Revised 12/11/08

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 fee 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

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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**)_____

_____

_____

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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 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 (41ºF-135ºF) during preparation (**Section 189**).

_____

_____

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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 70ºF	
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 165ºF 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:								
AVB=Atmospheric Vacuum Breaker				**HB=Hose Bib Vacuum Breaker**				
PVB=Pressure Vacuum Breaker				**VDC=Vented Double Check Valve**				

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 _____

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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 0ºF, cold food 41ºF, hot food 135ºF)? 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 guards0 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 _____

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	**$100.00**
3,001 to 30,000 Square Feet	**$180.00**
30,001 to 40,000 Square Feet	**$260.00**
40,001 to 60,000 Square Feet	**$340.00**
60,001 Square Feet and over	**$400.00**