CARSON CITY HEALTH & HUMAN SERVICES
900 EAST LONG STREET, CARSON CITY, NV 89706
PHONE: 775-887-2190 FAX: 775-887-2248

Submittal Requirements For Food Establishments

The information in this package is to guide the owner or builder through the submittal and approval procedures when obtaining a permit to open and operate a food establishment in Carson City. A food establishment means "any place, structure, premises, vehicle or vessel, or any part thereof, in which any food intended for ultimate human consumption is manufactured or prepared by any manner or means whatever, or in which any food is sold, offered or displayed for sale or served" per *NRS 446.020.*

- The design of all food establishments must be designed with all applicable codes, including but not limited to the: Nevada Administrative Code 446 and the 2012 Uniform Plumbing Code.
- The application, plan and additional requirement materials will be submitted to the Building Department. Failure to complete the additional required materials and application forms will result in delays in issuing the permit.

Permit Fees

Plan review	$ 50.00
Re-inspection fee	$ 25.00

Required documents in addition to Building Department requirements to be submitted with application:

- Application for a Food Establishment, proposed menu and finish schedule.
- Manufacturer specification sheets for each piece of equipment shown on the plan.
- Site plan showing the location of the building, location of building on site, including alleys, streets and location of any outside facilities (ex: dumpsters, patios, walkways).
- Plan drawn to scale of facility showing location of equipment, plumbing, electrical services and mechanical ventilation

Required Inspections:

- CCHHS will perform inspections of all new, remodeled and converted facilities.
- Please call the Building Department **and** CCHHS to schedule appointment for inspection. **Inspections must be scheduled at least twenty-four (24) hours in advance.**
- Approved plans must be on job site at the time of each inspection.

Note: For questions regarding Grease Interceptors, please call Carson City Environmental Control at (775) 887-2355.

Regulations for food establishments, chapter 446 in the Nevada Administrative Code (NAC), can be found on the web at http://leg.state.nv.us/NAC/NAC-446.html

Contents and format of plans and specifications:

- Plans shall be on 11 x 17 or larger paper size, including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot.
- Entrances, exits, loading and unloading areas and docks.
- Show the location of all food service equipment. Label each piece of equipment clearly on the plans with a common name.
- Submit drawings of self-service hot and cold holding units with sneeze guards.
- Designate clearly on the plan facilities for hot and cold holding of potentially hazardous foods.
- Sinks for washing hands must be located to permit convenient use by all employees in areas used to prepare food and wash utensils.
- A food establishment that provides public seating or where the consumption of food is authorized must have separate rooms with toilets for males and females.
- On the plan, represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage of food preparation, and show all features of the rooms as required by these standards.
- Complete finish schedules for each room to include: floors, walls, ceilings and coved juncture to bases (Note: Include material type and color of each item on plan)
- Plumbing schedule to include location of floor drains, floor sinks, water supply lines and overhead waste water lines.
- Location of hot water generating equipment with: capacity, recovery rate, backflow prevention and waste water line connections
- A food preparation sink is required when menu dictates.
- It is highly recommended that three (3) compartment sinks be included, even if a dishwasher is located at the facility.
- Lighting schedule with protectors.
- Source of water supply and method of sewage disposal.
- Ventilation schedule for each room.
- A mop sink with facilities for hanging wet mops
- Garbage can washing area/facility.
- Cabinets for storing toxic chemicals.
- Dressing rooms, locker areas, employee areas and coat racks.
- Openings to the outside must be effectively protected against the affects of the weather and the entrance of rodents and insects by the use of doors that fit tightly and close automatically, closed windows, screens, controlled air currents and air curtains.

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Plan Review Worksheet for Food Establishments

TYPE OF ESTABLISHMENT: (Check as many as apply)

- ❑ Bar
- ❑ Catering
- ❑ Church
- ❑ Hotel/Casino
- ❑ Restaurant
- ❑ Retail Grocery
- ❑ Wholesale Dist.
- ❑ Bottled Water Plant
- ❑ Child Care Center
- ❑ Fast Food Restaurant
- ❑ Multiple Food Facility
- ❑ Restaurant & Bar
- ❑ School
- ❑ Other _____
- ❑ Catering Truck
- ❑ Convenience Store
- ❑ Food Facility
- ❑ Resort Complex
- ❑ Retail Food Producer
- ❑ School Cafeteria (fee exempt)

TYPE OF ESTABLISHMENT ❑ New Establishment ❑ Existing Establishment (Change)

ESTABLISHMENT INFORMATION
OLD NAME:_____

NEW NAME:_____

NAME OF OWNER _____

MAILING ADDRESS _____

PRIMARY PHONE # _____ SECONDARY PHONE # _____

NAME OF CONTRACTOR _____

MAILING ADDRESS _____

PRIMARY PHONE # _____ SECONDARY PHONE # _____

APPLICABLE LICENSE # _____

NAME OF ARCHITECHT/ENGINEER FIRM _____

NAME OF PRIMARY CONTACT _____

MAILING ADDRESS _____

PRIMARY PHONE # _____ SECONDARY PHONE # _____

APPLICABLE LICENSE # _____

PROJECTED DATE FOR START OF CONSTRUCTION: _____

PROJECTED DATE FOR COMPLETION OF PROJECT: _____

TYPE OF SERVICE: (check as many as apply)
❑ Sit-down meals ❑ Take Out ❑ Caterer ❑ Delivery ❑ Mobile

HOURS OF OPERATION:
SUNDAY _____ THURSDAY _____
MONDAY _____ FRIDAY _____
TUESDAY _____ SATURDAY _____
WEDNESDAY _____

NUMBER OF SEATS _____ TOTAL SQ FT OF FACILITY _____

APPROXIMATE MAXIMUM NUMBER OF MEALS TO BE SERVED:
BREAKFAST _____ LUNCH_____ DINNER _____

FOOD PREPARATION REVIEW

FOOD SUPPLIES:
THE PROJECTED FREQUENCIES OF DELIVERIES FOR (days between delivery)

Frozen foods	
Refrigerated foods	
Dry Goods	

SPACE ALLOCATED FOR STORAGE (in cubic feet)

Frozen foods	
Refrigerated foods	
Dry goods	

CHECK THE CATEGORIES OF FOODS TO BE HANDLED, PREPARED AND SERVED

CATEGORY	YES	NO
Meats, poultry, fish, eggs		
Cold processed foods: salads, sandwiches, vegetables		
Hot processed foods: soups, stews, rice, noodles, gravy, chowder		
Bakery goods: pies, custards, cream fillings & toppings		
Prepackaged, non-potentially hazardous items		
Other:		

THAWING OF POTENTIALLY HAZARDOUS FOODS

THAWING METHOD	YES	NO
Refrigeration		
Under running water @ 70 degrees F		
Microwave (as part of cooking process)		
Cooked from Frozen		

HOT AND COLD HOLDING:

1. How will hot potentially hazardous foods (PHFs) be maintained at 140° F (60° C) or above during holding for service? Indicate type and number of hot holding units.

_____

_____

_____

2. How will cold potentially hazardous foods (PHFs) be maintained at 40° F (5° C) or below during holding for service? Indicate type and number of cold holding units.

_____

_____

_____

COOLING:
Please indicate by checking the appropriate boxes how PHFs will be cooled to 41° F (5° C) within 4 hours.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/GRAVY	THICK SOUP/GRAVY	RICE/NOODLES
Shallow Pans					
Ice Baths					
Reduce volume/size					
Rapid Chill					
Other					

FINISH SCHEDULE:
Applicant must indicate which material (ex: quarry tile, stainless steel, fiberglass reinforced plastic (FRP), etc, will be used in the following areas.) *(as per NAC 446.530: surfaces must be "light-colored, smooth, non absorbent durable and easy to clean")*

AREA	FLOOR	COVING	WALL	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage/Refuse				
Mop Sink				
Dishwashing				
Walk-in Refrigerators/Freezers				

* ***Please note color for each item listed.***

PLUMBING CONNECTIONS:
Indicate which type of connections these items have to the sewer: air gap, air break or internal trap.

AREA	TYPE OF CONNECTIONS
Mop Sink	
Hand wash Sink	
3-Compartment Sink	
2-Compartment Sink	
1-Compartment Sink (ex: Food Preparation Sink or Dump Sink)	
Dishwasher	
Refrigeration Condensation/Drain Lines	
Ice Machines	
Ice Storage Bin	
Steam Tables	
Dipper Wells	
Beverage Dispenser	
Other	
Other	
Other	
Other	
Other	

DISHWASHING FACILITES (check as many as apply):

- ❑ 3-Compartment Sink with integrated drain boards
- ❑ Dishwasher
  - ❑ High Temperature
  - ❑ Booster Heater
  - ❑ Chemical
    - ❑ Ammonium Hypochlorite (Chlorine)
    - ❑ Quaternary Ammonium
    - ❑ Iodine
    - ❑ Other _____

HAND WASHING, TOILET FACILITIES

	YES	NO	N/A
Is there a hand washing sink in each food preparation and dishwashing area?			
Do all hand washing sinks, including those in restrooms have a mixing valve or combination faucet?			
Is hot and cold running water under pressure available at each hand sink?			
Do self-dosing metering faucets provide a flow of water for at least twenty (20) seconds without the need to reactivate the faucet?			
Is soap dispenser available at all hand washing sinks?			
Are fingernail scrub brushes available at all hand washing sinks?			
Are hand-drying facilities available at all hand washing sinks (ex: paper towels, air blower, etc.)?			
Are all toilet room doors self closing?			
Are all toilet rooms equipped with adequate ventilation?			

STATEMENT

I hereby certify that the above information is correct, and I fully understand that any deviation from the above approval without prior permission from this Health Regulatory Office may nullify this approval. Approval of these plans and specifications by this Health Regulatory Authority DOES NOT indicate compliance with any other code, law or regulation that may be required by federal, state or local agency. It further DOES NOT constitute endorsement or acceptance of the completed establishment, including but not limited to the structure or equipment. A pre-opening inspection of the establishment with the equipment will be necessary to determine if it complies with the State of Nevada and Carson City Municipal Codes governing food service establishments.

Signature(s): _____

Date: _____