FOOD ESTABLISHMENT OPERATIONAL PLAN
(Standard Operating Procedures)

OKLAHOMA STATE DEPARTMENT OF HEALTH
1000 NE 10TH STREET
OKLAHOMA CITY, OKLAHOMA

Date:__________________
Name of Establishment:_________________________________________________
Category: Restaurant____, Institution ____, Retail Market _____, Other_______________
Address:____________________________________________________________
Phone if available:_____________________________________________________
Name of Owner:_______________________________________________________
Mailing Address:______________________________________________________
Telephone:__________________________________________________________
Applicant’s Name:_____________________________________________________
Title (owner, manager, architect, etc.):_____________________________________
Mailing Address:______________________________________________________
Telephone:__________________________________________________________

Hours of Operation:
Sun _____ Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____

Number of Seats: ________  Number of Staff: ________
(Maximum per shift)
Total Square Feet of Facility: ________ Number of Floors on which
operations are conducted__________

Approximate number of Meals to be Served:
Breakfast __________     Lunch __________     Dinner __________

Type of Service (check all that apply)
  Sit Down Meals _____     Take Out _____     Caterer _____     Mobile Vendor _____
  Other __________

FOOD PREPARATION
Check categories of Time/Temperature Control for Safety (TCS) Foods to be handled, prepared
and served.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>(YES)</th>
<th>(NO)</th>
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</thead>
<tbody>
<tr>
<td>Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)</td>
<td>( )</td>
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<tr>
<td>Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)</td>
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<tr>
<td>Cold processed foods (salads, sandwiches, vegetables)</td>
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<tr>
<td>Hot processed foods (soups, stews, rice/noodles, gravy, chowders,</td>
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<tr>
<td>casseroles)</td>
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<tr>
<td>Bakery goods (pies, custards, cream fillings &amp; toppings)</td>
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<tr>
<td>Other</td>
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</tbody>
</table>
**FOOD SUPPLIES:**
1. Are all food supplies from inspected and approved sources? YES / NO

2. What are the projected frequencies of deliveries for:
   - Frozen foods_______________________
   - Refrigerated foods__________________
   - Dry goods________________________

3. Provide information on the amount of space (in cubic feet) allocated for:
   - Dry storage________________________
   - Refrigerated Storage________________
   - Frozen storage_____________________  

4. How will dry goods be stored off the floor?

**COLD STORAGE:**
1. Is adequate and approved freezer and refrigeration available to maintain frozen foods frozen, and store refrigerated foods at 41°F (5°C) and below? YES / NO

   Provide the method used to calculate cold storage requirements.

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES / NO

   If yes, how will cross-contamination be prevented?

3. Does each refrigerator/freezer have a thermometer? YES / NO

   Number of refrigeration units: _____  Number of freezer units: _____

4. Is there a bulk ice machine available? YES / NO

**THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:**
Please indicate by checking the appropriate boxes how frozen time/temperature control for safety (TCS) foods in each category will be thawed. More than one method may apply. Indicate where thawing will take place.

<table>
<thead>
<tr>
<th>Thawing Method</th>
<th>*THICK FROZEN FOODS</th>
<th>*THIN FROZEN FOODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigeration</td>
<td></td>
<td></td>
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<tr>
<td>Running Water Less than 70°F(21°C)</td>
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<td></td>
</tr>
<tr>
<td>Microwave (as part of cooking process)</td>
<td></td>
<td></td>
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<tr>
<td>Cooked from Frozen state</td>
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<td></td>
</tr>
<tr>
<td>Other (describe)</td>
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</tbody>
</table>

*Frozen foods: approximately one inch or less = thin; more than an inch = thick.*
COOKING:
1. Will food product thermometers be used to measure final cooking/reheating temperatures of TCS Foods? YES / NO

What type of temperature measuring device(s) will be available? __________________________
__________________________________________________________________________________

2. List types of cooking equipment.
__________________________________________________________________________________
__________________________________________________________________________________

HOT/COLD HOLDING:
1. How will hot TCS foods be maintained at 135°F or above during holding for service? Indicate type and number of hot holding units.
__________________________________________________________________________________
__________________________________________________________________________________

2. How will cold TCS foods be maintained at 41°F or below during holding for service? Indicate type and number of cold holding units.
__________________________________________________________________________________
__________________________________________________________________________________

COOLING:
Please indicate by checking the appropriate boxes how TCS foods will be cooled to 41°F (5°C) within 6 hours (140°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

<table>
<thead>
<tr>
<th>COOLING METHOD</th>
<th>THICK MEATS</th>
<th>THIN MEATS</th>
<th>THIN SOUPS/ GRAVY</th>
<th>THICK SOUPS/ GRAVY</th>
<th>RICE/ NOODLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shallow Pans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ice Baths</td>
<td></td>
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<tr>
<td>Reduce Volume or Size</td>
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<tr>
<td>Rapid Chill</td>
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<tr>
<td>Other (describe)</td>
<td></td>
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</tbody>
</table>
REHEATING:
1. How will TCS foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds? Indicate type and number of units used for reheating foods.
__________________________________________________________________
__________________________________________________________________

2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?
__________________________________________________________________
__________________________________________________________________

PREPARATION:
1. Please list categories of foods prepared more than 12 hours in advance of service.
__________________________________________________________________
__________________________________________________________________

2. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized? ________________
__________________________________________________________________

3. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES/NO
If not, how will ready-to-eat foods be cooled to 41°F?
__________________________________________________________________
__________________________________________________________________

4. Will all produce be washed on-site prior to use? YES / NO
Is there a planned location used for washing produce? YES / NO
Describe _____________________________________________________________
If no, describe the procedure for cleaning and sanitizing multiple use sinks between uses.
__________________________________________________________________
__________________________________________________________________

5. Describe the procedure used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F - 135°F) during preparation.
__________________________________________________________________
__________________________________________________________________

6. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

7. Will the facility be serving food to a highly susceptible population? YES / NO
If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area? ________________________________
**INSECT AND RODENT CONTROL**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Will all outside doors be self-closing and rodent proof?</td>
<td>( )</td>
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<tr>
<td>2. Are screen doors provided on all entrances left open to the outside?</td>
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<tr>
<td>3. Do all openable windows have a minimum of #16 mesh screening?</td>
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<tr>
<td>4. Is the placement of electrocution devices identified on the plan?</td>
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<tr>
<td>5. Will all pipes &amp; electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?</td>
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<tr>
<td>6. Is area around building clear of unnecessary brush, litter, boxes and other harborage?</td>
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<td>( )</td>
<td>( )</td>
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<tr>
<td>7. Will air curtains be used? If yes, where?</td>
<td>________________</td>
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</table>

**GARBAGE AND REFUSE**

**Inside**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
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</thead>
<tbody>
<tr>
<td>8. Do all containers have lids?</td>
<td>( )</td>
<td>( )</td>
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<tr>
<td>9. Will refuse be stored inside?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
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<tr>
<td>If so, where?</td>
<td>_____________________________________________________________________</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>10. Is there an area designated for garbage can or floor mat cleaning?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

**Outside**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Will a dumpster be used? Number ________ Size ________ Frequency of pickup ________ Contractor __________________</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>12. Will a compactor be used? Number ________ Size ________ Frequency of pick up ________ Contractor __________________</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
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<tr>
<td>13. Will garbage cans be stored outside?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>14. Describe surface and location where dumpster/compactor/garbage cans are to be stored</td>
<td>_____________________________________________________________________</td>
<td>( )</td>
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<tr>
<td>15. Describe location of grease storage receptacle: __________________________</td>
<td>_____________________________________________________________________</td>
<td>( )</td>
<td>( )</td>
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<tr>
<td>16. Is there an area to store recycled containers?</td>
<td>__________________________</td>
<td>( )</td>
<td>( )</td>
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</tbody>
</table>

Indicate what materials are required to be recycled;

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) Glass</td>
<td>( ) Metal</td>
<td>( ) Plastic</td>
<td></td>
</tr>
<tr>
<td>( ) Paper</td>
<td>( ) Cardboard</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. Is there any area to store returnable damaged goods? | ( ) | ( ) | ( ) |
**WATER SUPPLY**
Is water supply public ( ) or private ( )
If private, has source been approved? YES ( ) NO ( ) PENDING ( )
Attach copy of written approval and/or permit.

Is ice made on premises ( ) or purchased commercially ( )
Describe provision for ice scoop storage: ___________________________________________

Provide location of ice maker or bagging operation____________________________________

Is the hot water generator sufficient for the needs of the establishment? YES ( ) NO ( )
Provide calculations for necessary hot water to verify needs are met.

**SEWAGE DISPOSAL**
Is building connected to a municipal sewer? YES ( ) NO ( )
If no, is private disposal system approved? YES ( ) NO ( ) PENDING ( )
Please attach copy of written approval and/or permit.

Are grease traps provided? YES ( ) NO ( )
If so, where? __________________________________________________________

Provide schedule for cleaning & maintenance________________________________________

**DRESSING ROOMS/EMPLOYEE PERSONAL STORAGE**
Are dressing rooms provided? YES ( ) NO ( )
Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) __________________________________________________________

**GENERAL**
Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? YES ( ) NO ( )
Indicate location: __________________________________________________________
Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES ( ) NO ( )

Are all containers of toxics including sanitizing spray bottles clearly labeled? YES ( ) NO ( )

Will linens be laundered on site? YES ( ) NO ( )
If yes, what will be laundered and where? __________________________________________
If no, how will linens be cleaned? ________________________________________________

Is a laundry dryer available? YES ( ) NO ( )

Location of clean linen storage: _________________________________________________
Location of dirty linen storage: _________________________________________________

Are containers constructed of safe materials to store bulk food products? YES ( ) NO ( )
Indicate type: _________________________________________________________________

How often is each listed ventilation hood system cleaned (whole system, not just filters)?
SINKS
Is a mop sink present? YES ( ) NO ( )
If no, please describe facility to be used for cleaning of mops and other equipment: __________________________
__________________________________________________________________________________________

Is a food preparation sink present? YES ( ) NO ( )

DISHWASHING FACILITIES
1. Will sinks or a dishwasher be used for warewashing?
   Dishwasher ( )  Two compartment sink ( )  Three compartment sink ( )
2. Dishwasher
   Type of sanitization used:
   Hot water _______________  Chemical type ____________________

4. Do all dish machines have templates with operating instructions? YES ( ) NO ( )
5. Do all dish machines have accurately working temperature/pressure gauges? YES ( ) NO ( )
6. Does the largest pot and pan fit into each compartment of the pot sink? YES ( ) NO ( )
   If no, what is the procedure for manual cleaning and sanitizing? ________________________________
   _______________________________________________________________________________________
7. Are there drain boards on both ends of the pot sink? YES ( ) NO ( )
   If no, indicate drying location of wet equipment __________________________________________________
   _______________________________________________________________________________________

8. What type of sanitizer is used?
   Chlorine ______  Iodine ______  Quaternary ammonium ______
   Hot Water ______  Other (list) ________________________________
9. Are test papers and/or kits available for checking sanitizer concentration? YES ( ) NO ( )

HANDWASHING/TOILET FACILITIES
1. Is there a handwashing sink in each food preparation and warewashing area? YES ( ) NO ( )
2. Do any of the hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES ( ) NO ( )  If yes, where? __________________________________________________
3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES ( ) NO ( )
4. Is hand cleanser (soap) available at all handwashing sinks? YES ( ) NO ( )
5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? YES ( ) NO ( )
6. Are covered waste receptacles available in each restroom? YES ( ) NO ( )
7. Is hot and cold running water under pressure available at each handwashing sink? YES ( ) NO ( )
8. Are all toilet room doors self-closing? YES ( ) NO ( )
9. Are all toilet rooms equipped with adequate ventilation? YES ( ) NO ( )
10. Is a handwashing sign posted in each employee restroom? YES ( ) NO ( )
SMALL EQUIPMENT REQUIREMENTS
Please specify the number, location, and types of each of the following:
Slicers _____________________________________________________
Cutting boards ______________________________________________
Can openers ________________________________________________
Mixers ____________________________________________________
Floor mats __________________________________________________
Other ______________________________________________________

EMPLOYEE TRAINING
1. Will food employees be trained in good food sanitation practices? YES / NO
Method of training:__________________________________________________________________
__________________________________________________________________
Number(s) of employees: __________ Dates of training completion:__________________

2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES / NO
If no, is a written bare hand contact policy on file? ______
If yes, list methods to be used and on what foods:________________________________
__________________________________________________________________
__________________________________________________________________

3. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES / NO
Please describe illness policy:__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

4. Will employees be trained in the seven (7) major allergen groups?       YES/NO
How will training occur? ______________________________

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.
Signature(s) of owner(s) or representative(s)
_________________________________________________________  ____________________________
_________________________________________________________  ____________________________
Date: ________________

Regulations/Standard Operating Procedures