2023 Plan Review

January 1, 2023
Plan Review Requirement

La Crosse County Environmental Health has a plan review requirement and fee for all new and remodeled food establishments or establishments that have a change of owner in La Crosse County.

Please complete the plan review to the best of your ability and return to Megan Watters in the Environmental Health Department with all items requested along with payment of $250.00. Failure to return items requested or fee will delay the review process.

Per ATCP 75, our department has 30 business days to complete the plan review of completed documents. If all items are not received or are incomplete, the timeline is paused and / or started over. If less than 30 business days is needed, a rush fee of $250 will be charged in addition to the $250 plan review fee.

If you have questions, please contact us at 608-785-9771 or email mewatters@lacrossecounty.org.
Food Establishment Plan Review Application

All new or extensively remodeled food establishments in La Crosse County must submit plans, equipment specifications and a menu for new structures or major remodeling of present structures of restaurants, beverage establishments, and retail food. These items must be submitted and approved by the Health Department in advance of construction. Plan review fees will be assessed. If operators are found to have built new or extensively remodeled without a plan review submission and approval, then they shall be subject to a plan review fee as well as a penalty fee equal to that of the plan review fee.

When ownership changes in a current establishment, a plan review packet must be submitted to verify that the current establishment meets the updated 2020 Wisconsin Food Code.

The Department will notify the Establishment’s Local Contact* within 10 business days of submittal if the plans are incomplete and cannot be reviewed. The department will review applications within 20 business days from notification that the application is complete. It is strongly encouraged that establishments schedule a pre-plan review meeting by calling (608) 785-9771 prior to submittal.

This plan review is for: Food Establishment address:

☐ New construction
☐ Remodel
☐ Adding or removing equipment
☐ Change of ownership
☐ New Facility

Establishment Information:  Projected Opening Date _____________________________

License holder: ______________________________________________________________
Circle one INC /LLC/Sole proprietor
Business mailing address: ______________________________________________________
DBA Establishment name: ______________________________________________________
Establishment address: _________________________________________________________
Phone: ____-____-____  E-Mail: ________________________________________________
*Local contact: ___________________________  Phone: ____-____-____
Name of operator: _____________________________________________________________
Address of operator: __________________________________________________________
Phone: ____-____-____  E-Mail: ________________________________________________
Name of contractor: __________________________________________________________
Address of contractor: ________________________________________________________
Phone: ____-____-____  E-Mail: ________________________________________________

Name of Previously Licensed Location/Business (if applicable):
Plan Submittal
A detailed set of plans and menu must be submitted with this application. Incomplete plans and application will delay plan approval. The following pages will outline what General Establishment Information, Facility Plans, and Menu information must be included.

A construction check and pre-inspection of the establishment and written approval by the Health Department is required prior to the start of operation and granting of a license. Approval of written plans does not constitute approval of finished structures.

Be advised, regulations are subject to change. Any changes in plans that have not been reviewed by the Health Department must be resubmitted for review and approval. Health Department approval of these plans does not take place of approval and plan submittal to other City, County or State departments.

La Crosse County establishments must complete and submit a license application to the Health Department prior to the pre-inspection.

General establishment information

Hours of operation:
M ____________ T ____________ W ____________ TH ____________ F ____________
Sa ____________ Su ____________

Seating/Restrooms:
_____ Total number of seats
_____ Outdoor seating
____ Number of staff
____ Number of total restrooms

Number of fixtures in restrooms:

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Unisex</th>
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<tbody>
<tr>
<td>_____ Toilets/Urinals</td>
<td>_____ Toilets</td>
<td>_____ Toilets/Urinals</td>
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<tr>
<td>_____ Hand sinks</td>
<td>_____ Hand sinks</td>
<td>_____ Hand sinks</td>
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Restrooms where doors enter into a food service area must be provided with self-closing door apparatus.
Number of meals per day:
Breakfast _____ Lunch _____ Dinner _____

Check all type of services provided:
☐ Catering ☐ Take Out ☐ Wholesaling ☐ Bakery/Baking
☐ Buffet ☐ Delivery ☐ Meat Market ☐ Sit Down Meals
☐ Grocery ☐ Fish Market ☐ Bulk Food Sales ☐ Bar

Will the following highly susceptible populations be served or catered?
☐ Nursing Home ☐ Assisted Living ☐ Child Care ☐ Schools ☐ Health Care ☐ Other: _______________________________________

Has an owner, manager, or employee taken a food safety class and become a WI Certified Food Manager?
☐ Yes ☐ No
If yes, please list the certified individual: _________________________________________________________________

Information on WI Certified Food Managers can be found in the “Food Establishment Plan Review Guidelines”.

Waste and water supply:
☐ Municipal water ☐ Municipal waste ☐ Well ☐ Septic system
Grease trap located: ____________________________________________
Not applicable because: ____________________________________________
Liquid and solid waste containers located: ________________________

Be advised that bulk solid waste containers must be:
• Located outdoors on hard paved and sloped surfaces
• In an enclosed area
• With separated recyclables

All well and septic questions will be directed to the Well and Septic Specialist at the La Crosse County Health Department. See the “Food Establishment Plan Review Guidelines” for more information.

Menu
Submit the Proposed Menu for the Food Establishment and answer the following:

Special Processes:
Check any special processes to be conducted at the establishment:
☐ Curing ☐ Smoking ☐ Drying ☐ Sous Vide
☐ Sushi ☐ Wholesale ☐ R.O.P ☐ Canning
☐ Lacto-fermentation e.g. Kombucha ☐ Other: ____________________________________________

Note: These processes may require a variance and/or HACCP Plan, and licensing by the WI Department of Agriculture.
Consumer advisory: (Consumer advisory is required for raw or lightly cooked items. EX: eggs, burgers) Will any menu items require a consumer advisory?

☐ Yes  ☐ No

If yes, then provide a sample of how it will be displayed to inform and advise the public. See “Food Establishment Plan Review Guidelines” for examples.

Food source:
List food sources/suppliers:_________________________________________________________

What raw meats, poultry, and seafood will be used? How will they be stored separately from ready to eat foods?__________________________________________________________________________

Ice source:  ☐ No ice  ☐ Ice machine  ☐ Purchase Ice

Food Processing Procedures

Cooling potentially hazardous foods: List all foods that will be cooled using each of the following methods. Foods must be cooled from 135°F to 70°F within 2 hours and within a total of 6 hours from 135°F to 41°F or less.

☐ Uncovered shallow pans in refrigerator:____________________________________________

☐ Ice baths:_______________________________________________________________________

☐ Ice paddles:_____________________________________________________________________

☐ Other:__________________________________________________________________________

Thawing
List foods that will be thawed using the following methods:

☐ Refrigeration:____________________________________________________________________

☐ Under running water in food prep sink:_______________________________________________

☐ Microwave as part of cooking process:_______________________________________________

☐ Cook from frozen:_________________________________________________________________

Reheating:
List foods and equipment used to reheat foods rapidly at 165°F.
_________________________________________________________________________________

Ready to Eat Food Preparation
Will produce come pre-washed or will it be washed at the establishment?

☐ Washed onsite  ☐ Comes pre-washed

Where will produce be washed?_______________________________________________________

When ready-to-eat foods are being prepared how will bare hand contact be avoided?

☐ Disposable gloves  ☐ Deli tissue  ☐ Tongs/utensils  ☐ Other:__________________________

If potentially hazardous ready-to-eat foods are prepped and held longer than 24 hours how will it be date marked?
_________________________________________________________________________________
Thermometers:
To verify cooking, cooling, storage, and hot hold temperatures, what type of thermometer will be used?
___________________________________________________________________________________

Wiping cloths:
Describe method and sanitizer used:____________________________________________________
__________________________________________________________________________________

Food displays/buffet/bulk foods
List foods on display and how they will be protected:
_____________________________________________________________________________________
_____________________________________________________________________________________

Facility Floor Plan
Submit a floor plan drawn to scale.
Include:
1. All equipment used in food storage, food preparation and bar
2. Buffet/customer service area
3. All sinks:
   a. Hand sink(s) and lavatories
   b. Vegetable and food prep sinks
   c. Utility/mop sinks not in kitchen or public area
   d. Warewash sinks with drain boards
   e. Other:_________________________________________________
4. Dish machine/glass washer
5. Wait station(s)
6. Toilet facilities
7. Dry/food storage areas
8. Employee break area and personal item storage
9. Chemical storage area
10. Laundry facilities
11. Water heater location
12. Bar area
13. Indoor/outdoor Seating Areas
14. Outdoor cooking/bar (if provided)
15. Recycling and garbage area-location of grease receptacle
16. Location of all floor sinks and floor drains
17. Grease Interceptor/grease trap
18. Ice bins and Ice machine
19. Dipper wells
20. Chemical dispensing units
21. Exhaust hoods
22. Building site layout including adjacent businesses and outdoor storage areas
23. Other: (please List and show on plans)

**Equipment Schedule**
Provide corresponding specification/cut sheets for all new equipment. Note: Used equipment is subject to visual inspection prior to approval for use. (Please list all equipment below)

<table>
<thead>
<tr>
<th>Number on plans</th>
<th>Equipment Make/Model</th>
<th>New</th>
<th>Used</th>
<th>Plumbing required Yes/No</th>
<th>Installed on castors or sanitary legs</th>
<th>Certified Commercial by NSF/ANSI/UL/ETL(Sanitation) or other</th>
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**Hoods:** Per building and fire codes
Water Heater:
Make/Model (Provide specification sheet)___________________________________
Proposed size:   Electric _______________ KW   Gas _______________ BTU’s
Storage tank capacity ____________________gallons
Hot water heater second hour recovery rate ________________ gallons/hour at a 100° F rise

Plumbing

Utensil washing:
Commercial dishwasher Make/Model (Provide specification sheet):__________________________
☐ High temp □ Low temp Located:

☐ Above counter □ Under counter
If above counter used is a Type II hood installed?
☐ Yes □ No
Does all equipment fit into dish washer?
☐ Yes □ No

Utensil Wash Sinks:
☐ Three compartment □ Four compartment □ Other ______________________

Handwashing:
Handwash sinks shall be in areas where food is handled and warewashing. Please check the areas
provided in your restaurant below:
☐ Food prep □ Utensil wash □ Grill line
☐ Customer service □ Bar □ Beverage carts
☐ Wait stations □ Temporary bar and food service

Handwash sinks are required to be supplied with:
• Hands free faucets (Provide specification sheet)
• Soap
• Single use paper towel
• Signage
Back flow prevention and air gaps: List type of devices used:

<table>
<thead>
<tr>
<th>Type of Devices Used</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food prep sinks</td>
<td>Air gap</td>
</tr>
<tr>
<td>Hose bibs</td>
<td>ASSE 1011 Vacuum breaker</td>
</tr>
<tr>
<td>Chemical dispensers</td>
<td>Direct connect ASSE 1055 listed dispenser</td>
</tr>
<tr>
<td>Soda dispensers co₂</td>
<td>ASSE 1022 Dual check valve</td>
</tr>
<tr>
<td>Ice machine/bins</td>
<td>Air gap</td>
</tr>
<tr>
<td>Floor mounted Mop</td>
<td>ASSE 101 Vacuum breaker</td>
</tr>
</tbody>
</table>

Facility Details/Finishes

Linens:
How will wiping cloths, aprons and other linens will be cleaned?

- [ ] Onsite washer  Location: ____________
- [ ] Onsite dryer   [ ] Contract service  [ ] Other: _________________
- [ ] How will soiled and clean linens be stored? __________________________________________________________________________

Chemicals:
Bulk Storage and dispenser
Location: _________________________________________________________________________________
Sanitizer used: ____________________________________________________________________________
- [ ] Chlorine  [ ] Quaternary Ammonia  [ ] Iodine
Test Strips provided:
- [ ] Chlorine test strips  [ ] Quaternary Ammonia test strips  [ ] Iodine test strips
- [ ] 160° F irreversible test tape

Pest Control:
Service Provided:  [ ] Yes  [ ] No
If Yes, list company name: ___________________________________________________________________

Employee Personal Item Storage:
How and where will employee personal items be stored? ________________________________________________________________________________

Lighting:
Please be advised that all lighting in equipment, food storage, prep and bar areas must be shielded. The following intensities shall be provided; 540 lux (50 food candles) in food prep areas, 108 lux (10 foot candles) in walk in coolers & dry storage and 220 lux (20 foot candles) in all other kitchen areas.
Finishes:
All finishes in food storage and preparation areas must be smooth, durable and easily cleanable. List below and be able to provide samples if requested.

<table>
<thead>
<tr>
<th></th>
<th>Example</th>
<th>Kitchen</th>
<th>Wait stations</th>
<th>Walk in</th>
<th>Dry storage</th>
<th>Custodial closets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floors</td>
<td>Quarry tile</td>
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<tr>
<td>Walls</td>
<td>FRP</td>
<td></td>
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<tr>
<td>Coving</td>
<td>Vinyl base cove</td>
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<tr>
<td>Ceilings</td>
<td>Smooth panel</td>
<td></td>
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<tr>
<td>Shelving</td>
<td>Metro racks</td>
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</table>

Coved wall floor juncture: ______

Horizontal pipe and conduit not exposed: ______________

**Standard Operating Procedures**

The following items must be discussed prior to opening:

1. Certified Food Manager
2. Employee Health Policy. What training or means will be provided to inform employees of their responsibility to report illnesses, review foodborne illness symptoms, and report any diagnosed illness?

3. A Person In Charge (PIC) must be present at all times. This person does not have to be certified, but must know food safety principles and be able to take action if needed. (See the “Food Establishment Plan Review Guidelines” for further details.)

4. Allergen Awareness
5. Employee training: How will employees be instructed on food safety principles?

**Contact Information:**

This application, a set of plans, and a menu may be mailed to:

La Crosse County Health Department  
300 4th Street North, 2nd Floor  
La Crosse, WI 54601

If you have any questions about this application or need to schedule a preplan review appointment call:  
La Crosse County Health Department  
Environmental Health  608-785-9771