



## **PLAN REVIEW PACKET**

**TO:** Proposed New or Remodeled Food Service Facilities

**FROM:** Ingham County Health Department Environmental Health  
Plan Review Specialists

Michigan's Food Law of 2000, P.A. 92 of 2000, as amended, requires you to submit plans for review whenever a food service facility is constructed, remodeled or altered. This applies to changes in existing food service facilities as well as new construction. This requirement assures that the work meets minimum sanitation standards.

The following information is included in this packet to assist you in your plan review process:

- Plan Review Submission Instructions Checklist
- Plan Review Application and Worksheets
- Manager Certification Information

We look forward to receiving your plan review submittal and working with you on your upcoming project.

**NOTE: THE PLAN REVIEW PACKET MUST BE REVIEWED AND APPROVED BY THIS DEPARTMENT PRIOR TO BEGINNING CONSTRUCTION.**



**FOOD SERVICE ESTABLISHMENT INFORMATION**

**1. REASON FOR INSPECTION**

- New Owner with Full Plan Review (using a previously licensed food facility)
- New Owner with Minimal Plan Review
- Change of Ownership on an Active License
- New Construction
- Field Evaluation
- New Owner on a Deleted License

**2. NAME OF ESTABLISHMENT** (doing business as) \_\_\_\_\_

**3. Establishment Address** \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

**4. In**  City / Village of \_\_\_\_\_  Township of \_\_\_\_\_

**5. PREVIOUS NAME OF ESTABLISHMENT (if applicable)** \_\_\_\_\_

**6. PROPOSED TYPE of establishment:** (please circle one)

Serving Site Only; Bar Only; Take-Out Pizza Only; Ice Cream Only; Donut Shop; Bagel Shop; Coffee Shop; Concession; Full Service **Without** Alcohol; Bar With Small Food Menu; Fast Food; Catering; Ethnic Menu Without Alcohol; Full Service **With** Alcohol; Institutional Setting; Fine Dining; Mobile Unit; Special Transitory Food Unit

**7. OWNER'S NAME:** \_\_\_\_\_ **DAYTIME PHONE #** \_\_\_\_\_

**FAX #** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

- 8. OWNERSHIP:**  Individual  Partnership  
 Corporation

**FOR NEW OWNERS/ CHANGE OF OWNERSHIPS:**

- 9. Is the establishment currently open for business?**  YES  NO If no, when is the anticipated opening? \_\_\_\_\_  
If yes, is the establishment already operating under the new ownership?  YES  NO
- 10. Will the management and/or personnel change?**  YES  NO
- 11. Will the type of menu change?**  YES  NO
- 12. Is the kitchen equipment from the previous owner present and intact?**  YES  NO
- 13. Are equipment changes in the establishment planned?**  YES  NO  
If yes, briefly describe: \_\_\_\_\_
- 14. Are construction changes in the establishment planned?**  YES  NO  
If yes, briefly describe: \_\_\_\_\_

*I hereby certify that all information provided in this application is true and complete.*

**15. APPLICANT'S NAME:** \_\_\_\_\_ **DAYTIME PHONE #** \_\_\_\_\_

**FAX #** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office Use Only:**

**Amount Received:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_ **Payment Type:**  CC: \_\_\_\_\_

**License Number:** \_\_\_\_\_  Check/MO: \_\_\_\_\_  Cash

HEALTH DEPARTMENT REPRESENTATIVE \_\_\_\_\_

DATE OF INSPECTION \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

**Environmental Health**



## Fixed Food Establishment Plan Submission Instructions

Congratulations! You are proposing to build or remodel a food establishment in Michigan. Please submit your plan review package to the local health department (food service) or Michigan Department of Agriculture and Rural Development (MDARD) (retail food). All of the following items must be completed and compiled into a single package or the plan review may be delayed as additional material is requested.

### 1. Plan review application and any necessary plan review fees.

Mandatory plan review is required for all food service establishments, special transitory food units that are predominately food service and any other establishment inspected by a **Local Health Department (LHD)**. Contact your area LHD for the applicable plan review fee as they vary by jurisdiction.

MDARD inspected establishments (retail food) require a \$197 mandatory plan review for retail food establishments with deli and seating, retail grocery with food service and special transitory food units that are predominately retail or wholesale. Most other plan reviews are voluntary and done at no charge. MDARD encourages all operators to submit remodeling or construction plans for review.

### 2. Completed Plan Review Worksheet

Application, worksheet and guidance manual copies are available from any LHD or at <http://www.michigan.gov/mdard>. Search: Plan Review.

### 3. Menu

If your facility does not have a formal, set menu (e.g., school with a rotating menu) submit representative sample menus or a list of foods offered for sale or service.

### 4. Standard Operating Procedures (SOPs)

SOPs appropriate to your operation shall be submitted prior to opening. See the Standard Operating Procedures Manual guidance document that is available from any LHD or at <http://www.michigan.gov/mdard>. Search: Plan Review.

### 5. Certified Manager Documentation

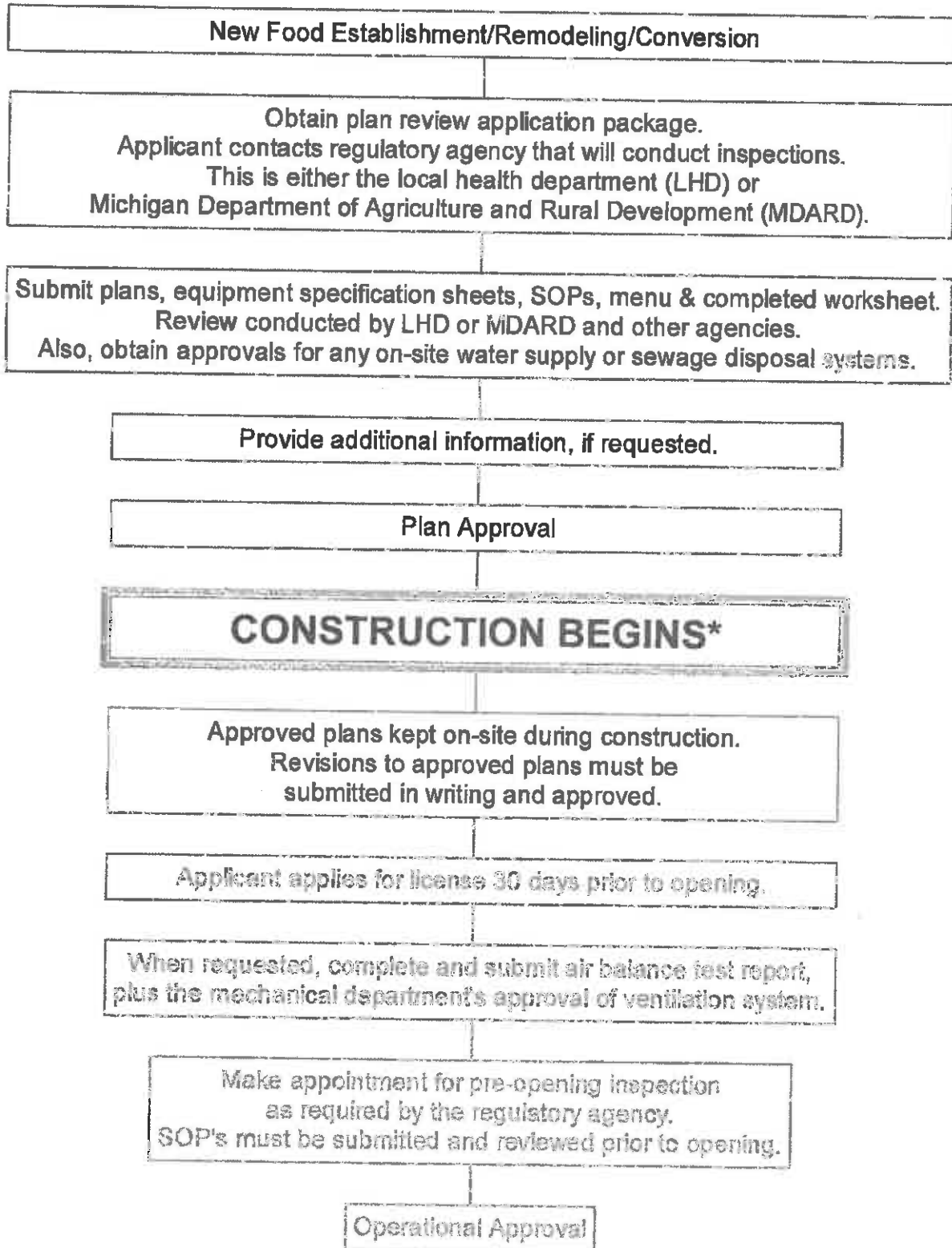
Most food establishments will be required to employ at least one (1) full time certified manager employee who is certified under the American National Standards Institute accredited certification program (Food Law 2000, as amended, Section 289.2129). Documentation that verifies they meet the certified manager requirements prior to establishment opening will be required.

### 6. One complete set of plans. Provide scaled plans (1/4" per foot is a normal, easy to read scale). Show:

- Proposed layout, with equipment identified.
  - Label sinks and prep tables with their intended use.
  - Include construction materials of such items as custom cabinets and any other built-in items.
- Mechanical plan (e.g., cooking ventilation systems: including hood, duct and exhaust fans).
- Plumbing plan (e.g., sinks for handwashing, food preparation and dishwashing, dishmachines, hot and cold water outlets, hot water equipment, water heater, sewer drains, grease traps and floor drains/sinks).
- Lighting plan, indicating which lights are shielded.
- Site Plan, including:
  - Details of outside garbage storage area and containers, as well as exterior storage areas.
  - On-site water well and sewage disposal system data

## **7. Specifications**

- **Include manufacturer's specifications for each piece of equipment. Minimum information for each piece of equipment includes the following (note: the manufacturer's specification or "cut" sheet typically provides most of this information):**
  - **Type**
  - **Manufacturer**
  - **Model number**
  - **Dimensions**
  - **Performance capacity**
  - **Indicate how equipment will be installed (e.g., on leg or wheels, fixed or flexible utility connections)**
  - **Indicate which items are used equipment and what equipment is NSF approved or equivalent.**
  - **Sanitation Standard Operating Procedures (SSOPs): Include any available cleaning and maintenance instructions for food processing, cutting and grinding equipment.**



\*Agencies have the authority to issue a stop work order when construction begins before plans are approved.



# 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 \_\_\_\_\_ & \_\_\_\_\_ street

Prior Establishment Name: \_\_\_\_\_

<b>Owner</b> Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____	<b>Food Service Equipment Supply Co.</b> Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____
<b>Architect</b> Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____	<b>General Contractor</b> Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____

Which of the above will serve as the primary contact? \_\_\_\_\_

Which of the above should all correspondence be mailed to? \_\_\_\_\_

Proposed construction start date: \_\_\_\_\_ Proposed opening date: \_\_\_\_\_

For reviewing agency use only:

Fee \$: \_\_\_\_\_

Date: \_\_\_\_\_

Plan Review #: \_\_\_\_\_

Check #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Remarks: \_\_\_\_\_

[www.michigan.gov/mdard](http://www.michigan.gov/mdard), keyword: Food Plan Review - Industry

## General Information

Hours of Operation: \_\_\_\_\_

Seating Capacity (include bar): \_\_\_\_\_ Facility Size (square feet): \_\_\_\_\_

Minimum staff per shift: \_\_\_\_\_ Maximum staff per shift: \_\_\_\_\_

These plans are for a:  New establishment  Remodeling  Conversion

What describes the establishment better?  
 On-site 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 (check all that apply)

#### A. Restaurant Related

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Sit down meals     | <input type="checkbox"/> Commissary   | <input type="checkbox"/> Buffet or salad bar          |
| <input type="checkbox"/> Counter            | <input type="checkbox"/> Church       | <input type="checkbox"/> Tableside / display cooking  |
| <input type="checkbox"/> Cafeteria          | <input type="checkbox"/> Takeout menu | <input type="checkbox"/> Hospital                     |
| <input type="checkbox"/> Fast food          | <input type="checkbox"/> Catering     | <input type="checkbox"/> Bottling alcoholic beverages |
| <input type="checkbox"/> Bar with food prep |                                       |   |

#### B. Grocery Related

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Grocery store              | <input type="checkbox"/> Produce processing       | <input type="checkbox"/> Wholesale foods              |
| <input type="checkbox"/> Fresh Meat                 | <input type="checkbox"/> Smoked fish              | <input type="checkbox"/> Repackage / processor of:    |
| <input type="checkbox"/> Seafood / fish             | <input type="checkbox"/> Bakery                   | _____   |
| <input type="checkbox"/> Deli                       | <input type="checkbox"/> Commissary               | <input type="checkbox"/> Water bottling               |
| <input type="checkbox"/> Ice production / packaging | <input type="checkbox"/> Self-service bulk items  | <input type="checkbox"/> Bottling alcoholic beverages |
| <input type="checkbox"/> Produce                    | <input type="checkbox"/> Self-service baked goods |   |

Please summarize the proposed project.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

Michigan



Department of  
**AGRICULTURE**  
& Rural Development

# Michigan Department of Agriculture and Rural Development

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## Fixed Food Establishment Plan Review **Worksheet**

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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: \_\_\_\_\_

December 2013



**Pages 6-10 ask structural and equipment questions that the operator may wish to have the contractor or architect complete.**

Refer to the food establishment plan review manual for technical assistance. The manual is available from your reviewing agency or by visiting [www.michigan.gov/mdard](http://www.michigan.gov/mdard), Search: Plan Review.

Information contained in the plans may be referenced and does not have to be repeated in the worksheet (e.g., see plan sheet 3a, #6).

## Food Manager Knowledge

**Under the Food Law of 2000, as amended, retail food establishments are required to have a person in charge (PIC) during all hours of operation and employ at least managerial employee under a program accredited by American National Standards Institute.**

### 1. Check all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> A designated person in charge that can demonstrate knowledge of: foodborne disease prevention, application of food safety (HACCP) principles, and the requirements of the Food Code, will be available during all hours of operation. (REQUIRED) |   |
| <input type="checkbox"/> Certified Managerial Employees under ANSI Requirements is provided (REQUIRED)  | <input type="checkbox"/> A written food safety (HACCP) plan will be provided.* (Only required under certain circumstances)  |
| <input type="checkbox"/> Standard operating procedures (SOP) including a policy that excludes or restricts food workers who are ill or have infected cuts or lesions*   | <input type="checkbox"/> Animal based foods, such as meat, poultry, fish, shellfish or eggs served raw, or undercooked or not otherwise processed to eliminate pathogens.** |

\* Please submit copies of these documents (or an inventory if there are numerous large documents, and training videos)

\*\*If you checked this item, then the customer must be informed by means of a consumer advisory upon ordering, that a particular menu item contains raw or undercooked foods of animal origin. The consumer advisory must be made whether the food is normally prepared undercooked or is prepared undercooked only at the customer's order. Submit a copy of the menu for review. For further clarification please contact your reviewing health agency or read the consumer advisory guidance document at <http://www.michigan.gov/mdard>, Search: Updated Food Law/Food Code 2012.



5. Will ice be used as a refrigerant for potentially hazardous foods (time/temperature control for safety food)? \_\_\_ Yes \_\_\_ No  
If yes, describe which foods will be held on ice, for how long, where this will occur and the source of the ice.

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6. Will time be used for bacterial growth control, instead of hot or cold holding? \_\_\_ Yes \_\_\_ No  
If yes, submit a list of the foods involved and the standard operating procedures that will be used to monitor the use of time as a control.

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7. Cooling Potentially Hazardous Food: List foods that will be cooled using each of the following methods. Foods must be cooled from 135°F to 70°F in 2 hours or less and with a total of 6 hours from 135°F to 41°F or less.

- A. Shallow pans in refrigerator: \_\_\_\_\_
- B. Ice baths: \_\_\_\_\_
- C. Volume reduction (e.g., quartering a large roast): \_\_\_\_\_
- D. Rapid chill devices (e.g., blast freezers): \_\_\_\_\_
- E. Ice paddles: \_\_\_\_\_
- F. Other: \_\_\_\_\_

8. Food Preparation

A. List foods that will be prepared a day or more in advance of service or sale.

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B. How will employees avoid bare-hand contact with ready-to-eat foods? (Check all that apply)

- Disposable gloves
- Suitable utensils
- Deli tissue
- Other: \_\_\_\_\_

C. Will produce be cleaned on-site? \_\_\_ Yes \_\_\_ No

D. If C is yes, describe which sink(s) will be used for food preparation.

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**9. Date Marking:**

When potentially hazardous food (time/temperature control for safety 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.

A. Will the establishment have food items that must be date marked?  Yes  No

If yes, describe the date marking system that will be used and provide written standard operating procedures.

**10. Catering/Off-Site/Satellite:**

Complete if establishment will cater foods to another location or performing any cooking or preparations off-site at other locations.

A. List menu items

B. Maximum number of meals per day taken to or prepared at off-site location

C. How will hot food be held at proper temperature during transportation and at the remote serving location?

D. How will cold food be held at proper temperature during transportation and at the remote serving location?

E. What types of vehicles will be used to transport food?

F. What types of sneeze guards or food protection devices will be used? (See manual part 4)

**Dishwashing**

(See manual part 8)

11. Dishwashing methods (check all that apply)  Dishmachine  Sink

Dishwashing Sinks	Length (inches)	Width (inches)	Depth (inches)
A. Sink 1, Size of compartments			
B. Sink 2, Size of compartments			
C. Sink 3, Size of compartments			

D. What is the largest item that will have to be washed in a sink and its size?

E. List the location of all garbage disposals:

**General**

12. Will employee dressing rooms be provided?    \_\_\_ Yes                    \_\_\_ No  
 (See manual part 16.)

13. If no, describe how personal belongings will be stored:

14. Check which of the following will be used                    \_\_\_ Washer                    \_\_\_ Dryer  
 on-site:

15. Describe what will be laundered on-site: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. What type of mop sink will be provided (e.g., curbed floor drain, mop sink on legs, etc)?  
 See manual part 8.

**Room Finish Schedules**

Fill in materials to be used (See manual part 10)

Area	Floor	Coving*	Wall	Ceiling
17. Preparation				
18. Cooking				
19. Dishwashing				
20. Food Storage				
21. Bar				
22. Dining				
23. Employee Restrooms				
24. Dressing Room				
25. Walk-In Refrigerator				
26. Walk-in Freezer				
27. Garbage Room				
28. Janitor Closet				
29.				
30.				

\*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 manual part 5)

31. Will the water supply be:       Municipal       Existing on-site       New on-site
32. If an on-site water supply is being used, is the local health department in the process of approving?       Yes       No\*

## Sewage Disposal

(See manual part 5)

33. Will the sewage disposal be:       Municipal       Existing on-site       New on-site
34. If an on-site sewage system is being used, is the local health department or Michigan Department of Environmental Quality in the process of approving?       Yes       No\*

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

## Insect and Rodent Control

(See manual part 13)

35. Will outside doors be self-closing?       Yes       No
36. Will the facility have a drive-thru or walk-up window?       Yes       No
37. If 36 is yes, describe how insects will be kept out (e.g., self-closer, air curtains, etc.)
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38. Are other openable windows screened?       NA       Yes       No
39. Will openings around pipes, electrical conduits, chases and other wall perforations be sealed?       Yes       No
40. Will garage-style or loading bay doors be present?       Yes       No
41. If 40 is yes, how will garage style or loading doors be protected against vermin entry?
- 
- 
-

## Solid Waste Storage

(See manual part 17)

### 42. Outside Storage

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

B. What type of surface will be under the container? \_\_\_\_\_

C. What is the minimum pick-up frequency? \_\_\_\_\_

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

### 43. Inside Storage

A. Describe how garbage, boxes, etc., will be stored inside:

\_\_\_\_\_

B. Describe any inside storage or cleaning area (e.g., garbage can cleaning area):

\_\_\_\_\_

C. Will any compactors or dumpsters be located inside? If yes, show on plans.    \_\_\_ Yes    \_\_\_ No

D. Describe any area where damaged merchandise returned for credit to vendor will be stored:

\_\_\_\_\_

E. Describe how waste grease will be handled and stored: \_\_\_\_\_

\_\_\_\_\_

F. Describe how and where recyclables will be stored: \_\_\_\_\_

\_\_\_\_\_

G. Check the types of materials that will be recycled:

\_\_\_ Glass      \_\_\_ Metal      \_\_\_ Paper      \_\_\_ Cardboard      \_\_\_ Plastic

## Plumbing Cross-Connections

(See 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 waste side (e.g., a dishwasher may have an AVB on the water supply and an air-gapped drain).

Fixture	Sewage Disposal			Water Supply					
	Air Gap	Air Break	Direct Connect	AVB	PVB	RPZ	VDC	HB	Air Gap
44. Dishwasher									
45. Glasswasher									
46. Garbage grinder									
47. Ice machines									
48. Ice storage bin									
49. Mop sink faucet									
50. 3 compartment sink									
51. 2 compartment sink									
52. 1 compartment sink									
53. Steam tables									
54. Dipper wells									
55. Hose connections									
56. Refrigeration condensate drain lines									
57. Beverage dispenser with carbonator									
58. Water softener									
59. Potato peeler									
60. Walk-in floor drain									
61. Chinese range									
62. Detergent feeder on faucet									
63. Outside sprinkler or irrigation system									
64. Power washer									
65. Retractable hose reel									
66. Toilet									
67. Urinal									
68. Boiler									
69. Bain-marie									
70. Espresso machine									
71. Cornbi-style oven									
72. Kettle									
73. Rethermalizer									
74. Steamer									
75. Overhead spray rinse									
76. Hot water dispenser									
77.									
78.									
AVB = atmospheric vacuum breaker				HB = hose bib vacuum breaker					
PVB = pressure vacuum breaker				VDC = vented double check valve					
RPZ = reduced pressure principle backflow preventer									



## Formula Information

Several calculations are required to determine if there will be adequate hot water, ventilation, dry storage space and refrigerated storage space. The information requested on the following two pages provides the necessary data for performing calculations. See the plan review manual for formulas and directions.

### 79. Hot Water (see manual part 9)

List each type of plumbing fixture that uses hot water	# fixtures
Handsinks	
Bathroom Sinks	
1 Compartment Sink	
2 Compartment Sink	
3 Compartment Sink	
Vegetable Sink	
Overhead Spray Rinse	
Bar Sink                      3 compartment                      4 compartment	
Cook Sink	
Hot Water Filling Faucet	
Bain-marie	
Coffee Urn	
Kettle Stand	
Garbage Can Washer	
9 & 12 lb. Clothes Washer	
15 lb. Clothes Washer	
Employee Shower	
Mop Sink	
Dishmachine ___ hot water ___ chemical Dishmachine Make & model: _____	
Other: _____	
Other: _____	

80. Water Heater #1 Manufacturer: \_\_\_\_\_ Model number: \_\_\_\_\_

A. Hot water heater proposed size: Electric \_\_\_\_\_ KW  
Gas \_\_\_\_\_ BTU's Thermal Efficiency: \_\_\_\_\_ %

B. Hot water heater storage capacity: \_\_\_\_\_ gallons

C. Hot water heater recovery rate: \_\_\_\_\_ gallons per hour (@100° rise)

Attach information for any additional water heaters. Specify what area each water heater services and whether or not units will be installed in parallel.

81. Do hot water heater(s) serve any non-food equipment areas?

If yes describe: \_\_\_\_\_  
\_\_\_\_\_

82. Dishmachine Booster Heater \_\_\_\_\_ KW \_\_\_\_\_ BTU Make \_\_\_\_\_ Model # \_\_\_\_\_

83. Refrigerated and Dry Food Storage (see manual parts 3 & 7)

It is essential that a reliable estimate be made of the number of customers that are served or buy food between deliveries, in order to calculate dry and refrigerated storage capacities.

A. # meals or people served per day = \_\_\_\_\_

B. # days between deliveries = \_\_\_\_\_ Dry Food \_\_\_\_\_

C. # meals between deliveries (AxB =) \_\_\_\_\_ Dry Food \_\_\_\_\_ Refrigerated Items \_\_\_\_\_

Please describe any assumptions made in determining the meal quantity estimate:

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**84. Refrigerated Storage (see manual part 3)**

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

*Upright Item #	Interior Depth (in)	Interior Width (in)	Interior Height (in)

\*Working, preparation and line refrigerators should not be included. Only storage units.

**85. Dry Storage (see manual part 7)**

Storage Rooms*		
**Usable room height (ft)	Interior Length (ft)	Interior Width (ft)

\*Please note the location of any auxiliary storage (i.e outside storage).

\*\*To determine usable height, determine height from floor to ceiling, then subtract height of food off floor (usually 3") and height of food from ceiling (usually 12-18").

Or, if there is no dry storage room proposed:

For full height shelves	
Total Shelving Length (ft)	Shelving Width (ft)

**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**

**Fax: 517-373-3333**

**E-mail: [krzyzanowskir@michigan.gov](mailto:krzyzanowskir@michigan.gov)**

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

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