate or low) will be assigned to your facility.
- B. HACCP Plan*: For each type of food service system proposed, (cook-cool-serve, cook-hot hold-serve, etc.), submit a flow process diagram which includes the following:
1. Identify the critical control points for each flow process. A critical control point is the step or steps involved in the preparation of food where the potential for the introduction or the growth of pathogenic microorganisms exists.
 2. Indicate how each critical control point will be controlled and monitored.
 3. Submit written procedures as to how the food will be handled if the critical control point is not under control due to employee error, equipment malfunction, power outage, etc.
 4. Provide verification procedures.
 5. Provide written procedures for training employees.

* An example template can be obtained at www.calverthealth.org

- C. Layout of Facility:
1. Submit a to-scale floor plan (1/8" or 1/4" per foot) showing that the flow of food through the facility allows for temperature control, product integrity and minimal potential for cross contamination.
 2. Identify each work area and show the location of all equipment.

3. Identify adequate preparation space (tables) and storage space (shelving) on the plan.
 4. Position equipment to allow for easy cleaning and maintenance.
 5. Provide description of the building construction type (i.e. wood frame, masonry).
- D. Finish Schedule: Specify by areas. Finishes must, in general be smooth, easily cleanable, durable, grease resistant. (Refer to the Regulations for specific requirements.)
1. Floors- Specify material and color (i.e. sealed concrete, light gray). Sample may be required.
 2. Base- Specify coving for the floors and coloration (i.e. white vinyl baseboards). Specify all floor/wall junctures to be closed/sealed.
 3. Walls- Specify materials, color, and finish (i.e. white FRP).
 4. Specify that all piping, conduit, cable, and similar materials will be either located inside the wall, sealed to the wall, or installed with a minimum 1 inch space from the wall.
- E. Door Schedule:
1. All doors to the exterior must be self-closing and equipped with integral, tightly fitted door sweeps.
 2. Include a statement that there will be no opening of 1/32 inch or greater in or around the doors.
 3. During hours of non-operation, all access to facilities located in shopping malls must be rodent-proof.
- F. Reflected Ceiling Plan/Illumination Plan:
1. Specify that a minimum of 50 foot-candles of shielded light will be provided at all work surfaces in food preparation areas and utensil washing areas.
 2. Specify that a minimum of 20 foot-candles of light will be provided in storage rooms, toilet rooms, locker rooms, in garbage and rubbish storage areas, and in dining areas during cleaning.
 3. Include shielding and shatter-proof lighting notations in all areas where there will be exposed food and dish ware.
- G. Mechanical Plan:
1. Submit a mechanical plan and air balance schedule that indicates the overall air balance broken down by area.
 2. Indicate exhaust and make up air capacities for each hood.
 3. Provide the restroom exhaust capacity (per restroom).
 4. Submit complete, scaled shop specifications for each exhaust hood, indicating the position of the cooking equipment under the hood and filter banks.
 5. Provide documentation that the kitchen hood systems complies with NSF-2, UL-710, and NFPA-96, and must list exhaust and supply air volumes.
- H. Restroom Facilities:

1. Location- Restrooms shall be adequate and conveniently located and shall be accessible to employees at all times.
2. Installation - Toilet facilities shall be installed in accordance with all applicable State and local laws, ordinances and regulations.
3. Semi-Permanent Facility Restrooms- Off-site restrooms, within 300 feet of the food service facility, which are accessible during all hours of operation, are acceptable for semi-permanent food service facilities.
4. Public Restrooms- Public restrooms are required when customer seating is provided.
5. Doors- Restroom doors must be self-closing.
6. Exhaust- Provide mechanical exhaust ventilation sized at a minimum of 2 cubic feet per minute per square foot of floor area. Fan must exhaust directly to the outside of the building.
7. Waste Receptacles- Provide waste receptacles in each toilet room. Receptacles(s) in the women's toilet room must be covered.

I. Hand Washing Facilities:

1. Indicate location(s) on plans. Hand washing facilities are required in the following locations:
 - a. In, or adjacent to, toilet facilities.
 - b. In each food preparation, utensil washing and food handling area.
2. Provide a mixing valve for hot and cold water or combination faucet.
3. Provide splash guards, as necessary, when hand sink is installed adjacent to any food preparation or storage area.
4. Soap, paper towels and trash receptacles must be provided at all hand sinks.

J. Equipment:

1. Provide a complete, numbered list of equipment that corresponds to the numbering on the floor plan. Include the manufacturer and model number for each piece of equipment. Equipment must be National Sanitation Foundation (NSF) approved or the equivalent.
2. Provide equipment specifications for all proposed food equipment. Document all listings, such as NSF, BISSC, UL (sanitation), CRMA, and 3A standards.
3. For custom built equipment by a NSF listed manufacturer, specify "Custom. To be built to all applicable NSF standards", and specify the manufacturer's name.
4. For custom built equipment by a non-NSF listed manufacturer, submit complete shop drawings showing intended compliance with the applicable NSF standards.
5. Floor plan. Show equipment either sealed to adjacent surfaces, placed on NSF approved casters, or spaced for easy cleaning.
6. Specify that all floor mounted equipment will be either placed on NSF approved 6 inch legs or properly spaced from adjacent equipment or walls, or placed on NSF approved casters, or properly sealed to the floor.
7. Indicate that all counter mounted equipment weighing in excess of

- 80 pounds will be placed on NSF approved 4 inch legs or properly sealed to the counter and all adjacent surfaces.
8. Shelving intended for storage or holding of open foods or utensils must be a minimum of 18 inches from the floor.
 9. The floors of walk-in boxes are to be graded to drain to the outside through a waste pipe, doorway, or other opening when flushing with water is the method of cleaning.
 10. No over-shelves or salamanders are allowed above cooking surfaces unless an angled splash-guard of approved construction is provided.
 11. Submit shop drawings for all food guards.
 12. All equipment must be adequate for operational needs and sized accordingly.

K. Utensil Washing:

1. Three compartment sink.
 - a. Must be equipped with integral left and right drain boards or approved dish carts.
 - b. Indicate that sink will be sufficient in size to accommodate the largest pot, pan, or utensil.
 - c. If two compartment sink is proposed, submit the name of the United States Department of Agriculture approved detergent sanitizer and indicate that no-grease-producing foods are prepared in the establishment.
2. Dishwashers.
 - a. A pressure gauge is required to be installed in accordance with manufacturer's specifications.
 - b. If a hose spray is used for the scraping operation, indicate that it will be equipped with an appropriate backflow preventer.
 - c. Under-counter dishwashers must be installed on NSF approved 6 inch legs or NSF approved casters.

L. Plumbing: Must conform to the requirements of the State or Local plumbing authority.

1. Provide a plumbing layout and riser diagram, which indicates the proposed locations of all fixtures, such as hand sinks, utility sinks, warewashing sinks, floor drains, floor sinks, hub drains, hose stations, and backflow preventers. Ensure drain line sizes are provided for the floor sinks, floor drains, trench drains, and hub drains.
2. Indicate which fixtures are plumbed to grease waste v. sanitary waste.
3. Indirect connections are required for the following: Dishwashing machines, multi-compartment and food preparation sinks, refrigerators, steam kettles, potato peelers, ice machines, walk-in units, and all food service equipment that generates waste.
4. Indicate indirect waste connections are provided with a minimum one-

- inch air gap.
5. Indicate separate drains from each compartment of multi-compartment sink to an open site drain.
 6. All submerged water inlets and hose bib connections must be protected by a properly installed vacuum breaker or other backflow prevention device as approved by the plumbing authority.
 7. Installation of automatic chemical dispensers must be indicated on the plans. Specification sheets must be provided for each type of automatic chemical dispenser. Automatic chemical dispensers may not be installed at food preparation sinks or at three-compartment sinks that will be used for food preparation.
- M. Storage: Specify shelving, dunnage racks, etc. by manufacturer and model number. Must be NSF approved, or the equivalent.
- N. Utilities: Specify-
1. Water- Public supply or private well.
 2. Sewage- Public sewer or on-site sewage disposal system.
- O. Dressing Rooms and Lockers: Specify location and type.
- P. Site Plan (refuse disposal and sewage disposal):
1. Note the location of the grease interceptor, septic tank, and sewage disposal area on the plan.
 2. Provide a grease interceptor specification, indicating the volume and number of chambers.
 3. Specify the location of all refuse and grease waste storage areas. Areas must be impervious and cleanable.
- Q. Mop Sink: Specify location. Indicate location for the hanging storage of mops and brooms.
- R. Chemical Storage: Specify type of facilities, shelving, and location.
- S. Operations SOPS: An Operations Manual and Standard Operating Procedures that address manufacturing practices, employee training, and plant sanitation.
- T. Mobile Units: In addition to the plan review materials specified above, for mobile units, provide the volume and materials of construction for the waste holding tank and potable water holding tank. Provide the volume of the hot water heater. Provide a commissary/depot agreement for food storage, food preparation, and dish washing. Provide waste water disposal agreement.
- U. Catering: Transportation, off-site service plan, and HACCP procedures must be provided. Additionally, the food service license number must be included on all forms of advertisement.
- V. Food Processing/Distribution: For a proposed retail food processing plant (food facilities that produce and ship items to other retail food service facilities), a detailed description

of all planned food processes must be provided. Ingredient source and receiving, processing steps, labeling, and transportation must be described. A product flow chart and HACCP evaluation may be required for certain facilities.

List of Acronyms:

BISSC: Baking Industry Sanitation Standard Committee

CRMA: Commercial Refrigerator Manufacturers Association

HACCP: Hazard Analysis Critical Control Point

NAMA: National Automatic Merchandizing Association

NSF: National Sanitation Foundation

UL: Underwriters Laboratories

NFPA: National Fire Protection Association

CALVERT COUNTY HEALTH DEPARTMENT DIVISION OF ENVIRONMENTAL HEALTH

P.O. Box 980
Prince Frederick, Maryland 20678

Laurence Polsky, MD, MPH, F.A.C.O.G.
Health Officer

William E. Haygood, LEHS
Director



(410) 535-3922

Washington Area (301) 855-1557

FAX (410) 535-5252

www.calverthealth.org

STATE OF MARYLAND

Retail Pre-Opening Inspection Checklist

The following checklist is provided as an aide to prepare the owner/operator of a new or remodeled food service establishment for the pre-opening inspection by the Calvert County Health Department. This checklist is not intended to take the place of the Code of Maryland Regulations (COMAR) 10.15.03 or any local requirements. It serves as a brief review of the more common items associated with most food service establishments.

- A set of plans bearing the stamped approval of the Calvert County Health Department or Office of Food Protection Center for Facility and Process Review, Maryland Department of Health and Mental Hygiene (for prototypical facilities) is onsite during all stages of construction and accessible during the pre-opening inspection.
- All conditions cited in the approval letter have been properly addressed.
- An approved copy of the HACCP plan and menu is onsite.
- All surfaces must be finished. This includes floors, walls, ceilings, insides of walk-in units, cabinets, etc. There cannot be any raw wood or unfinished surface. All outer openings to the establishment should be tightly sealed, screened, or provided with devices (air curtains or air doors) to prevent rodent and insect entry.
- All equipment seams and junctures must be adequately sealed with approved materials.
- All equipment in the facility is installed in accordance with the approved plans.
- Drain lines from steam tables, refrigerators without evaporators, ice bins and machines, drink dispensers, or other equipment are indirectly wasted to properly sized floor sinks or drains. Floor sinks must have an adequate strainer installed.
- Appropriate and approved backflow prevention devices are installed on water supply lines to fixtures such as garbage grinders, ice machines, carbonated beverage equipment, ovens, etc.
- Hot water is available at all fixtures, where required.
- All refrigeration, hot holding, and freezer units are operating properly and equipped with thermometers.
- All hoods are properly installed and operational. Provide a test/balance report for the hood system or certification that the hood was installed and balanced as specified on the air balance schedule approved during the plan review.
- All lighting is installed with adequate shielding (where applicable) and at the proper illumination level.
- All refuse disposal containers and waste grease containers are installed, as specified, on an impervious surface.