ST. CLAIR COUNTY
HEALTH DEPARTMENT

Our Community. Our Environment.

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PLAN REVIEW APPLICATION

St. Clair County Health Department welcomes you to the Plan Review process.

Fee schedule is as follows:

Full Plan Review	**$400.00 X**
	$500.00 Y
	$600.00 Z
Partial Plan Review	**$250.00 X**
	$350.00 Y
	$450.00 Z

Plan Review fee is determined by risk factor and scope of project. Plan Review Specialist will determine if you require a full or partial plan review and which risk rating category applies. Risk rating categories and examples are:

X - pre -packaged items/low risk foods i.e. Ice Cream Parlors
Y- limited menu i.e. Fast Food Operations
Z- complex preparation including cooking, cooling, reheating i.e. Full Service Restaurant

Plan Review packet is comprised of the following parts:

1. Plan Submittal Instructions
2. Food Establishment Plan Review Process
3. Food Establishment Plan Review Application
4. Food Establishment Plan Review Worksheet

Plan Submittal Instruction Sheet lists the items required to complete the Plan Review Application. Upon receipt of the required items, the application will be reviewed in a timely manner. The following correspondence may be sent: requests for more information and disapproval letters. Once the Plan Review is completed, an approval letter will be sent. For more information or questions, contact the St. Clair County Health Department at (810) 987-5306.

REV 1/2019

Michigan Department of AGRICULTURE & Rural Development

Fixed Food Establishment Plan Review Application

Meets the Food Law requirement for a transmittal letter to be submitted with the plans.

Establishment Name: _____

Address, City, Zip: _____

Establishment Phone: _____

Location Information: Between _____ & _____

Prior Establishment Name: _____

Owner	Food Service Equipment Supply Co.
Name: _____	Name: _____
Address: _____	Address: _____
City, State: _____	City, State: _____
Zip: _____ Phone #: _____	Zip: _____ Phone #: _____
E-Mail : _____	E-Mail : _____
Architect	**General Contractor**
Name: _____	Name: _____
Address: _____	Address: _____
City, State: _____	City, State: _____
Zip: _____ Phone #: _____	Zip: _____ Phone #: _____
E-Mail : _____	E-Mail : _____

***Please complete each line of the above sections to enable timely correspondence.**

Which of the above will serve as the primary contact: _____

Which of the above should all correspondence be mailed to: _____

Proposed start date of construction: Building _____ Food preparation/storage areas _____ (e.g. Kitchen)

Proposed opening date: _____

For reviewing agency use only:

Fee $: _____ Check #: _____
Date: _____ Receipt#: _____
Plan Review #: _____ Assigned to: _____

Remarks: _____

General Information

Hours of Operation: _____

Seating Capacity (include bar & outdoor): _____ **Facility Size (square feet):** _____

Minimum staff per shift: _____ **Maximum staff per shift:** _____

These plans are for a (mark one): ☐ New Establishment ☐ Remodeling ☐ Conversion ☐ Partial

What describes the establishment better (mark one): ☐ On-site Food Preparation ☐ Serving Site

Will part of the operation be outdoors (e.g. bar, dining, storage, cooking, etc.): ☐ Yes ☐ No

If yes, explain: _____

_____

_____

Type of Operation/Food Service (mark all that apply)

☐ Sit down meals
☐ Full service with bar
☐ Bar with food prep.
☐ Bar with no food prep.
☐ Grocery store
☐ Fresh meat
☐ Seafood/fish
☐ Deli
☐ Fast food
☐ Self-service bulk items
☐ Tasting room

☐ Cafeteria
☐ Catering
☐ School
☐ Produce
☐ Produce processing
☐ Hospital
☐ Smoked fish
☐ Bakery
☐ Brewery
☐ Water bottling

☐ Church
☐ Takeout menu
☐ Commissary
☐ Counter service
☐ Buffet or salad bar
☐ Wholesale foods
☐ Tableside/display cooking
☐ Ice production/packaging
☐ Hotel
☐ Kiosk

☐ Bottling alcoholic beverages (e.g. beer, wine, hard cider, etc.)

☐ Repackage (e.g. nuts)

List food:

☐ Processor (e.g. cured meats, juice, sushi, slaughter, etc.)

List food:

Please summarize the proposed project including a description of the construction to take place, a description of equipment to be added or removed, and an overview of the proposed operation.

_____

_____

_____

_____

_____

_____

_____

I certify that the plan review application package submitted is accurate to the best of my knowledge.

Signature of owner or representative: _____ Date: _____

Please print name and title here: _____

REV 1/2019

Michigan
Department of
AGRICULTURE
& Rural Development

Michigan Department of Agriculture and Rural Development

Fixed Food Establishment
Plan Review Worksheet

To be completed by the operator and submitted to the local health department or the Michigan Department of Agriculture and Rural Development, (whichever will be conducting the plan review).

Establishment Name: _____

Address: _____

City, State, Zip: _____

Food & Dairy Division
Michigan Department of Agriculture
and Rural Development
P.O. Box 30017
Lansing, MI 48909
(800) 292-3939

Pages 9-23 ask structural and equipment questions that the operator may wish to have the contractor or architect assist in completing.

Refer to the Fixed Food Establishment Plan Review Manual for technical assistance in completing this worksheet. This manual is available from your reviewing agency or by visiting; http://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51203---,00.html

It is important to complete this document in its entirety. Sections that are left blank may cause delays in the plan review of your food establishment. If a section is not pertinent to your operations, writing in NA for not applicable in that section would suffice.

Food Manager Knowledge

Under the Food Law of 2000, as amended, food establishments are REQUIRED to have a person in charge (PIC) during all hours of operation and at least one active managerial employee that has completed and obtained a Certified Food Manager (CFM) certificate under a program accredited by American National Standards Institute (ANSI). A list of ANSI accredited programs can be found at: **https://www.ansi.org/Accreditation/credentialing/personnel-certification/food-protection-manager/ALLdirectoryListing?menuID=8&prgID=8&statusID=4**

A designated person in charge shall demonstrate knowledge of foodborne disease prevention, application of food safety, (HACCP) principles, and the requirements of the Food Code.

Please check all that apply:

Certified Food Manager's (CFM) Certificate submitted:	☐ YES	☐ NO
Employee currently in or signed up for CFM class: If yes, submit invoice for class.	☐ YES	☐ NO

Menu

It is REQUIRED to provide a full menu including all beverages or minimally a list of foods offered. The menu does not have to be the final print version; this will be requested later. It is suggested that a "proof" copy of the menu be submitted for approval prior to final printing. Additionally, it should be noted if the establishment will host guest chefs or "popup" restaurants that may serve food items not listed on the menu.

The customer must be informed by means of a consumer advisory that a menu item contains raw or undercooked foods of animal origin. A guidance document on providing a consumer advisory can be found at: http://www.michigan.gov/documents/mda/MDA_FCConsAdvisMay08_245934_7.pdf

Menu submitted:	☐ YES	☐ NO
Will establishment host guest chefs or "popup" restaurants:	☐ YES	☐ NO
Menu items contain raw or undercooked animal-based foods:	☐ YES	☐ NO
If YES, the menu contains a consumer advisory:	☐ YES	☐ NO

SOP's and HACCP

It is REQUIRED to provide a full set of Standard Operating Procedures (SOP's). A SOP manual can be accessed at: http://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51203---,00.html . SOPs should be specific to your menu, food processes, and equipment.

Standard Operating Procedures (SOP's) submitted: ☐ YES ☐ NO

Hazard Analysis and Critical Control Points (HACCP) plan is a written document that outlines the formal procedure for specialized food processes such as smoking food for preservation, curing, reduced oxygen packaging, fermentation, and/or packaging raw unpasteurized juice (FDA Food Code 3-404.11, 3-502.11, 3-502.12, 3-801.11). Products produced for wholesale under the Code of Federal Regulations, may also require specific HACCP plans under these regulations. Please consult your regulatory agency if you plan to wholesale products (i.e. sell to another retail or food service operation).

Facility performing a specialized food process: ☐ YES ☐ NO

If YES, HACCP plan submitted: ☐ YES ☐ NO

Facility making products to wholesale: ☐ YES ☐ NO

****Submission of a HACCP plan, during the plan review process, does not mean the submitted HACCP plan is automatically approved. Further review of your submitted HACCP plan by the regulatory authority will be conducted and communicated with you.**

Food Preparation Review

(See Fixed Food Establishment Plan Review Manual Parts 1 and 3)

1. How will time/temperature control for safety (TCS) food be thawed? List food items that apply.

Thawing Method	Food less than 1" thick	Food more than 1" thick
Refrigeration		
Running water (less than 70°F)		
Microwave as part of cooking process		
Cook from frozen		
Other (please describe):		

2. Cooking and reheating TCS foods: List all cooking or reheating equipment and mark all applicable boxes for the listed equipment.

Equipment Name	Cooking	Reheating	New	Used	NSF Certified or Equivalent

3. Hot and cold holding of TCS food: List all hot or cold holding equipment and mark all applicable boxes for listed equipment.

Equipment Name	Hot Hold	Cold Hold	New	Used	NSF Certified or Equivalent

4. Will ice be used as a refrigerant for TCS food? ☐ YES ☐ NO

   If YES, list the types of foods involved. Ensure this process is described within your standard operating procedures.

_____

_____

_____

_____

5. Will time as a public health control be used instead of hot or cold holding? ☐ YES ☐ NO

   If YES, list the types of foods involved. As a reminder, a standard operating procedure must be submitted for this process.

_____

_____

_____

_____

6. Cooling TCS food: List foods that will be cooled using each of the following methods. Hot TCS foods must be cooled from 135°F to 70°F in 2 hours or less and within a total of 6 hours from 135°F to 41°F or less. If prepared from room temperature or pre-chilled ingredients (i.e. tuna salad) then the foods must be cooled from 70°F to 41°F within 4 hours.

Cooling Method	Food Items
Shallow pans under refrigeration	
Ice bath	
Volume Reduction (e.g. quartering a large roast)	
Rapid chill equipment (e.g., blast chillers)	
Ice paddles	
Other (describe method as well as listing foods)	

7. Bare hand contact: How will employees avoid bare hand contact with ready-to-eat foods? Check all that apply.

☐ Disposable Gloves ☐ Deli Tissue

☐ Suitable Utensils ☐ Other: Describe: _____

_____

8. Will produce be cleaned on-site? ☐ YES ☐ NO

If YES, describe which sink(s) will be used for food preparation:

_____

_____

_____

_____

9. Date marking: When TCS food is ready-to-eat and will be kept under refrigeration for more than 24 hours after preparation/opening, a date marking system must be utilized. Note: The day of preparation counts as Day 1.

   Will the establishment have food items that must be date marked? ☐ YES ☐ NO

   If YES, list the foods or types of foods involved. Ensure a standard operating procedure is submitted for this process.

10. Catering/off-Site/satellite: This section is intended for food that will be served by establishment employees off-site from the planned establishment. This section does not pertain to the delivery of pre-ordered food to a customer (e.g. delivering a pizza).

    Complete section A through F, if establishment employees will be serving food off-site at other locations.

    A. List of menu items to be served off-site:

    B. Maximum number of meals <u>per day</u> taken to or prepared at off-site location:

    C. How will hot food be held at proper temperature during transportation and at the off-site location?

    D. How will cold food be held at proper temperature during transportation and at the off-site location?

E. What type of vehicle(s) will be used to transport food?

F. What types of food shields or food protection devices will be used at the off-site location? (See plan review manual Part 4)

***Food that is prepared off-site from the planned establishment, would not be covered under the planned establishment's food license and additional food licensure may be needed for this off-site food preparation. Consult with your regulatory agency regarding possible additional food licensing.

Sinks & Warewashing Facilities

(See Fixed Food Establishment Plan Review Manual Part 8)

11. Dishwashing methods, mark all that apply. ☐ Dishmachine ☐ 3-Compartment Sink(s)

Dishwashing Sinks	Length (inches)	Width (inches)	Depth (inches)
1st 3-compartment sink, size of compartments (basins)			
2nd 3-compartment sink, size of compartments (basins)			
3rd 3-compartment sink, size of compartments (basins)			

A. The 3-compartment sink must accommodate immersion of the largest item needing cleaning. What is the largest item that will have to be washed in a sink and its size? Please list all dimensions (length, width, and depth or height and diameter for a round item).

_____

_____

B. List the location of all garbage disposals (Disposals cannot be in a food preparation sink or the basin of a warewashing sink.)

_____

_____

C. If a dishmachine/glasswasher will be utilized, list the make and model number of unit and how the unit will sanitize (e.g. chemical or high temperature).

Dishmachine/Glasswasher	Make	Model #	Sanitizing Method
1st Unit			
2nd Unit			
3rd Unit			

12. What type of mop (service) sink will be provided (e.g. curbed floor drain, mop sink on legs, etc.)? Ensure location of this sink is indicated on the equipment plan.

_____

_____

_____

_____

General

(See Fixed Food Establishment Plan Review Manual Part 16)

13. Will employee dressing rooms be provided? ☐ YES ☐ NO

If NO, describe how and where personal belonging will be stored.

14. Will laundry be done on-site? ☐ YES ☐ NO

If YES, mark which of the following will be used on-site. ☐ Washer ☐ Dryer

Describe what will be laundered on-site.

Room Finish Schedule

(See Fixed Food Establishment Plan Review Manual Part 10)

Describe the floor, coving, wall, and ceiling materials that will be used in each of the listed areas. See plan review manual Part 10 for a list of possible materials.

Area	Floor	Coving*	Wall	Ceiling
15. Preparation				
16. Cooking				
17. Dishwashing				
18. Dry Storage				
19. Bar				
20. Dining				
21. Public and/or Employee Restrooms				
22. Dressing Room				
23. Walk-in Cooler				
24. Walk-in Freezer				
25. Garbage Room				
26. Janitor Closet/Mop Sink Room				
27.				
28.				

*List the material that will be used to provide a smooth, rounded and cleanable surface where the floor and wall joins. **Note:** Please explain abbreviations.

Water Supply

(See Fixed Food Establishment Plan Review Manual Part 5)

29. Mark the water supply type: ☐ Municipal ☐ Existing Well ☐ New Well

30. If using a well, is the local health department in the process of approving? ☐ YES ☐ NO*

Sewage Disposal

(See Fixed Food Establishment Plan Review Manual Part 5)

31. Mark the sewage disposal type: ☐ Municipal ☐ Existing Septic Field ☐ New Septic Field

32. If using an on-site septic system, is the local health department or Michigan Department of Environmental Quality in the process of approving? ☐ YES ☐ NO*

*It is required that you contact your local health department to begin the approval process.

Insect and Rodent Control

(See Fixed Food Establishment Plan Review Manual Part 13)

33. Will outside doors be self-closing? ☐ YES ☐ NO

34. Will the facility have a drive-thru or walk-up window? ☐ YES ☐ NO

If YES, describe the method of pest entrance prevention (e.g. self-closing unit, air curtains, other effective means, etc.)

_____

_____

_____

_____

_____

_____

_____

_____

35. Will openings around pipes, electrical conduits, chases, and other wall perforations be sealed? ☐ YES ☐ NO

Solid Waste/Refuse Storage

(See Fixed Food Establishment Plan Review Manual Part 17)

36. Outside Solid Waste/Refuse Storage

A. What type of storage will be used? ☐ Compactor* ☐ Dumpster* ☐ Cans

B. Describe the type of surface that will be under the container.

C. What is the anticipated minimum pick-up frequency?

D. Describe how solid waste/refuse will be transported from the interior of the establishment to the outside waste/refuse storage area.

*Remember to show details on site plan, including unit location and slope of surface under the unit.

37. Inside Storage

A. Describe any inside solid waste storage (garbage, boxes, etc.) or solid waste container cleaning area (e.g. garbage can cleaning area).

B. Will any compactors, garbage rooms, garbage transport carts, or dumpsters be located inside? ☐ YES ☐ NO

If YES, make sure to show location on site plan

C. Describe the location where damaged merchandise or unacceptable products to be returned will be stored.

D. Describe how and where waste grease from equipment such as fryers will be handled and stored.

E. Describe how and where redeemables/returnables/recyclables will be stored.

F. Mark the types of materials that will be recycled.

☐ Glass ☐ Metal ☐ Paper ☐ Cardboard ☐ Plastic

Plumbing Cross-Connections

(See Fixed Food Establishment Plan Review Manual Part 12)

The following technical information is needed on the proposed plumbing. This section is best completed by a qualified plumber, architect or engineer. Be sure to include all devices, equipment and fixtures that have cross-connection protection. Remember to complete both the water supply and sewage disposal sections (e.g., a dishwasher may have an AVB on the water supply and an air-gapped drain). Mark appropriate boxes.

Backflow Prevention Device Abbreviations

AVB=atmospheric *vacuum breaker* **PVB**=pressure *vacuum breaker*

RPZ=reduced pressure principle *backflow* preventer **DC w/AV**= Double check valve with an atmospheric vent

Fixture	Sewage Disposal			Water Supply					
	Air Gap	Air Break	Direct Connect	AVB	PVB	RPZ	Hose Bibb	DC w/AV	Air Gap
38. Dishwasher									
39. Glasswasher									
40. Garbage grinder									
41. Ice machine									
42. Ice storage bin									
43. Mop sink									
44. 3-compartment sink									
45. Culinary (food preparation) Sink									
46. Other sinks, except handsinks, (1 or 2 compartments)									
47. Steam tables/Bain-marie									
48. Dipper wells									
49. Hose connections									
50. Refrigeration condensate drain lines									
51. Beverage dispenser with carbonator									
52. Water softener drain									
53. Walk-in floor drain									
54. Wok range									
55. Chemical dispenser									
56. Outside sprinkler or irrigation system									
57. Power washer									
58. Retractable hose reel									
59. Toilet									
60. Urinal									
61. Boiler									
62. Espresso machine									
63. Combi-style oven									
64. Kettle									
65. Rethermalizer									
66. Steamer									
67. Overhead spray rinse									
68. Hot water dispenser									
69. Coffee machines, juice dispensers or other non-carbonated beverage dispensers									
70. Other (describe):									

Formula Information

Several calculations are utilized to determine if there will be adequate hot water, dry storage space and refrigerated storage space. This information requested on the following two pages provides the necessary data for performing calculations. See the plan review manual for formulas and directions. **While the following information will be used to provide a good calculated baseline of how much hot water, refrigerated storage, and dry storage space may be needed, your regulatory agency does have the authority to adjust these calculated amounts based upon the specific operations of your facility.**

71. Hot Water
(See Fixed Food Establishment Plan Review Manual Part 12)

List each plumbing fixture that has a hot water supply line. Each fixture should only be listed once.	Fixture Count
Handsinks (not including restroom sinks)	
Restroom Sinks	
Single Compartment Sink	
Double Compartment Sink	
Triple (three) Compartment Sink	
Food Preparation Sink	
Overhead Spray Rinse	
Bar Sink-three compartment	
Bar Sink-four compartment	
Cook Sink	
Hot Water Filling Faucet	
Steam Table/Bain-Marie	
Coffee Urn	
Kettle Stand	
Garbage Can Washer	
9 & 12 lb. Clothes Washer	
16 lb. Clothes Washer	
Shower Heads	
Mop Sink	
Dump Sink	
Dishmachine/Glasswasher	
Other (describe):	
Other (describe):	

72. Water Heater

Manufacturer: _____ Model #: _____

A. Water heater proposed size:

KW: _____ Or BTUs: _____

B. Water heater storage capacity in gallons: _____

C. Water heater recovery rate @100°F: _____

D. Tankless units:

Gallons per minute @ 70°F rise: _____

and

Gallons per minute @ 100°F rise: _____

Attach information for any additional water heaters. Specify what area each water heater services and whether units will be installed in series or parallel.

73. Dishmachine Booster Heater:

Manufacturer: _____ Model #: _____

Booster heater proposed size:

KW: _____ Or BTUs: _____

Refrigerated and Dry Food Storage
(See Fixed Food Establishment Plan Review Manual Parts 3 & 7)

It is essential that a reliable estimate be made of the number of meals/customers that are served between deliveries to calculate dry and refrigerated storage capacities.

A. # meal/customers estimated to be served per day: _____

B. # days between deliveries: Dry food _____ Refrigerated food _____

C. # meals/customers between deliveries (A x B =): Dry Food _____ Refrigerated food _____

Please describe any assumption made in determining the meal quantity estimate.

_____

_____

_____

_____

_____

_____

_____

_____

_____

74. Refrigerated/Freezer Storage
(See Fixed Food Establishment Plan Review Manual Part 3)

Working, preparation or line refrigerators/freezers should not be included in this section. While these types of units may be needed in the operation of your facility, these are not intended for long term cold storage.

Walk-in Item #	**Interior Usable Height (ft)	Interior Length (ft)	Interior Width (ft)

**The usable height within a walk-in is the space available for storage. Food is to be stored 6" from the floor and generally 12" to 18" from the ceiling of the unit.

Reach in Item #	Interior Depth (in)	Interior Width (in)	Interior Height (in)

Will the reported cold storage space be utilized for storage of bulky food items (e.g. boxes of whole produce, kegs, large meat boxes, bottled beverage), storage of any non-food items or for any food preparation processes (e.g. cutting of meat, drying/aging/fermentation of food)? ☐ YES ☐ NO

If YES, what units, or what percentage of the reported cold storage space, will be used for these purposes?

_____

75. Dry Storage
(See Fixed Food Establishment Plan Review Manual Part 7)

*Storage Rooms

**Usable room height (ft)	Interior Length (ft)	Interior Width (ft)	***% Usable Floor Space

*Please note the location of any auxiliary storage (e.g. outside storage) on site plans.
**To determine usable height, determine height from floor to ceiling, then subtract height of food off floor (usually 6") and height of food from ceiling (usually 12-18"). Average usable height is 4 to 7 feet.
***% Usable Floor Space is the actual percentage of floor space available for storage, this is typically 0.3 to 0.8 (30% to 80%).

Or, if there is no dry storage room proposed, report all dry storage shelf dimensions:

Storage Shelving

Length of Shelf (ft)	Depth of Shelf (ft)	Clearance/Height between Shelves (ft)	# of Shelves per Unit	# of Units Proposed

Will the reported dry storage space be utilized for storage of non-food items such as equipment/utensils, cleaning supplies, maintenance supplies, empty bottles/cans, linens, promotional items, etc.? ☐ YES ☐ NO

If YES, what shelving units, or what percentage of the reported dry storage space, will be used for this purpose?

_____

Ventilation

(See Fixed Food Establishment Plan Review Manual Part 15)

Sufficient ventilation is needed to keep rooms free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke and fumes.

76. List the equipment that will be underneath a ventilation hood or will utilize a ventless system and mark the type of ventilation proposed for that equipment.

Equipment	Type I Hood	Type II Hood	Ventless

Open Dining, Exposed Food Preparation Areas & Outdoor Cooking Operations

(See Fixed Food Establishment Plan Review Manual Part 18)

77. Will your facility have a dining area that will be exposed to the outdoors by being located directly outdoors OR by having walls, windows, or doors that can be opened, exposing the dining area to the outdoor environment? ☐ YES ☐ NO

    If YES, explain how you intend to protect your kitchen and any food, utensils, and food equipment located in the dining area from outdoor contamination and pest entry (e.g. using air curtains, screens, tight fitting doors, etc.).

78. Will there be an outdoor food preparation or cooking area at the facility? ☐ YES ☐ NO

    If YES, answer the following questions:

    A. What food items are you intending to prepare/cook outdoors?

B. What food equipment will be used for outdoor preparation/cooking and will this equipment be portable or permanently fixed outdoors? Complete following chart and mark appropriate boxes.

Outdoor Equipment	Portable	Permanent

C. How do you intend to transport food between the outdoor preparation/cooking area and the interior of the kitchen?

_____

_____

_____

D. How will handwashing be addressed at the outdoor preparation/cooking area?

_____

_____

_____

E. Where will the outdoor preparation/cooking area be located on the premises? Ensure this is indicated on your site plan.

_____

_____

_____

F. How will the outdoor preparation/cooking area be protected from unauthorized access?

G. What overhead protection will be provided? What materials will be used?

H. Will walls be provided? If so, what materials will be used and what coving material will be provided?

I. What type of floor/ground will be present in the outdoor preparation/cooking area?

J. What type of cooking fuel will be used and how will refuse and waste ash be collected in the outdoor preparation/cooking area?

K. What lighting will be provided in the outdoor preparation/cooking area and how will it be shielded?

Suggestion Sheet
Food Establishment Plan Review Worksheet

Suggestions for changes to this plan review worksheet are welcomed from all users (e.g., food service operators, architects, engineers and regulators, etc.). Revisions to documents are made periodically as needed. Thank you for taking the time to submit your ideas.

Name: _____ Phone: _____ Fax: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Submit to:
Plan Review Specialist
Food Service Sanitation Section
Food & Dairy Division
Michigan Department of Agriculture
PO Box 30017
Lansing, MI. 48909

E-mail: GarvinA1@michigan.gov

For suggested changes, please indicate the specific location(s) in document. You may list your suggestions below or attach separate sheets. Please be specific and clear.

_____

_____

_____

_____

_____

_____

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_____