Food Establishment Plan Review Application

Renovation to Existing Establishment

Oak Bluffs Health Department

Name of Establishment: _____

Address of Establishment: _____

105 CMR 590.011 requires the Board of Health to deny or grant approval of food establishment plans within thirty (30) days upon submission of said plans. This thirty-day (30) time period begins when a **complete application** when all the paperwork has been submitted to the Health Department.

I, _____, have read and understand the contents/requirements of this application packet and agree to the provisions listed above and contained within.

Date_____

NO RENOVATION OR CONSTRUCTION WORK
TO BE DONE IN FOOD ESTABLISHMENT
BEFORE WRITTEN APPROVAL FROM HEALTH DEPARTMENT

For Office Use Only:

Complete Plan Review Application Accepted by Health Department Date:
Reviewer's Signature

_____Regulatory Authority

_____

_____

Date:_____

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

____NEW ____REMODEL ____CONVERSION

Name of Establishment:_____

Category: Restaurant____, Institution ____, Daycare ____, Retail Market ____,
Other_____.

Address:_____

Phone if available:_____

Name of Owner:_____

Mailing Address:_____

Telephone:_____

Applicant's Name:_____

Title (owner, manager, architect, etc.):_____

Mailing Address:_____

Telephone:_____

I have submitted plans/applications to the following authorities on the following dates:

_____ Governing Board of Council _____Plumbing

_____Zoning _____Electric

_____Planning _____Police

_____Building _____Fire

_____Conservation _____Other ( )

Hours of Operation:

Sun _____	Thurs _____
Mon _____	Fri _____
Tues_____	Sat _____
Wed _____	

Number of Seats: _____

Number of Staff: _____
(Maximum per shift)

Total Square Feet of Facility: _____

Number of Floors on which
operations are conducted_____

Maximum Meals to be Served:
(approximate number)

Breakfast _____
Lunch _____
Dinner _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Type of Service:
(check all that apply)

Sit Down Meals _____
Take Out _____
Caterer _____
Mobile Vendor _____
Other _____

Please enclose the following documents:

_____ Proposed Menu (including seasonal, off-site and banquet menus)

_____ Manufacturer Specification sheets for each piece of equipment shown on the plan

_____ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system - if applicable)

_____ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation

_____ Equipment schedule

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.

2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.

3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.

4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.

5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.

6. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.

7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.

8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.

9. Include and provide specifications for:

   a. Entrances, exits, loading/unloading areas and docks;

   b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;

   c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;

d. Lighting schedule with protectors;

(1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;

(2) At least 220 lux (20 foot candles):

(a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;

(b) Inside equipment such as reach-in and under-counter refrigerators;

(c) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms; and

(3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).

f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with;

g. A color coded flow chart demonstrating flow patterns for:
-food (receiving, storage, preparation, service);
-food and dishes (portioning, transport, service);
-dishes (clean, soiled, cleaning, storage);
-utensil (storage, use, cleaning);
-trash and garbage (service area, holding, storage);

h. Ventilation schedule for each room;

i. A mop sink or curbed cleaning facility with facilities for hanging wet mops;

j. Garbage can washing area/facility;

k. Cabinets for storing toxic chemicals;

l. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;

m. Completed Section 1;

n. Site plan (plot plan)

FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

	CATEGORY *	**(YES)**	**(NO)**
1.	Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	( )	( )
2.	Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	( )	( )
3.	Cold processed foods (salads, sandwiches, vegetables)	( )	( )
4.	Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	( )	( )
5.	Bakery goods (pies, custards, cream fillings & toppings)	( )	( )
6.	Other _____ _____		

* A generic HACCP plan for each category of food may be available from the regulatory authority for reference.

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

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 _____, and Dry goods_____.

3. Provide information on the amount of space (in cubic feet) allocated for:
   Dry storage _____,
   Refrigerated Storage _____, and
   Frozen storage _____.

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

_____

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and 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 potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	***THICK FROZEN FOODS**	***THIN FROZEN FOODS**
Refrigeration		
Running Water Less than 70• F(21• C)		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

* Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

COOKING:

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF's? YES / NO
What type of temperature measuring device:_____

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

beef roasts	130• F (121 min)
solid seafood pieces	145• F (15 sec)
other PHF s	145• F (15 sec)
eggs:	
Immediate service	145• F (15 sec)
pooled*	155• F (15 sec)
(*pasteurized eggs must be served to a highly susceptible population)	
pork	145• F (15 sec)
comminuted meats/fish	155• F (15 sec)
poultry	165• F (15 sec)
reheated PHF s	165• F (15 sec)

2. List types of cooking equipment.

_____

_____

HOT/COLD HOLDING:

1. How will hot PHF's be maintained at 140• F (60• C) or above during holding for service? Indicate type and number of hot holding units.

_____

_____

_____

2. How will cold PHF's be maintained at 41• F (5• C) or below during holding for service? Indicate type and number of cold holding units.

_____

_____

_____

COOLING:

Please indicate by checking the appropriate boxes how PHF's 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.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

REHEATING:

1. How will PHF s 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. Will food employees be trained in good food sanitation practices? YES / NO
Method of training:

_____

Number(s) of
employees:_____

Dates of
completion:_____

3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES / NO

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

_____
_____
_____
_____

Will employees have paid sick leave? YES / NO

5. 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?

Chemical Type: _____
Concentration: _____
Test Kit: YES / NO

6. 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?

_____
_____
_____
_____

7. 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 not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

_____
_____
_____
_____

8. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41• F - 140• F) during preparation.

_____
_____
_____
_____

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

10. 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?

_____
_____
_____

A. FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators and Freezers				

B. INSECT AND RODENT CONTROL

APPLICANT: Please check appropriate boxes.

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

C. GARBAGE AND REFUSE

Inside

8. Do all containers have lids?	( )	( )	( )
9. Will refuse be stored inside? If so, where? _____ _____	( )	( )	( )
10. Is there an area designated for garbage can or floor mat cleaning?	( )	( )	( )

	YES	NO	NA
Outside			
11. Will a dumpster be used? Number _____ Size _____ Frequency of pickup _____ Contractor _____	( )	( )	( )
12. Will a compactor be used? Number _____ Size _____ Frequency of pick up _____ Contractor _____	( )	( )	( )
13. Will garbage cans be stored outside?	( )	( )	( )

14. Describe surface and location where dumpster/compactor/garbage cans are to be stored

_____

_____

_____

15. Describe location of grease storage receptacle

_____

_____

_____

16. Is there an area to store recycled containers?

	( )	( )	( )

Describe _____

_____

Indicate what materials are required to be recycled;

( ) Glass
( ) Metal
( ) Paper
( ) Cardboard
( ) Plastic

17. Is there any area to store returnable damaged goods?

	( )	( )	( )

D. PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	* P TRAP	VACUUM BREAKER	CONDENSATE PUMP
18. Toilet						
19. Urinals						
20. Dishwasher						
21. Garbage Grinder						
22. Ice machines						
23. Ice storage bin						
24. Sinks a. Mop b. Janitor c. Handwash d. 3 Compartment e. 2 Compartment f. 1 Compartment g. Water Station						
25. Steam tables						
26. Dipper wells						
27. Refrigeration condensate/ drain lines						
28. Hose connection						
29. Potato peeler						
30. Beverage Dispenser w/carbonator						
31. Other _____						

* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A P trap is a fixture trap that provides a liquid seal in the shape of the letter P. Full S traps are prohibited.

32. Are floor drains provided & easily cleanable, if so, indicate location:

_____

_____

E. WATER SUPPLY

33. Is water supply public ( ) or private ( ) ?

34. If private, has source been approved? YES ( ) NO ( ) PENDING ( )
    Please attach copy of written approval and/or permit.

35. Is ice made on premises ( ) or purchased commercially ( ) ?
    If made on premise, are specifications for the ice machine provided? YES ( ) NO ( )
    Describe provision for ice scoop storage:_____

    _____

    Provide location of ice maker or bagging operation_____

36. What is the capacity of the hot water generator?

    _____

37. Is the hot water generator sufficient for the needs of the establishment?
    Provide calculations for necessary hot water (see Part 5 & Part 9 Under Section III in this manual)

38. Is there a water treatment device? YES ( ) NO ( )
    If yes, how will the device be inspected & serviced?

    _____

    _____

39. How are backflow prevention devices inspected & serviced?

    _____

    _____

F. SEWAGE DISPOSAL

40. Is building connected to a municipal sewer? YES ( ) NO ( )

41. If no, is private disposal system approved? YES ( ) NO ( ) PENDING ( )
    Please attach copy of written approval and/or permit.

42. Are grease traps provided? YES ( ) NO ( )
If so, where? _____
Provide schedule for cleaning & maintenance_____

G. DRESSING ROOMS

43. Are dressing rooms provided? YES ( ) NO ( )

44. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas,etc.)_____
_____

H. GENERAL

45. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?
YES ( ) NO ( )
Indicate location: _____
_____

46. 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 ( )

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

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

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

50. Location of clean linen storage: _____
_____

51. Location of dirty linen storage: _____
_____

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

53. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

54. How is each listed ventilation hood system cleaned?

_____

I. SINKS

55. Is a mop sink present? YES ( ) NO ( )
If no, please describe facility for cleaning of mops and other equipment:

_____

_____

56. If the menu dictates, is a food preparation sink present?
YES ( ) NO ( )

J. DISHWASHING FACILITIES

57. Will sinks or a dishwasher be used for warewashing?
Dishwasher ( )
Two compartment sink ( )
Three compartment sink ( )

58. Dishwasher
Type of sanitization used:
Hot water (temp. provided) _____
Booster heater _____
Chemical type _____

Is ventilation provided? YES ( ) NO ( )

59. Do all dish machines have templates with operating instructions?
YES ( ) NO ( )

60. Do all dish machines have temperature/pressure gauges as required that are accurately working? YES ( ) NO ( )

61. 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?

_____

_____

62. Are there drain boards on both ends of the pot sink?
YES ( ) NO ( )

63. What type of sanitizer is used?
Chlorine ( )
Iodine ( )
Quaternary ammonium ( )
Hot water ( )
Other ( )

64. Are test papers and/or kits available for checking sanitizer concentration?
YES ( ) NO ( )

K. HANDWASHING/TOILET FACILITIES

65. Is there a handwashing sink in each food preparation and warewashing area?
YES ( ) NO ( )

66. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES ( ) NO ( )

67. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?
YES ( ) NO ( )

68. Is hand cleanser available at all handwashing sinks?
YES ( ) NO ( )

69. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing

sinks? YES ( ) NO ( )

70. Are covered waste receptacles available in each restroom?
YES ( ) NO ( )

71. Is hot and cold running water under pressure available at each handwashing sink?
YES ( ) NO ( )

72. Are all toilet room doors self-closing? YES ( ) NO ( )

73. Are all toilet rooms equipped with adequate ventilation?
YES ( ) NO ( )

74. If required, is a handwashing sign posted in each employee restroom?
YES ( ) NO ( )

L. SMALL EQUIPMENT REQUIREMENTS

75. Please specify the number, location, and types of each of the following:

Slicers _____

Cutting boards _____

Can openers _____

Mixers _____

Floor mats _____

Other _____

****

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) _____

_____
owner(s) or responsible representative(s)

Date: _____

****

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the

completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

SECTION II

REGULATORY AUTHORITY COMPLIANCE REVIEW LIST AND APPROVAL/DISAPPROVAL FORM

REGULATORY AUTHORITY COMPLIANCE REVIEW LIST

	SAT.	UNSAT.	N/A	INSUFF. INFORM.
1. Food Preparation Review				
Raw food prep table(s) (as menu dictates)	( )	( )	( )	( )
Raw food prep sink(s) (as menu dictates)	( )	( )	( )	( )
Adequate refrigeration	( )	( )	( )	( )
Adequate cold holding facilities	( )	( )	( )	( )
Adequate hot holding facilities	( )	( )	( )	( )
Adequate hot food preparation equip.	( )	( )	( )	( )
Vacuum packaging (HACCP plan)	( )	( )	( )	( )
2. Utensil & Equipment Storage				
Clean	( )	( )	( )	( )
Soiled	( )	( )	( )	( )
Counter mounted equip.	( )	( )	( )	( )
Floor mounted equip.	( )	( )	( )	( )
Vacuum packaging equip.	( )	( )	( )	( )
Bulk food	( )	( )	( )	( )
Self service				
Salad	( )	( )	( )	( )
Hot/Cold Buffet	( )	( )	( )	( )

	SAT.	UNSAT.	N/A	INSUFF. INFORM.
3. Kitchen Equipment				
Space between units or wall closed; moveable, or adequate space for easy cleaning	( )	( )	( )	( )
Work space & aisles sufficient	( )	( )	( )	( )
Storage 6" off floor	( )	( )	( )	( )
Countertops & cutting boards of suitable material	( )	( )	( )	( )
Self serve food area adequately protected	( )	( )	( )	( )
Approved thermometer for each refrigerator & freezer, and for taking food temperatures	( )	( )	( )	( )
4. Finish Schedule				
Kitchen	( )	( )	( )	( )
Bar	( )	( )	( )	( )
Food Storage	( )	( )	( )	( )
Other Storage	( )	( )	( )	( )
Toilet Rooms	( )	( )	( )	( )
Dressing Rooms	( )	( )	( )	( )
Garbage & Refuse Storage	( )	( )	( )	( )
Mop Service Area	( )	( )	( )	( )
Warewashing Area	( )	( )	( )	( )
Walk-in refrigerator & freezers	( )	( )	( )	( )
5. Plumbing				
Cross Connections	( )	( )	( )	( )
Water Supply	( )	( )	( )	( )
Sewage Disposal	( )	( )	( )	( )
Hand Sinks	( )	( )	( )	( )
Dishwashing & Pot Sinks	( )	( )	( )	( )
Grease Traps	( )	( )	( )	( )

Service/Janitorial Sinks	( )	( )	( )	( )
Hot Water	( )	( )	( )	( )

	SAT.	UNSAT.	N/A	INSUFF INFORM.
6. Physical Facilities				
Dressing Rooms	( )	( )	( )	( )
Separate Toxic Storage	( )	( )	( )	( )
Laundry Facilities	( )	( )	( )	( )
Linen Storage	( )	( )	( )	( )
Lighting	( )	( )	( )	( )
Food Storage	( )	( )	( )	( )
Dry goods storage	( )	( )	( )	( )
7. Refuse & Pest Control				
Garbage & Refuse Storage	( )	( )	( )	( )
Insect & Rodent Control Measures	( )	( )	( )	( )
8. Ventilation				
Exhaust Hoods	( )	( )	( )	( )
Ventilation	( )	( )	( )	( )
9. Employee Restrooms				
Location	( )	( )	( )	( )
Number _____	( )	( )	( )	( )
Soap Dispensers	( )	( )	( )	( )
Hand Drying	( )	( )	( )	( )
Lavatories	( )	( )	( )	( )
Water Closets	( )	( )	( )	( )
Urinals	( )	( )	( )	( )
Hot & Cold Water Provided	( )	( )	( )	( )
Waste Receptacles	( )	( )	( )	( )
10. Patron Restrooms				
Location	( )	( )	( )	( )
Number_____	( )	( )	( )	( )
Soap Dispensers	( )	( )	( )	( )
Hand Drying	( )	( )	( )	( )
Lavatories	( )	( )	( )	( )
Water Closets	( )	( )	( )	( )

Urinals	( )	( )	( )	( )
Hot and Cold Water Provided	( )	( )	( )	( )
Waste Receptacles	( )	( )	( )	( )

Comments: (explain why any item was noted "Unsatisfactory")

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____ _____
Reviewer Signature **Date**

_____
Reviewer Title

APPROVAL: _____ **DATE:** _____

DISAPPROVAL: _____ **DATE:** _____

REASON FOR DISAPPROVAL:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____