****

PLAN REVIEW APPLICATION

**Monroe County Health Department**

**Food Protection Program**

**119 West 7th St Bloomington, IN 47404**

**812-349-2543**

**Please** **complete the following, as is applicable to the retail food establishment.**

|  |  |  |
| --- | --- | --- |
| **Owner/Corporation Information:** |  | **Engineer/Architect Information:** |
| **Name:** |  | **Name:** |
| **Contact Person:** |  | **Contact Person:** |
| **Telephone Number:** |  | **Telephone Number:** |
| **Mailing Address:** |  | **Mailing Address:** |
|  |  |  |
|  |  |  |

**Establishment Information:**

|  |
| --- |
| **(Check one) New Construction Existing/Remodel Project #:** |
| **Establishment Name:** |
| **Contact Person:** **Title:** |
| **Establishment Telephone #:** **Contact Person Telephone #:** |
| **Establishment Mailing Address:** |
| **Establishment Street Address:** |
| **Water Supply:** **Public** **Private** **Sewage Disposal:** **Public** **Private** |
| * **If private, do you have approval from appropriate regulatory authority?** **YES** **NO**
 |
| **Hours of Operation:** **Days of Operation:** |
|  |

 **Contents and Specifications for Facility and Operating Plans as required in Section 110 of 410 IAC 7-24:**

|  |
| --- |
|  **Please check items submitted for review:**1. **Intended menu (what do you intend to serve?)\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Floor plan and kitchen layout noting equipment/sink placement**
3. **Number of Full time employees (FTE)\* \_\_\_\_\_\_\_\_\_\_\_\_**
4. **Initial Deposit of $150 \_\_\_\_\_\_\_\_\_( additional fees, if applicable, will be collected when permit is issued)**
 |
|  |
| **\*The number of FTE employees is determined by taking all full and part-time employees, including owners and managers and totaling up all the hours worked in an average week and dividing this number by 40.** |
|  |

**(Signature of Applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Relationship to Project) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Date Signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Plan review deposit $150 receipt # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_staff initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_\_**

**Note: If all the required information is not submitted to the regulatory authority, it may delay the review process of your plans and possibly delay construction.**

****Monroe County Health Department – Food Protection Program

 PLAN REVIEW QUESTIONNAIRE

1. Please answer the following questions.

Return this completed questionnaire along with your proposed menu, floor plan and

**initial** **deposit of $150** to our office at:

 119 West 7th Street, Bloomington, IN 47404.

2. If you have any questions please call (812) 349-2837.

3. This questionnaire is designed as a guideline only. It is not a complete list of

 requirements.

4. The sanitation requirements noted in this document are specified under the

 <http://www.in.gov/isdh/files/410_iac_7-24.pdf> Please use the code as

 it pertains to the section numbers referenced at the end of each question.

Name of the facility and location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person’s name and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 ***Monroe County Offices:***  ***City of Bloomington Offices:***

 Planning (349-3423) \_\_\_\_\_\_\_\_ Fire (332-9763) \_\_\_\_\_\_\_\_\_\_

 Building (349-2580) \_\_\_\_\_\_\_\_ City Utilities (349-3650) \_\_\_\_\_\_\_\_\_\_

 Weights & Measures (349-2566) \_\_\_\_\_\_\_\_

**ESTABLISHMENT INFORMATION**

Number of seats: \_\_\_\_\_\_\_\_\_\_ Total square feet of the facility: \_\_\_\_\_\_\_\_\_\_\_\_

 Number of floors on which operations are conducted: \_\_\_\_\_\_\_\_\_\_

Maximum meals to be served: Total \_\_\_\_\_\_\_ Breakfast \_\_\_\_\_\_ Lunch \_\_\_\_\_\_ Dinner \_\_\_\_\_\_

(Approximate number)

Type of service: Sit down meals \_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_

(Check all that apply) Take out \_\_\_\_\_\_ Caterer \_\_\_\_\_\_

Who will be your certified food protection manager and what is their title? (Title 410 IAC 7-22)

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

How will employees be trained in food safety? (Section 119)

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

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***PLEASE NOTE:******The following procedures/questions should be considered before any further planning or construction begins (or continues) to ensure that special consideration is given to these standard sanitary operating procedures (SSOP's). This section should be completed by the operator.***

***If any questions do not apply to your operation, please indicate with an N/A. Do not leave the question blank***

**FOOD**

1. Please provide a list of all planned food vendors. *(sect. 142)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2. What is the procedure for receiving food shipments? *(sect. 166)* Are temperatures checked and containers inspected

for damage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the anticipated frequency of food deliveries for: Frozen \_\_\_\_\_\_\_\_\_\_ Fresh \_\_\_\_\_\_\_\_\_\_ Dry \_\_\_\_\_\_\_\_\_\_?

3. Is your facility required to have pasteurized products? *(sect. 153)* Yes \_\_\_ No \_\_\_

4. Do you intend to make low-acid or acidified foods and intend your products to be shelf stable? If so, have you passed the Better Process and Control School exam? (sect. 143) Yes \_\_\_ No \_\_\_ NA \_\_\_ (*Please include a copy of the certification.)*

5. Do you intend to make reduced oxygen packaged *(ROP, def. 73)* foods? *(sect. 195)* Yes \_\_\_ No \_\_\_

If yes, please list out the ROP foods. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOOD PREPARATION**

6. If foods are prepared a day or more in advanced, please list them out. ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. What will be your procedure to prevent employees from touching foods that are ready-to-eat and will not be cooked or heat treated *(such as, sushi, lettuce, buns, etc.)*? *(sect. 171)*

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

8. Describe your date marking system (*described under sect. 191*) for potentially hazardous (*defined under sect. 66*) ready-to-eat foods *(defined under sect. 72)*. *(sect. 191)*

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

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9. Will all produce be washed prior to use? *(sect. 175)* Yes \_\_\_ No \_\_\_ NA \_\_\_

If no, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Describe the procedure to minimize the amount of time potentially hazardous foods will be kept in the temperature danger zone *(41˚F-135˚F)* during preparation. *(sect. 189)*

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

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11. Provide a list of the types of food that will need to be thawed before cooking and the process that will be used to thaw the food. (*e.g. frozen meat*) *(sect. 199)*

|  |  |
| --- | --- |
| PROCESS | TYPES OF FOOD |
| Refrigeration |  |
| Running water less than 70˚F |  |
| Microwave as part of the cooking process |  |
| Cook from frozen |  |
| Other *(describe)* |  |

12. Provide a list of the types of food that will need to be cooled and the process that will be used to cool each of these foods. *(e.g. leftovers)*. *(sects. 189, 190)*

|  |  |
| --- | --- |
| PROCESS | TYPES OF FOOD |
| Shallow pans under refrigeration |  |
| Ice and water bath |  |
| Reduced volume *(quartering a large roast)* |  |
| Ice paddles |  |
| Rapid chill devices *(blast freezer)* |  |
| Other *(describe)* |  |

13. What procedures will be in place to ensure that foods are reheated to 165˚F or above? *(sect. 188)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Will a buffet be served? Yes \_\_\_ No \_\_\_ NA \_\_\_ If yes, who will be responsible for ensuring that the buffet is

protected from consumer contamination? *(sect. 181)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hot and Cold holding**

15. Will "Time as a Public Health Control" *(see sect. 193)* be used for potentially hazardous food*(s)* *(either hot or cold)*?

Yes \_\_\_ No \_\_\_ NA \_\_\_ *Note: These procedures must be submitted and approved before their use.*

16. Will raw animal food*(s)* will be offered to the public in an undercooked form *(sushi, rare hamburgers, eggs over easy, made from scratch Caesar dressing, etc.)*? Yes \_\_\_ No \_\_\_ NA \_\_\_ If so, please attach your consumer advisory statement. *(sect. 196)*

17. Who *(line cook, kitchen manager, etc.)* will be assigned the responsibility of taking food temperatures and at what steps will temperatures be taken *(cooking, cooling, reheating, and hot holding)*? *(sect. 119)*

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

18. Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in a refrigeration unit*(s)*

*(i.e. walk in coolers, under the counter coolers)*. *(sect. 173)*

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

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19. Describe the storage of different types of raw meat and seafood in the same unit, and how cross-contamination

will be prevented. *(sect. 173)*

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

**SANITIZATION**

20. Who will be assigned the responsibility of ensuring the correct amount of sanitizer will be used? *(sect. 119)*

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

21. What type of chemical sanitizer*(s)* will the facility use? *(sect. 294)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22. Will the facility have test kits/papers on site for all types of chemical sanitizers? *(sect. 291)*

Yes \_\_\_ No \_\_\_ NA \_\_\_

23. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in a sink or put through a dishwasher be sanitized? *(sect. 303)*

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

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**POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS**

24. Where will poisonous or toxic materials be stored *(including the ones for retail sale)*? *(sect. 439)*

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

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25. Will the facility use a hand sanitizer? *(sect. 131)* Yes \_\_\_ No \_\_\_ If so, what brand? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

26. Will the facility ensure that insecticides and rodenticides are "Approved for Use in Food Establishments" and that they are applied in a safe manner? *(sect. 119)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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27. Will all spray bottles be clearly labeled? *(sect. 438)* Yes \_\_\_ No \_\_\_

28. Where will first aid supplies be stored? *(sect. 421)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MISCELLANEOUS**

29. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters?

*(sect. 423)* Yes \_\_\_ No \_\_\_ NA \_\_\_

30. Has the facility applied for a permit from the regulatory authority? *(sect. 107)* Yes \_\_\_ No \_\_\_

 (By submission of these plans, you are applying for a permit with the local health department as the regulatory authority)

The following list of questions should be generally completed by the architect/contractor/engineer.

**WAREWASHING/DISHWASHING**

31. Dishwashing methods *(sect. 269) (check one or both)*: 3 Compartment Sink \_\_\_\_ Dishmachine \_\_\_\_

32. If a 3 compartment sink is used, which sanitizing method will you use: Hot Water \_\_\_\_ Chemical \_\_\_\_?

33. If a dishmachine is used, which sanitizing method will you use: Hot Water \_\_\_\_ Chemical \_\_\_\_?

If hot water, do you have a booster heater? Yes \_\_\_ No \_\_\_ NA \_\_\_

If hot water, how will you ensure that the unit is sanitizing the utensils? *(sects. 258, 303)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

34. Does your chemical dishmachine have an alarm that indicates when more chemical sanitizer needs to be added?

*(sect. 281)* Yes \_\_\_ No \_\_\_

35. What type of alarm will be used to detect when the sanitizer is too low? Sound \_\_\_\_ Visual \_\_\_\_

36. Can the largest piece of equipment be submerged into the 3 compartment sink or dishmachine? *(sect. 233)*

Yes \_\_\_ No \_\_\_ NA \_\_\_

37. Does the facility plan to use alternative manual warewashing equipment? *(sect. 233)* Yes \_\_\_ No \_\_\_ NA \_\_\_

*If yes, please submit your procedure for review.*

38. Does your facility have enough drainboards/utensil racks/carts for the air drying of equipment and utensils for either the 3 compartment sink or the dishmachine? *(sect. 289)* Please describe below.

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

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**WATER SUPPLY**

39. Is the water supply public (\_\_) or private (\_\_)? If public, skip question #40.

40. If private, has the source been tested? *(sect. 327)* Yes \_\_\_ No \_\_\_

If so, when was the last test \_\_\_\_\_\_\_\_\_\_\_\_ and did you send us a copy of the lab results? Yes \_\_\_ No \_\_\_

**WASTE WATER/SEWAGE DISPOSAL**

41. Is the sewage disposal system public (\_\_) or private (\_\_)? If public, skip question #42.

42. Has the waste treatment system been approved by the state or local septic inspector? *(sect. 376)* Yes \_\_\_ No \_\_\_

*Please provide a copy of the approval*.

**PLUMBING**

43. Are hot and cold water fixtures provided at every sink? *(sect. 330)* Yes \_\_\_ No \_\_\_

44. If a water supply hose is to be used for potable water, is it made from food-grade materials? *(sect. 364)*

Yes \_\_\_ No \_\_\_

45. What is the recovery time, volume, and capacity of the hot water heater? *(sect. 329)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

46. The following technical information is needed on the proposed plumbing. This section is best completed by a licensed plumber, or engineer. *(sect. 336)*

|  |  |  |
| --- | --- | --- |
| **Fixture** | **Water Supply** | **Sewage Disposal** |
|  | AVB | PVB | VDC | HB | Air Gap | Air Break | Air Gap | Direct Connect |
| Dishwasher |  |  |  |  |  |  |  |  |
| Ice Machine*(s)* |  |  |  |  |  |  |  |  |
| Mop/Service Sink |  |  |  |  |  |  |  |  |
| 3 Compartment Sink |  |  |  |  |  |  |  |  |
| 2 Compartment Sink |  |  |  |  |  |  |  |  |
| 1 Compartment Sink |  |  |  |  |  |  |  |  |
| Hand Sink*(s)* |  |  |  |  |  |  |  |  |
| Dipper Well |  |  |  |  |  |  |  |  |
| Hose Connections |  |  |  |  |  |  |  |  |
| Asian Wok/Stove |  |  |  |  |  |  |  |  |
| Toilet*(s)* |  |  |  |  |  |  |  |  |
| Kettle*(s)* |  |  |  |  |  |  |  |  |
| Thermalizer |  |  |  |  |  |  |  |  |
| Overhead Spray Hose |  |  |  |  |  |  |  |  |
| Other Spray Hose*(s)* |  |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |  |
| AVB=Atmospheric Vacuum Breaker | HB=Hose Bib Vacuum Breaker |
| PVB=Pressure Vacuum Breaker | VDC=Vented Double Check Valve |

**47. Has contact been made with the City of Bloomington Utilities Department ( 812-349-3946) to determine if a grease trap is required? Yes \_\_\_ No \_\_\_ NA \_\_\_**

48. What would be the frequency of cleaning for the grease trap? *(sect. 378)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HANDWASHING/TOILET FACILITIES**

49. Handwashing sinks are required in each food preparation and dishwashing area. *(sect. 344)*

How many handsinks will be provided? \_\_\_\_\_\_\_

50. Are all toilet room doors self-closing where applicable? *(sect. 352)* Yes \_\_\_ No \_\_\_

51. Are all toilet rooms equipped with adequate ventilation? *(sect. 309)* Yes \_\_\_ No \_\_\_

**ROOM FINISH SCHEDULE (What the interior of the facility will look like.)**

52. Please indicate which materials *(i.e. quarry tile = QT, stainless steel=SS, Fiberglass reinforced panels= FRP etc.)* will be used in the following areas. *(sect. 402)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AREA** | **FLOOR** | **COVING** | **WALL** | **CEILING** |
| KITCHEN |  |  |  |  |
| CONSUMER SELF SERVICE  |  |  |  |  |
| SERVING LINE |  |  |  |  |
| BAR |  |  |  |  |
| FOOD STORAGE |  |  |  |  |
| OTHER STORAGE |  |  |  |  |
| TOILET ROOMS |  |  |  |  |
| GARBAGE STORAGE |  |  |  |  |
| MOP/SERVICE SINK AREA |  |  |  |  |
| DISHWASHING |  |  |  |  |
| OTHER |  |  |  |  |
| OTHER |  |  |  |  |

**PERSONAL BELONGINGS**

53. Are separate dressing rooms/lockers provided? *(sect. 417)* Yes \_\_\_ No \_\_\_ NA \_\_\_

54. Describe the storage location for employees’ coats, purses, medicines and, lunches. *(sects. 418, 422)*

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

55. Where is the designated area for employees to eat, drink, and use tobacco? *(sect. 136)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**EQUIPMENT**

56. Will all of the equipment meet the design and construction for the American National Standards Institute *(ANSI)* standards or meet section 205? Yes \_\_\_ No \_\_\_

57. Will the utensils and food storage containers be made from food-grade quality materials? *(sect. 205)* Yes \_\_\_ No \_\_\_

58. Will any pieces of used equipment be utilized? *(sect. 106)* Yes \_\_\_ No \_\_\_ NA \_\_\_

If so, please list equipment types: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

59. Is the ventilation hood system sufficient for the needs of the facility? *(sect. 307)* Yes \_\_\_ No \_\_\_ NA \_\_\_

60. Will all of the equipment used for the storage of potentially hazardous foods be able to meet the minimum temperature requirements *(frozen food 0˚F, cold food 41˚F, hot food 135˚F)*? Yes \_\_\_ No \_\_\_ NA \_\_\_

61. Please list equipment types for the hot and cold holding of foods; also during serving or transporting.

*(sect. 187)*

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

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62. Will each refrigeration unit have a thermometer? *(sect. 256)* Yes \_\_\_ No \_\_\_

63. What types of counter protective guards for food *(sneeze guards)* will be used for consumer self-service? *(sect. 179)*

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

**INSECT AND RODENT HARBORAGE**

64. Will all outside doors be self-closing, when applicable, and rodent/insect proof? *(sect. 413)* Yes \_\_\_ No \_\_\_

65. Will screens be provided on any open windows/doors to the outside? *(sect. 413)* Yes \_\_\_ No \_\_\_

66. Will air curtains be installed *(made from either plastic or mechanical)*; if so, where on outer openings? *(sect. 413)*

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

67. Will all pipes and electrical conduit chases be sealed *(i.e. ventilation systems, exhaust and intake be protected)*?

*(sect. 414)* Yes \_\_\_ No \_\_\_

­­­­­68. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions?

*(sect. 426)* Yes \_\_\_ No \_\_\_

69. Do you plan to use a pest control service? Yes \_\_\_ No \_\_\_ Frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFUSE AND RECYCLABLES**

70. Describe the surface *(for refuse/recyclables)* that the outside dumpster will be located on? *(sect. 382)*

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71. Where will recyclables be stored prior to pick-up? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIGHTING**

72. What are the foot candles of light for the following areas? *(sect. 411)*

Food prep areas \_\_\_\_\_\_\_\_\_ Dishwashing areas \_\_\_\_\_\_\_\_\_\_

Dry storage areas \_\_\_\_\_\_\_\_ Restrooms and walk-in refrigeration units \_\_\_\_\_\_\_\_