

## Mid-Ohio Valley Health Department

211 6<sup>th</sup> Street  
 Parkersburg, WV 26101  
 304-485-7374 or 304-420-1460

### REGULATORY AUTHORITY COMPLIANCE REVIEW LIST

Name of Establishment \_\_\_\_\_  
 Name of Owner \_\_\_\_\_  
 Category \_\_\_\_\_  
 Physical Location \_\_\_\_\_  
 Date Plans Received \_\_\_\_\_

|  | <u>SAT.</u> | <u>UNSAT.</u> | <u>N/A</u> | <u>INSUFF.</u><br><u>INFORM.</u> |
|--|-------------|---------------|------------|----------------------------------|
| <b>1. Food Preparation Review</b>                  |             |               |            |                                  |
| Raw food prep table(s)<br>(as menu dictates)       | ()          | ()            | ()         | ()                               |
| Raw food prep sink(s)<br>(as menu indicates)       | ()          | ()            | ()         | ()                               |
| Adequate refrigeration                             | ()          | ()            | ()         | ()                               |
| Adequate hot holding facilities                    | ()          | ()            | ()         | ()                               |
| Adequate hot food preparation equip.               | ()          | ()            | ()         | ()                               |
| Vacuum packaging<br>(HACCP plan)                   | ()          | ()            | ()         | ()                               |
| <b>2. Utensil &amp; Equipment Storage</b>          |             |               |            |                                  |
| Clean  | ()          | ()            | ()         | ()                               |
| Soiled   | ()          | ()            | ()         | ()                               |
| Counter mounted equip.                             | ()          | ()            | ()         | ()                               |
| Floor mounted equip.                               | ()          | ()            | ()         | ()                               |
| Vacuum packaging equip.                            | ()          | ()            | ()         | ()                               |
| Bulk Food  | ()          | ()            | ()         | ()                               |
| Self service                                       | ()          | ()            | ()         | ()                               |
| Salad  | ()          | ()            | ()         | ()                               |
| Hot/Cold Buffet                                    | ()          | ()            | ()         | ()                               |
| <b>3. Kitchen Equipment</b>                        |             |               |            |                                  |
| Spacing between units or wall closed; moveable, or | ()          | ()            | ()         | ()                               |

adequate space for easy cleaning

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Work space & aisles sufficient   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Storage 6" off floor   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Countertops & cutting boards<br>of suitable material   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self serve food area<br>adequately protected   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Approved thermometer for each<br>refrigerator & freezer, and for<br>taking food temperatures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 4. Finish Schedule

|                                 |                          |                          |                          |                          |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Kitchen                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bar                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food Storage                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Storage                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toilet Rooms                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dressing Rooms                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Garbage & Refuse Storage        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mop Service Area                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Warewashing Area                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walk-in refrigerator & freezers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 5. Plumbing

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Cross Connections        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water Supply             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sewage Disposal          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hand Sinks               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dishwashing & Pot Sinks  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grease Traps             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Service/Janitorial Sinks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot Water                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 6. Physical Facilities

|                |                          |                          |                          |                          |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Dressing Rooms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|

|                                     |     |     |     |     |
|-------------------------------------|-----|-----|-----|-----|
| Separate Toxic Storage              | ( ) | ( ) | ( ) | ( ) |
| Laundry Facilities                  | ( ) | ( ) | ( ) | ( ) |
| Linen Storage                       | ( ) | ( ) | ( ) | ( ) |
| Lighting                            | ( ) | ( ) | ( ) | ( ) |
| Food Storage                        | ( ) | ( ) | ( ) | ( ) |
| Dry Storage Goods                   | ( ) | ( ) | ( ) | ( ) |
| <b>7. Refuse &amp; Pest Control</b> |     |     |     |     |
| Garbage & Refuse Storage            | ( ) | ( ) | ( ) | ( ) |
| Insect & Rodent                     | ( ) | ( ) | ( ) | ( ) |
| Control Measures                    | ( ) | ( ) | ( ) | ( ) |
| <b>8. Ventilation</b>               |     |     |     |     |
| Exhaust Hoods                       | ( ) | ( ) | ( ) | ( ) |
| Ventilation                         | ( ) | ( ) | ( ) | ( ) |
| <b>9. Employee Restrooms</b>        |     |     |     |     |
| Location                            | ( ) | ( ) | ( ) | ( ) |
| Number _____                        | ( ) | ( ) | ( ) | ( ) |
| Soap Dispensers                     | ( ) | ( ) | ( ) | ( ) |
| Hand Drying                         | ( ) | ( ) | ( ) | ( ) |
| Lavatories                          | ( ) | ( ) | ( ) | ( ) |
| Water Closets                       | ( ) | ( ) | ( ) | ( ) |
| Urinals                             | ( ) | ( ) | ( ) | ( ) |
| Hot & Cold Water Provided           | ( ) | ( ) | ( ) | ( ) |
| Waste Receptacles                   | ( ) | ( ) | ( ) | ( ) |
| <b>10. Patron Restrooms</b>         |     |     |     |     |
| Location                            | ( ) | ( ) | ( ) | ( ) |
| Number _____                        | ( ) | ( ) | ( ) | ( ) |
| Soap Dispensers                     | ( ) | ( ) | ( ) | ( ) |
| Hand Drying                         | ( ) | ( ) | ( ) | ( ) |
| Lavatories                          | ( ) | ( ) | ( ) | ( ) |
| Water Closets                       | ( ) | ( ) | ( ) | ( ) |
| Urinals                             | ( ) | ( ) | ( ) | ( ) |
| Hot & Cold Water Provided           | ( ) | ( ) | ( ) | ( ) |
| Waste Receptacles                   | ( ) | ( ) | ( ) | ( ) |

**Comments:** (explain why any item was noted "Unsatisfactory" or "Insufficient Information")

