



# St. Joseph County Health Department

## Food Service/Store Establishment "Plan and Review" Application

Date of Application: \_\_\_\_\_

\_\_\_\_\_New \_\_\_\_\_Renovation \_\_\_\_\_Conversion

**Please submit standard drawings with "Plan and Review" Application**

Name of Establishment: \_\_\_\_\_

Category: \_\_\_\_\_ Restaurant \_\_\_\_\_ Institution \_\_\_\_\_ Retail Market \_\_\_\_\_ Other (if other, please specify)

Address of Establishment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone of Establishment: \_\_\_\_\_

Fax No. \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Applicants Name if Different from Owner: \_\_\_\_\_

Title (owner, manager, architect, etc) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Printed Name of Person Completing Application

Date

Signature of Person Completing Application

**For office use Only**

Date Received: \_\_\_\_\_

Application Fee Amount: \_\_\_\_\_

Transaction # \_\_\_\_\_

Department Employee: \_\_\_\_\_

**Note: See Instructions on Page 2, for completing the "Plan and Review" packet. Also see the "Fee Schedule" on Page10 of this packet.**



# St. Joseph County Health Department

*“Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents”*

## **Instruction for the Plan and Review Questionnaire Form**

The enclosed/attached questionnaire was designed for the operator and/or architect to utilize in the plan and review process. Please feel free to contact our office at 574-235-9721 for further assistance when completing the questionnaire.

The questionnaire is designed in two (2) parts. Part one is the Standard Operating Procedures (SSOP's). This part should be completed by the owner/operator of the facility. SSOP's area procedures that will help your operation to be in compliance with the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24. The referenced section numbers at the end of each question will help you in answering the questionnaire. The following bulleted items are the sections covered under part one:

- Food (will the food be received in a safe and sanitary manner);
- Food Preparation (limits/restricts the amount of pathogen growth in food);
- Hot and Cold Holding (keeps pathogens from growing in food);
- Sanitization (ensure the proper amount and application of sanitizer levels);
- Poisonous or Toxic Materials and Personal Care Items (covers the storage and use of these items);
- **Miscellaneous (covers registration/permitting and food handling in the home).**

Part two is the physical facility requirements. This part may need to be completed by the architect/contractor/engineer, since these requirements are more of a technical basis. The following bulleted items are the section covered under part two:

- Warewashing/Dishwashing (covers the proper use and capacity of your equipment);
- Water Supply/Sewage Disposal (is the sewage system in compliance);
- Plumbing (covers backflow, hot water capacity, hoses, and grease traps)
- Handwashing/Toilet Facilities (quantity, door closure, and ventilation);
- Room Finish Schedule (covers interior of kitchen and ensures that the materials are made to be smooth and easily cleanable)
- Personal Belongings (prevents contamination of food from employees);
- Equipment (requires all equipment materials be food-grad quality and approved for use in a commercial kitchen);
- Insect and Rodent Harborage (prevents insects and rodent activity);
- Refuse and Recyclables (covers the storage and disposal);
- Lighting (minimum amount of light needed to conduct operations).

**The Plan and Review Application Form must be completed and submitted with the accompanying questionnaire.**



# St. Joseph County Health Department

*“Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents”*

**All information must be completed in it’s entirety per 410 IAC 7-24.**

1. Please answer the following questions and return this form and the application to our office.
2. If you have any questions please contact our office at 574-235-9721.
3. This questionnaire is not designed as a complete list of requirements but should be used as a guideline only.
4. **The sanitation requirements noted in this document are specified under the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24.**
5. **Please use this rule as it pertains to section numbers referenced at the end of each question.**

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

Zoning \_\_\_\_\_ Plumbing \_\_\_\_\_ Septic \_\_\_\_\_

Planning \_\_\_\_\_ Electric \_\_\_\_\_ Fire \_\_\_\_\_

Building \_\_\_\_\_

Number of seats \_\_\_\_\_ Total Square Feet of the Facility \_\_\_\_\_

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

Maximum meals to be served (approximate number)

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Type of Service (check all that apply)

Sit down meals \_\_\_\_\_ Mobile Vendor \_\_\_\_\_ Take out \_\_\_\_\_ Caterer \_\_\_\_\_ Other \_\_\_\_\_

Who (job title) will be your certified food handler (**Title 410 IAC 7-22**) \_\_\_\_\_

How will employees be trained in food safety (**Section 119**) \_\_\_\_\_

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

*The rest of this page left intentionally left blank*

The following procedures/questions should be considered before any further planning/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. Please indicate (**by either checking or completing the answers**) whether or not a section applies to your operation.

**FOOD**

1. Please provide a list of all planned food vendors (**Section 142**).

---

---

2. What is the procedure for receiving food shipments (**Section 166**)? \_\_\_\_\_

---

Are temperatures checked and containers inspected for damage? Yes/No

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

3. Is your facility required to have pasteurized products (**Section 153**)? Yes / No

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

5. Do you intend to make reduced oxygen packaged (**ROP, def. 73, Section 195**)? Yes / No

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

---

**FOOD PREPARATION**

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

---

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. Section 171**).

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

9. Will all produce be washed prior to use (Section 175)? Yes \_\_\_ No\_\_\_ N/A\_\_\_

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

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

---

---

*The rest of this page left intentionally left blank*

**Food Preparation (continued)**

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) (Section 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 (i.e. leftovers) (Section 189, 190).

PROCESS	TYPES OF FOODS
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 (Section 188)?

---

14. Will a buffet be served? Yes \_\_\_ No \_\_\_ N/A \_\_\_ If yes who will be responsible for ensuring that the buffet is protected from consumer contamination (Section 181)?

---

15. Will “Time as a Public Health Control” (Section 193) be used for potentially hazardous food(s) (either hot or cold)?

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

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

17. Who (line cook, kitchen manager, etc.) will be assigned the responsibility of taken food temperatures and at what steps will temperatures be taken (**cooking, cooling, reheating, and hot holding**)? (Section 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**) (Section 173)

---



---

---

19. Describe the storage of different types of raw meat and seafood in the same unit, and how cross contamination will be prevented (**Section 173**).

---

---

**Sanitization**

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

---

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

**Sanitization (continued)**

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

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

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 (**Section 303**)?

---

---

**Poisonous or Toxic Materials and Personal care Items**

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

---

---

25. Will the facility use a hand sanitizer (Section 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 (**Section 119**)?

---

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

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

**Miscellaneous**

29. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters (**Section 423**)?

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

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

*(The rest of this page was intentionally left blank)*  
The following list of questions should be generally completed by the architect/contractor/engineer.

**Warewashing/Dishwashing**

31. Dishwashing methods (**Section 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 \_\_\_\_\_ N/A \_\_\_\_\_

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

---

34. Does your chemical dishmachine have an alarm that indicates when more chemical sanitizer needs to be add (**Section 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 (**Section 233**)?

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

37. Does the facility plan to use alternative manual warewashing equipment (**Section 233**)? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

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

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

---

---

**Water Supply**

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

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

If so, when was the last test \_\_\_\_\_ and was a copy of the lab results sent to our office? Yes \_\_\_\_\_ No \_\_\_\_\_

**Waste Water/Sewer 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 (**Section 376**)? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please provide a copy of the approval.**

*(The rest of this page was intentionally left blank)*

**Plumbing**

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

44. If a water supply hose is to be used for potable water, is it made from food-grade materials (Section 364)? Yes \_\_\_\_ No \_\_\_\_

45. What are the recovery time, volume, and capacity of the hot water heater (Section 329)?

\_\_\_\_\_

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

Fixture	Water Supply					Sewage Disposal		
	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Dishwasher								
Ice Machine								
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:								
<b>AVB=Atmospheric Vacuum Breaker</b>				<b>HB=Hose Bib Vacuum Breaker</b>				
<b>PVB=Pressure Vacuum Breaker</b>				<b>VDC=Vented Double Check Valve</b>				

47. Has contact been made to the municipality to determine if a grease trap is required? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

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

**Handwashing/Toilet Facilities**

49. Handwashing sinks are required in each food preparation and dishwashing area (Section 344)  
How many handsinks will be provided? \_\_\_\_\_

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

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

*(The rest of this page was intentionally left blank)*

**Room Finish Schedule (What the interior of the facility will look like.)**

52. Please include which materials (i.e. quarry tile, stainless steel=SS, plastic cove molding, etc.) will be used in the following areas (**Section 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 for staff/employees (Section 417) Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

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

\_\_\_\_\_

55. Where is the designated area for employees to eat, and drink, (**Section 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 (**Section 205**)? Yes \_\_\_\_\_ No \_\_\_\_\_

58. Will any pieces of used equipment be utilized (**Section 106**)? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

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

59. Is the ventilation hood system sufficient for the needs of the facility (**Section 307**)? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

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

**Equipment (continued)**

61. Please list equipment types for the hot and cold holding of foods; also during serving or transporting (**Section 187**).

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

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

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

\_\_\_\_\_

**Insect and Rodent Harborage**

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

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

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

\_\_\_\_\_

67. Will all pipes and electrical conduit chases be sealed (i.e. ventilation systems, exhaust and intake be protected) (**Section 414**)?

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

68. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions (**Section 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 (**Section 382**)?

\_\_\_\_\_

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

**Lighting**

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

Food Prep Areas \_\_\_\_\_ Dishwashing Areas \_\_\_\_\_

Dry Storage Areas \_\_\_\_\_ Restrooms \_\_\_\_\_

Walk in refrigeration units \_\_\_\_\_

**New Fee Schedule as of September 12, 2005**

**The following fee schedule as established by the St. Joseph County Board of Health and hereby approved by the Board of Commissioners of St. Joseph County.**

**Resolution R-C-6-05**

**Plan and Review/ Application Fees for Permanent Establishments Food Service/Store  
(this includes the \$50.00 Administrative Fee)**

Under 3,000 Square Feet	<b>\$100.00</b>
3,001 to 30,000 Square Feet	<b>\$180.00</b>
30,001 to 40,000 Square Feet	<b>\$260.00</b>
40,001 to 60,000 Square Feet	<b>\$340.00</b>
60,001 Square Feet and over	<b>\$400.00</b>

