

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH- Central Virginia Health District



Application For A Food Establishment Permit

Application for: ☒ New Establishment ☐ Renewal ☐ Name Change ☐ Change of Ownership

Name of Establishment Rail Road Diner Telephone _____

Physical Address 3714 Waterlick Rd Fax _____

Forest Va. 24551 Email rrussello8888@gmail.com

Applicants Name Reggie Russell Title Owner

Mailing Address 3714 Waterlick Rd Telephone 434-386-7584
Forest Va. 24551

Legal owner type: ☐ Association ☐ Corporation ☐ Individual ☐ Partnership ☒ Other legal entity LLC

Legal owner name Reggie Russell Telephone _____

Legal owner mailing address 3714 Waterlick Rd
Forest Va. 24551

Billing Address 3714 Waterlick Rd, Forest Va. 24551

If legal owner is other than an individual, please attach a list of names, titles, and addresses of all persons comprising the legal ownership.

Local registered agent (if required – out of state corporations must identify registered agent for Virginia)

Name _____ Title _____

Address _____ Telephone _____

Person directly responsible for the establishment

Name Reggie Russell

Title Owner

Address 3714 Waterlick Rd

Forest Va. 24551

Telephone 434-386-7584

Immediate supervisor or responsible person

Name _____

Title _____

Address _____

Telephone _____

Is the food establishment (check appropriate) ☒ Stationary ☐ Mobile ☐ Seasonal

Type: ☐ Full service ☒ Fast food ☐ Carry out ☐ Caterer ☐ Hospital ☐ School ☐ Private College Food Service

☐ Nursing Home ☐ Adult Day Care ☐ Other (please explain) _____

Smoking Status: ☒ Smoke Free ☐ Smoking allowed in restricted areas ☐ Smoking with no restrictions on the public

Wastewater Grease Removal: ☐ Grease trap interior ☒ Grease trap exterior ☐ Other _____ ☐ None

Does the establishment (check Yes or No)

1. Prepare, offer for sale, or serve TCS* (temperature control for safety) food: ☒ Yes ☐ No
- * Are TCS foods only prepared from raw frozen ingredients ☐ Yes ☐ No
 - * Are TCS foods cooked, cooled, and reheated ☒ Yes ☐ No
 - * Only to order upon consumer's request ☐ Yes ☒ No
 - * In advance quantities ☐ Yes ☒ No
 - * Using time as the public health control ☒ Yes ☐ No
2. Prepare temperature control for safety food in advance using a food preparation method that involves two or more steps which may include combining temperature control for safety food ingredients, cooking, cooling, reheating, hot or cold holding, freezing, or thawing ☒ Yes ☐ No
3. Prepare food as specified under (2) for delivery to and consumption at a location off premises of the food establishment where it is prepared ☒ Yes ☐ No
4. Prepare food as specified under (2) of this section for service to a highly susceptible population (i.e., the elderly, young children, or those with weakened immune systems) ☒ Yes ☐ No
5. Prepares only foods that require NO temperature control (no refrigeration or hot holding) ☐ Yes ☒ No

* TCS (temperature control for safety) foods - Foods that need time and temperature control for safety. Examples of TCS foods are: dairy products, shell eggs, fish, poultry, meat, cut melons, cooked vegetables, soup, cooked rice, tofu, etc. Previously, these foods have been referred to as "potentially hazardous" foods

Total number of seats No inside Number of smoking seats None

Water Supply: Public - Name CCUSA Private - Type _____

Sewage: Public - Name _____ Private - Type Septic

I/We attest to the accuracy of the information provided, affirm to comply with the Food Regulations, allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required, and agree to accept notices issued and served by the regulatory authority.

Signature Reggie Russell Title owner

Print Name Reggie Russell Date Aug 15, 2018

Office use Only

Facility Type: _____ Chain/Franchise _____

Approved for Permit _____ EHS _____

Date Signed _____ Date Issued _____

Establishment Assigned to _____

Plan Reviews Completed _____

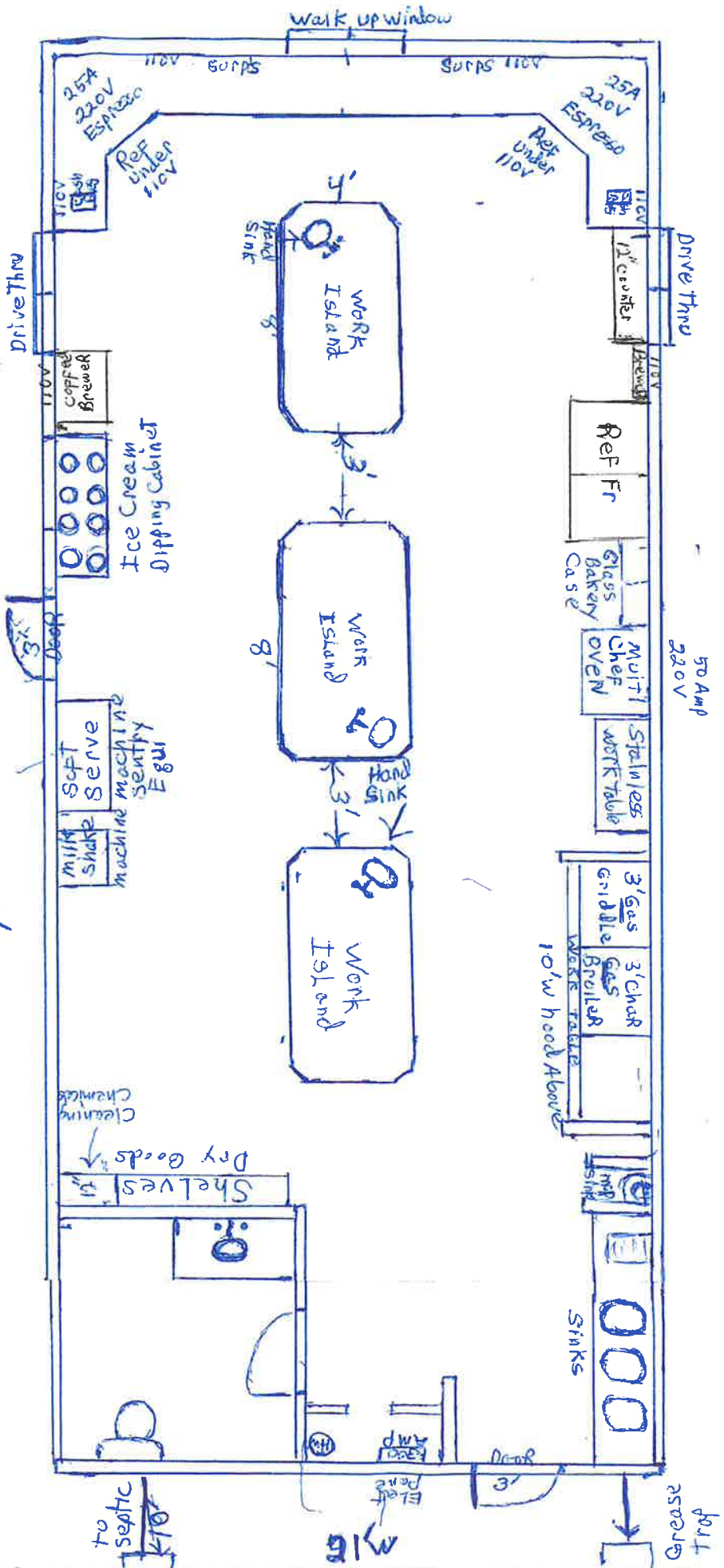
Fees: Application _____ Plan Review _____

Date Collected _____ **FEES ARE NON-REFUNDABLE**



Rail Road Diner

49' L



Rail Road Diner

Menu Reggie Russell owner

Will have a standard hot breakfast including cooked sausage, bacon, and eggs and well as baked items such as pastry and muffins.

Lunch and Dinner meals including hot and cold sandwiches, hot dogs, hamburgers, fish, french fries, Pizza, cold salads, and soups until closing.

The facility will utilize a grill. All the grease will be cleaned up and kept in a stainless steel container and sold to Valley Protein. We will follow strict food prep & clean up procedures. maintain septic systems sell grease, pump septic tank annually, inspect and clean filter regularly. we will not have any inside seating, drive through only. we will provide future outdoor seating.

Food Facility Plan Review Form

Name of Food Facility: Rail Road Diner
Address: 3714 Waterlick Rd, Forest Va, 24551
Phone #: 434-386-7584

Legal Owner: Reggie Russell
Address: 3714 Waterlick Rd, Forest Va, 24551
Phone #: 434-386-7584 Fax#: _____
Email Address: rrussell08888@gmail.com

Contact Person: Reggie Russell
Address: 3714 Waterlick Rd, Forest Va, 24551
Phone #: 434-386-7584 Fax#: _____
Email Address: rrussell08888@gmail.com

Date plans submitted: _____ Seating capacity: NONE
Proposed opening date: _____ Type menu: _____

Water supply type: Public ☒ Private _____ Sewage disposal: Public _____ Private Septic
(If the water supply or sewage system is private please make sure you have the appropriate Health Department approvals)

Is the information submitted complete? Check items submitted:

VDH Food Service Operations Permit Application <input checked="" type="checkbox"/>	Plumbing diagram <input checked="" type="checkbox"/>
Food Facility Plan Review Form <input checked="" type="checkbox"/>	Menu <input checked="" type="checkbox"/>
Floor Plan <input checked="" type="checkbox"/>	List of Food Suppliers _____
Mechanical layout <input checked="" type="checkbox"/>	Fees _____

Has information been submitted to:

Building Department _____ Zoning Department _____ Other _____

Office Use Only-Fees Paid:

Amount: _____ Received by: _____ Date: Aug 15 2018

Please make sure all sections are complete before submitting.
If you are not certain what the requirement is for a particular section please
refer to the separate VDH FOOD FACILITY REQUIREMENTS handout, the
Virginia Food Regulations or contact the local Health Department.

FLOORS

1. Are floor materials grease resistant, impervious & easily cleanable in all food/beverage preparation & service areas, storerooms & restrooms? ☒ Yes No N/A
 2. Are floors graded to drain if floor drains are provided? ☒ Yes No N/A
 3. Is the floor/wall juncture covered? (baseboard or cove molding) ☒ Yes No N/A
 4. List the materials used on the floors in the following areas:
- Kitchen: Ceramic tile Bathrooms: Ceramic
Dining: None Storage: Ceramic

WALLS & CEILINGS

1. Are walls & ceilings smooth & constructed of easily cleanable materials in the kitchen, food/beverage preparation and service areas, storerooms and restrooms? (Walls should be washable to a 4 foot level) ☒ Yes No N/A
 2. Are walls constructed so that there are no attachments, pipes, etc., that obstruct or prevent cleaning? ☒ Yes No N/A
 3. Are walls grease resistant and easily cleanable behind frying/cooking equipment & under the hood? ☒ Yes No N/A
 4. Is the ceiling constructed that no beams or pipes are exposed overhead? Yes No N/A
 5. List the materials used on the walls in the following areas:
- Kitchen: tile or stainless steel Bathrooms: tile
Dining: None Storage: tile
6. List the materials used on the ceiling in the following areas:
- Kitchen: Dry wall Bathrooms: Dry wall
Dining: None Storage: Dry wall

HAND WASHING FACILITIES

1. Are hand washing sinks located in all food preparation areas? ☒ Yes No N/A
2. Are hand washing sinks located in the dish washing area? ☒ Yes No N/A
3. Are hand washing sinks provided in the wait station & bar area? Yes No ☒ N/A
4. Does each hand washing sink have hot & cold tempered running water through mixing faucets? ☒ Yes No N/A
5. Is hot water at hand sinks 100 degrees F or greater? ☒ Yes No N/A
6. Are dispensers for soap & paper towels installed at each sink? ☒ Yes No N/A
7. Is hand washing signage posted at all sinks where employees wash hands? ☒ Yes No N/A
8. What is the total # of hand washing sinks in the facility (excluding restrooms)? 2

RESTROOMS

- | | | | |
|---|--------------------------------------|-------------------------------------|-----|
| 1. Are public restrooms provided? | Yes | <input checked="" type="radio"/> No | N/A |
| 2. Are separate employee restrooms provided? | Yes | <input checked="" type="radio"/> No | N/A |
| 3. Are restroom doors self closing? | <input checked="" type="radio"/> Yes | No | N/A |
| 4. Are hand washing sinks provided with hot & cold water through a mixing faucet? | <input checked="" type="radio"/> Yes | No | N/A |
| 5. Are restrooms mechanically vented to the outside air? | <input checked="" type="radio"/> Yes | No | N/A |
| 6. What is the total # of hand washing sinks in all restrooms? | <u>1</u> | | |

PLUMBING & HOT WATER

- | | | | |
|--|--------------------------------------|----|-----|
| 1. Is all water supplied equipment installed to prevent backsiphonage? (equipped with vacuum breakers) | <input checked="" type="radio"/> Yes | No | N/A |
| 2. Are indirect waste lines/drains used where required? (Air gaps at 3 compartment sinks, food prep sinks, ice machines, dipper wells, dish machines, etc.) | <input checked="" type="radio"/> Yes | No | N/A |
| 3. Does all the plumbing meet all the requirements of the plumbing code? | <input checked="" type="radio"/> Yes | No | N/A |
| 4. Are any sewer pipes exposed over food preparation, equipment washing or storage area? | <input checked="" type="radio"/> Yes | No | N/A |
| 5. Are grease traps provided as required by the Health Department/Building Code or Public Service Authority?
(Grease traps should be pumped/cleaned out frequently to prevent grease from entering the sewer system)
Location: Inside _____ Outside <input checked="" type="radio"/> | <input checked="" type="radio"/> Yes | No | N/A |
| Name of pumping company: _____ | | | |
| Frequency of service: Weekly _____ Biweekly _____ Monthly _____ | | | |
| 6. What is the model & type of hot water heater? | _____ | | |
| 7. How many hot water heaters are in the facility? | <u>ONE</u> | | |
| 8. What is the capacity in gallons of the hot water heater? | <u>50</u> | | |
| 9. If using a tankless (on demand) unit what is the gallons per minute of hot water? | _____ | | |

LIGHTING

- | | | | |
|--|--------------------------------------|----|-----|
| 1. Will 50 foot candles be provided over all food preparation surfaces, including under hood in grill/cooking areas? | <input checked="" type="radio"/> Yes | No | N/A |
| 2. Will 20 foot candles be provided at buffets & salad bars, inside reach ins and under counter refrigerators, at hand washing stations and dish washing areas, in equipment and utensil storage areas & bath rooms? | <input checked="" type="radio"/> Yes | No | N/A |
| 3. Will 10 foot candles be provided in all walk in refrigerators/freezers, dry storage areas, in dining areas and in other areas and rooms during periods of cleaning? | <input checked="" type="radio"/> Yes | No | N/A |
| 4. Is all lighting shielded or covered in food service, preparation, and dish washing areas to prevent from breakage? This includes heat lamps track lighting. | <input checked="" type="radio"/> Yes | No | N/A |
| 5. List what kind of lighting will be used in the following areas (such as: track, florescent, incandescent, halogen, etc.): | | | |

Kitchen: <u>Led</u>	Dining: <u>N/A</u>	Bathrooms: <u>Led</u>
Storage: <u>Led</u>	Bar: <u>N/A</u>	Wait Station: <u>N/A</u>

EQUIPMENT

- | | | | |
|---|--------------------------------------|----|--------------------------------------|
| 1. Has a list of all equipment with the manufacturers name & model number been submitted? | <input checked="" type="radio"/> Yes | No | N/A |
| 2. Is all refrigerator or other storage shelving non-corrosive, grease resistant and cleanable? | <input checked="" type="radio"/> Yes | No | N/A |
| 3. Is floor mounted equipment, unless easily moveable, sealed to the floor or elevated on 6 inch legs? | <input checked="" type="radio"/> Yes | No | N/A |
| 4. Is table/counter top mounted equipment, unless easily moveable, elevated at least 4 inches off the table/counter top? | <input checked="" type="radio"/> Yes | No | N/A |
| 5. Is equipment such as deep fryers, stoves and other equipment that may be positioned next to each other spaced so that the equipment and the surfaces around them are easily cleanable? | <input checked="" type="radio"/> Yes | No | N/A |
| 6. Are separate culinary/ food preparation sinks provided? | <input checked="" type="radio"/> Yes | No | N/A |
| 7. Are there sneeze guards over buffets & salad bars ? | Yes | No | <input checked="" type="radio"/> N/A |
| 8. Are thermometers provided in all refrigerated units? | <input checked="" type="radio"/> Yes | No | N/A |

VENTILATION

- | | | | |
|---|--------------------------------------|----|-----|
| 1. Does the hood system conform to the Virginia Uniform Statewide Building Code? | <input checked="" type="radio"/> Yes | No | N/A |
| 2. Do all rooms have sufficient ventilation to keep them free of excessive heat, steam, condensation, vapors, obnoxious odors, etc. | <input checked="" type="radio"/> Yes | No | N/A |

GARBAGE & REFUSE

- | | | | |
|---|--------------------------------------|-------------------------------------|-----|
| 1. Is an outdoor trash storage area provided? | <input checked="" type="radio"/> Yes | No | N/A |
| 2. Is it easily cleanable with a concrete or asphalt pad? | <input checked="" type="radio"/> Yes | No | N/A |
| 3. Is the drive way surface leading up to the trash storage area concrete or asphalt to prevent damage from large trucks? | <input checked="" type="radio"/> Yes | No | N/A |
| 4. What kind of containers are used for trash?
Cans <input checked="" type="checkbox"/> Dumpsters <input type="checkbox"/> | | | |
| 5. Name of company providing trash service: _____ | | | |
| 6. Is an outdoor waste grease container provided? | <input checked="" type="radio"/> Yes | No | N/A |
| 7. Is the waste grease container on a cleanable surface? | <input checked="" type="radio"/> Yes | No | N/A |
| 8. Name of company contracted to pick up the waste grease: _____ | | | |
| 9. Will any other type of recycling be done? | Yes | <input checked="" type="radio"/> No | N/A |
| 10. If yes what & where will it be stored? _____ | | | |

INSECT & RODENT CONTROL

- | | | | |
|--|--------------------------------------|-------------------------------------|-----|
| 1. Are outer openings properly protected by use of doors, screens, fans or air curtains? | <input checked="" type="radio"/> Yes | No | N/A |
| 2. Are outer doors self closing and open outward, unless otherwise required by building or fire codes? | <input checked="" type="radio"/> Yes | No | N/A |
| 3. Are floors, walls and ceilings properly finished around ducts, pipes and cables? | <input checked="" type="radio"/> Yes | No | N/A |
| 4. Are any insect control devices to be installed for fly control? | <input checked="" type="radio"/> Yes | No | N/A |
| 5. Do you have a professional extermination company to regularly service the facility? | Yes | <input checked="" type="radio"/> No | N/A |
| Name of Exterminator: _____ | | | |

STORAGE AREAS

1. Is shelving is at least 6 inches off the floor so that all underlying areas can be reached with mops or brooms? ☒ Yes No N/A
2. Are separate areas provided for storage of cleaning materials and other possible toxins? ☒ Yes No N/A
3. Is all the shelving in the storage area non-absorbent & cleanable? ☒ Yes No N/A

DISH WASHING/SANITIZING

1. What method of dish washing will be used?
☒ Manual (3 compartment sink with double drain boards) _____ Mechanical (commercial dish machine)
2. Is each drain board appropriately sized to hold dirty or clean dishes? ☒ Yes No N/A
3. Is the hot water temperature at the 3 compartment sink 110 degrees F or greater? ☒ Yes No N/A
4. If using a 3 compartment sink for dish washing what type of sanitizer will be used?
_____ Chlorine (plain bleach) _____ Quaternary Ammonium (quat)
_____ Iodine _____ Other, please specify Orange
5. If using a commercial dish machine what type of machine will it be?
N/A High temp machine with booster heater N/A Low temp machine with chemical sanitizing rinse
6. Does the commercial dish machine have a specification plate that is easy to read that indicates the required wash & rinse temperature and cycle time? Yes No ☒ N/A
7. If using a high temperature machine is it equipped with a pressure gauge? Yes No ☒ N/A
8. If using a low temperature machine is it equipped with a water temperature gauge? Yes No ☒ N/A
9. Do you have a chemical test kit to check the concentration for each sanitizer used? Yes No N/A

UTILITY/CLEANING /LAUNDRY

1. Is at least one utility sink or floor hopper provided for waste water disposal, conveniently located to facilitate the disposal of mop water and other cleaning wastes? ☒ Yes No N/A
2. Are backflow prevention devices or air gaps provided on all threaded faucets for hose bibs? ☒ Yes No N/A
3. Is a janitorial closet or other site provided for general housekeeping equipment storage and functions? ☒ Yes No N/A
4. Is there a designated storage area for clean linens? ☒ Yes No N/A
5. Is there a designated storage area/bin for soiled linens? ☒ Yes No N/A
6. Is there a washer and dryer on the premises for laundering soiled linen? Yes ☒ No N/A
7. Is a premix chemical dispensing system to be installed?
Over the 3 compartment sink? Yes No N/A
At the utility/mop sink? Yes No N/A
Will a separate water line be installed for the premix system? Yes No N/A

EMPLOYEE DRESSING ROOMS & LOCKERS

1. Are adequate lockers or suitable facilities provided for employees valuables? Yes ☒ No N/A
2. Are dressing rooms provided for employees? Yes ☒ No N/A

INDOOR CLEAN AIR ACT

1. Have provisions been made to comply with the statewide smoking ban in restaurants? ☒ Yes No N/A
2. Are NO SMOKING signs posted? ☒ Yes No N/A
3. If a smoking section is provided, has it been approved by the local Building Department? Yes No ☒ N/A

4. Is there an outdoor seating area that allows smoking?
5. Does the food facility meet the criteria of a private club?

Yes ☒ No ☐ N/A
 Yes ☐ No ☒ N/A

MENU

1. Has a menu been provided for review?
2. Are there raw animal foods that are served raw or undercooked?
3. If yes, has a Consumer Advisory been noted on the menu for those items/ingredients?
4. Are all foods from approved suppliers?
5. Are any foods being supplied from local sources/farms?
6. List food suppliers (commercial & local) and what they will be providing:
(This can be provided on a separate sheet if necessary)

☒ Yes ☐ No ☐ N/A
☐ Yes ☒ No ☐ N/A
☐ Yes ☐ No ☒ N/A
☒ Yes ☐ No ☐ N/A
☐ Yes ☐ No ☐ N/A

PERSON IN CHARGE/MISC. REQUIREMENTS

1. Are there Certified Food Managers on staff?
(ServSafe Certified or Certified Food Protection Manager)
2. Will there be a Person In Charge (PIC) in the establishment at all times and can they demonstrate knowledge of food safety specific to the operation?
3. Does the facility have an Employee Health Policy?
4. Are employees aware of the requirements of the Employee Health Policy?
5. Are food thermometers available for taking food temperatures?
6. Do employees know how to use & calibrate thermometers?

Yes ☐ No ☐ N/A
☒ Yes ☐ No ☐ N/A
☐ Yes ☒ No ☐ N/A
☒ Yes ☐ No ☐ N/A
☐ Yes ☐ No ☒ N/A

ADDITIONAL COMMENTS:

OFFICE USE ONLY

Date plans received: _____

Date plans reviewed: _____ Plans reviewed by: _____

Denial letter sent: _____ Approval letter sent: _____

Comments: _____
