



Public Health
Prevent. Promote. Protect.

Henry & Stark County Health Department
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APPLICATION FOR FOOD ESTABLISHMENT PLAN REVIEW

Henry County

Stark County

I. GENERAL INFORMATON

a. New Remodel Conversion Change of Ownership

b. Type of Primary Business

- | | | |
|--|---|---|
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Deli | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Rental Room |
| <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> Hospital | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Retail |
| <input type="checkbox"/> College | <input type="checkbox"/> Jail | <input type="checkbox"/> Retail Grocery |
| <input type="checkbox"/> Commissary | <input type="checkbox"/> Long Term Care | <input type="checkbox"/> School |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Seasonal |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Theater | <input type="checkbox"/> Other _____ | |

c. **ESTABLISHMENT NAME:** _____

Address: _____ City: _____ Zip: _____

d. **OWNER:** _____ Phone: _____

Address: _____ City: _____ Zip: _____

FAX: _____ Email: _____

e. **PROJECT CONTACT:** _____ Phone: _____

Address: _____ City: _____ Zip: _____

FAX: _____ Email: _____

f. **ARCHITECT:** _____ Phone: _____

Address: _____ City: _____ Zip: _____

FAX: _____ Email: _____

g. **CONTRACTOR:** _____ Phone: _____

Address: _____ City: _____ Zip: _____

FAX: _____ Email: _____

- h. Hours of Operation: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____
 Fri _____ Sat _____ Sun _____
- i. Months Open _____
- j. Number of Seats: _____
- k. Number of Staff: _____ (maximum per shift)
- l. Total square feet of facility: _____
- m. Number of floors on which operations are conducted: _____
- n. Maximum meals to be served: Breakfast _____ Lunch _____ Dinner _____
- o. Projected date for start of project: _____
- p. Projected date for completion of project: _____

I have enclosed the following documents:

- _____ Proposed menu (including seasonal, off-site and banquet menus)
- _____ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation.
- _____ Equipment schedule to include make and model numbers and listing of food equipment that is certified for sanitation by an ANSI accredited certification program.
Note: All equipment must be commercial grade in accordance with our Board of Health.
- _____ Manufacture 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, parking, etc; and location of outside dwellings, equipment and fixtures (dumpsters, well, septic system etc.)

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

- | | |
|---------------------------|---------------------|
| _____ Planning and Zoning | _____ Fire |
| _____ Building | _____ Other (_____) |
| _____ Plumbing | |

SIGNATURE OF OWNER OR AUTHORIZED AGENT:

DATE:

PURPOSE of FOOD ESTABLISHMENT PLAN REVIEW

The Food Establishment Plan Review document has been developed for the purpose of assisting Henry and Stark County personnel and industry personnel in achieving greater uniformity in the plan review process.

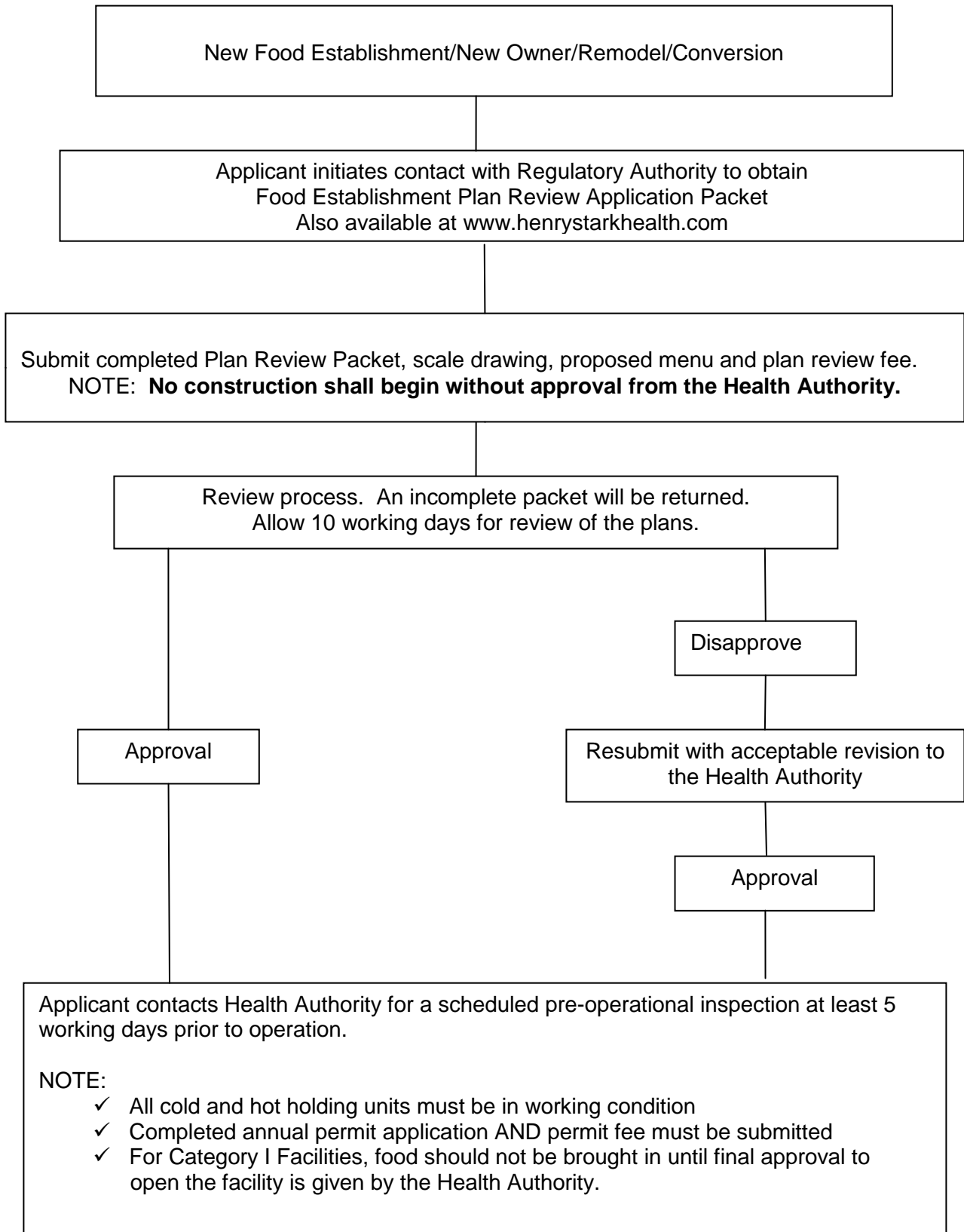
This document will serve as a guide in facilitating greater uniformity and ease in conducting the plan review. One does not need to be an expert to effectively complete the process.

A good review of plans helps to avoid future problems. By listing and locating equipment on floor plans and diagramming specifications for electrical, mechanical and plumbing systems, potential problems can be identified while still on paper, and modifications can be made BEFORE making costly purchases, installation and construction.

Food establishment plan review is recognized as an important food program component that allows:

- Regulatory agencies to insure that food establishments are built or renovated according to current regulations or rules.
- Industries to establish an organized and efficient flow of food
- Regulatory agencies to eliminate code violations prior to construction

NOTE: IT IS ILLEGAL TO OPERATE A FOOD SERVICE OPERATION WITHOUT A VALID PERMIT TO OPERATE ISSUED BY THE HENRY AND STARK COUNTY HEALTH DEPARTMENT.



II. FOOD PREPARATION INFORMATION

A. FOOD SUPPLIES

1. Provide information on food suppliers including locally obtained items.

2. What are the projected frequencies of deliveries for:

Refrigerated foods _____ Frozen foods _____ Dry goods _____

3. Provide information on the amount of space (in cubic feet) allocated for:

Dry storage _____ Frozen storage _____ Refrigerated storage _____

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

B. COOKING

1. List types of cooking equipment (i.e. conventional oven, microwave, fryer, etc)

C. HOT/COLD HOLDING

1. How will hot PHF be maintained at 135° or above during holding for service? Indicate type and number of cold holding units.

D. PRODUCE WASHING

1. Will all produce be washed on site prior to use? Yes No

2. Is there a separate location used for washing produce? Yes No Describe:

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

III. BUILDING INFORMATION

The following are some of the basic construction requirements.

Floors: All floors throughout the establishment, including food preparation, food storage and utensil washing rooms, dressing or locker rooms, walk-in coolers, and restrooms must be smooth, non-absorbent and easily cleanable. All floor surfaces must be provided with an approved, coved juncture between floor and wall. Floor surfaces such as vinyl tile, quarry tile, durable grades of linoleum, terrazzo, sealed concrete, etc., are approved. In areas subject to spilling or dripping of grease, floor coverings shall be of grease-resistant material.

Walls: The walls throughout the establishment, including food preparation and utensil washing areas, restroom, locker and dressing rooms, must be smooth, non-absorbent, easily cleanable, and light in color. Enamel painted drywall, marlite, properly sealed concrete block, etc., are approved materials.

Ceilings: The ceiling throughout the establishment, including food preparation and utensil washing areas, restrooms, locker and dressing rooms, must be smooth, non-absorbent, easily cleanable, and light in color. Enamel painted drywall, marlite, suspended ceilings with vinyl-coated panels, etc., are approved materials.

Restrooms: Restrooms shall be completely enclosed and shall have tight-fitting, self-closing doors. Lavatories shall be located within all toilet rooms and equipped with hot and cold running water through mixing valves. Easily cleanable, covered receptacles must be provided in all restrooms. For the required number of public restrooms, contact State Plumbing Inspector at I.D.P.H., Regional Office in Peoria (309) 693-5384.

Equipment: Manual Cleaning and Sanitizing - For manual washing, rinsing, and sanitizing utensils and equipment, a sink with no fewer than three compartments shall be provided and used. Sink compartments shall be large enough to permit the accommodation of equipment and utensils. Drainboards or easily movable dish tables of adequate size shall be provided for proper handling soiled utensils prior to washing and for clean utensils following sanitizing. The three compartment sink is required even if mechanical dishwashers are provided.

Handwashing Facilities: At least one handwashing sink with soap and towel dispenser must be installed in the food preparation area.

Utility Sink: A utility sink or curbed floor drain must be installed in the establishment for the cleaning of mops and disposal of mop water.

Ventilation Hoods: Ventilation hoods should be installed so that all sides of the hood overhang the cooking units by 12 inches. It is recommended that wall hung hoods have a minimum air removal of 100 cubic feet per minute per square foot of open faced portion of the hood. Island type hoods should have 150 cubic feet per minute per lineal foot of hood. Ducts should be designed based upon air velocity of not less than 1,500 feet per minute and not more than 2,000 feet per minute.

Refrigerators and walk-in coolers: All refrigerators and walk-in coolers used for storage of perishable items must be designed to maintain 41 degrees of lower in the warmest portion of the unit. Freezer units must maintain 0 degrees of below.

Permanent equipment: All permanent equipment such as ranges, ovens, fryers, refrigerators, etc., must be so located that the area behind, underneath, and on the side of this equipment is accessible for cleaning. It is recommended that the equipment be placed on casters.

Lighting: At least 20 foot candles of light shall be provided to all food preparation, utensil washing, and hand washing areas, and restrooms. Shielding shall be provided for all artificial light fixtures in food preparation, food storage and utensil washing areas.

Plumbing: All plumbing must be installed in accordance with the Illinois State Plumbing Code. There shall be no direct connection between the sewage system and any drains originating from equipment from which food, portable equipment, or utensils are placed, except that properly trapped open sinks can be directly connected. Any questions regarding the State Plumbing Code should be directed to the State Plumbing Inspector at I.D.P.H., Regional Office in Peoria (309) 693-5384.

Before construction begins, a plan must be submitted to and approved by this Department. The plan should include construction specifications, equipment schedule, and floor plan of establishment. If you have any questions, please contact this office.

A. FINISH SCHEDULE

Please 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

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

C. GARBAGE AND REFUSE

Inside

- 1. Do all containers have lids? Yes No NA
- 2. Will refuse be stored indoors? Yes No NA
If yes, where? _____
- 3. Is there an area designated for garbage can or floor mat cleaning? Yes No NA
If yes, where? _____
- 4. Is there any area to store returnable damaged goods? Yes No NA
If yes, describe location _____

Outside

- 5. Will a dumpster or compactor be used? Yes No NA
Type _____ Number _____ Size _____
Frequency of pick up _____ Contractor _____
- 6. Will garbage cans be stored outside? Describe surface/location where dumpster/compactor/garbage cans are to be stored. Yes No NA

- 7. Is a grease storage receptacle used? If yes, indicate what materials are to be recycled and describe location: Yes No NA

- 8. Is there an area to store recycled containers? If yes, indicate what materials are to be recycled and describe location: Yes No NA

- 9. Is hot & cold or tempered water available for cleaning of outside refuse areas with a drain to the sanitary sewer? Yes No NA
If no, how will area and containers be cleaned:

D. PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	INTEGRAL TRAP*	P TRAP*	VACUUM BREAKER	CONDENSATE PUMP
Toilet						
Urinals						
Dishwasher						
Garbage Grinder						
Ice Machine						
Ice storage bins						
Sinks: Mop Janitor Handwash 3 compartment 2 compartment 1 compartment Water Station						
Steam tables						
Dipper wells						
Refrigeration condensate/drain lines						
Hose connection						
Beverage dispenser w/carbonator						
Other						

Are floor drains provided and easily cleanable?

Yes No NA

If so, indicate location: _____

* **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.

E. WATER SUPPLY

1. Water supply is: Public Private
2. If private, has source been approved? Yes No Pending
Please attach copy of written approval and/or permit if approved.
3. Is ice made on premises or purchased commercially ?
If made on premises, are specifications for the ice machine provided? Yes No
Describe provision for ice scoop storage: _____
Provide location of ice maker or bagging operation: _____

4. What is the capacity of the hot water generator? _____
5. Is there a water treatment device? Yes No
If yes, how will the device be inspected and serviced? _____

F. LAUNDRY FACILITIES

1. Will linens be laundered on site? Yes No
If yes, what will be laundered and where?

If no, how will linens be cleaned? _____
2. Is a laundry dryer available? Yes No
3. Location of clean linen storage: _____

4. Location of dirty linen storage: _____

5. Complete the following for all exhaust hoods.

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

6. How is each listed ventilation system cleaned? _____

G. SINKS

1. Is a mop sink present? Yes No

If no, please describe facility for cleaning of mops and other equipment:

-
2. If the menu dictates, is a food preparation sink present? Yes No

H. DISHWASHING FACILITIES

1. Will sinks and/or dishwashers be used for warewashing?

Dishwasher Two compartment sink Three compartment sink

2. If using a dishwasher, what type of sanitation is used?

Hot water (temp provided) _____ Booster heater _____
Chemical type _____

3. Is ventilation provided? Yes No

If yes, when and how is ventilation system cleaned? _____

-
4. Do all dish machines have temperature/pressure gauges as required that are accurately working? Yes No

5. Does the largest pot & pan fit into each compartment of the pot sink? Yes No
If no, what is the procedure for cleaning and sanitizing? _____

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6. Are there drain boards on both ends of the pot sink? Yes No

I. HANDWASHING/TOILET FACILITIES

1. Is there a handwashing sink in each food preparation, dispensing and warewashing area? Yes No

2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? Yes No

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. Are hand cleanser and hand drying facilities (paper towels, air blowers, etc) available at all handwashing sinks? Yes No

5. Are covered waste receptacles available in each ladies restroom? Yes No

6. Is hot and cold running water under pressure available at each handwashing sink? Yes No

7. Are all toilet doors self-closing? Yes No

8. Are all toilet rooms equipped with adequate ventilation? Yes No

9. Are handwashing signs posted at all handsinks? Yes No

J. LIGHTING

- 1. Are your food preparation and utensil washing area lighted according to specifications? Yes No
- 2. Are your food storage rooms lighted according to specifications? Yes No
- 3. Are your restrooms lighted according to specifications? Yes No
- 4. Have you provided dimmer switches or on/off switches in bar areas for clean up purposes? Yes No
- 5. Have you supplied fluorescent lights with vapor-proof fixtures or additional incandescent light kits for your walk-in refrigerator and freezer units? Yes No
- 6. Are all of your light fixtures over food preparation, display, service, storage and utensil-washing areas shielded with explosion tubes and end caps, shatterproof lenses or shatterproof bulbs? Yes No

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Health Authority may nullify final approval.

Signature(s): _____
Owner or responsible representative(s)

Title: _____ Date _____

NOTE: Approval of these plans and specifications by this Health Authority does not indicate compliance with any other code, law or regulation that may be required, whether federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.