

FLOYD COUNTY HEALTH DEPARTMENT



1917 Bono Road
New Albany, Indiana 47150-4607
Telephone (812) 948-4726
Fax (812) 948-2208
www.floydcountyhealth.org

PROCEDURE TO OBTAIN A RETAIL OR MOBILE FOOD PERMIT

OBTAIN AND COMPLETE THE PLAN REVIEW

The plan review packet can be printed from our website (www.floydcountyhealth.org) or picked up at our office. The fee for the plan review packet and pre-operational inspection are \$100. The packet must be submitted to FCHD at least 30 days prior to opening.

OBTAIN AND REVIEW APPLICABLE SANITARY REGULATIONS

- *Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24*
- *Sanitation Requirements for Food Establishments IC 16-42-5*
- *Food Handlers IC 16-42-5.2*
- *Certification of Food Handler Requirements Title 410 IAC 7-22*
- *Bed and Breakfast Establishment Title 410 IAC 7-15.5*

CALL AND REQUEST A PRE-OPERATIONAL INSPECTION

- After FCHD has approved your plan review packet you may request a pre-operational inspection. Pre-operational inspection must be requested 48 hours in advance.
- It is to your advantage for us to inspect your facility a few days prior to opening, so that any minor violations can be corrected prior to opening.

PAY FOR AND OBTAIN YOUR PERMIT

- You will need to fill out the Application for a New Food Establishment in order to obtain your permit.
- The fees depend upon the type of permit you are applying for; please call for more information.

NOTE:

- *Permits must be posted in a conspicuous place in the establishment.*
- *Permits shall not be sold, assigned, loaned or transferred.*
- *Permits may be revoked at any time by the Floyd County Health Officer.*
- *The following questionnaire is not designed as a complete list of requirements and should be used as a guideline only.*
- *The sanitation requirements noted in this document are specified under the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24; please use this rule as it pertains to section numbers referenced at the end of each question in the plan review questionnaire.*



Date Paid: _____ \$25 Receipt #: _____

Date Paid: _____ \$75 or \$100 Receipt #: _____

Plan Review Application

The fee for the plan review application is \$25.00 and must be submitted at the time the packet is picked up from our department. Please fill out all sections and return at least 30 days prior to opening – accompanied by a menu and a set of blue prints. \$75.00 must be paid at the time the packet is submitted. If the packet was printed from FCHD website then \$100 must be paid when the packet is submitted. Fees for plan review are non-refundable.

To correctly fill out the Plan Review Application, you will need to obtain a copy of the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24 at http://www.in.gov/isdh/files/410_iac_7-24.pdf

More guidance on the plan review process can be in found in Section 3 of the FDA Food Establishment Plan Review Guideline at:

<https://www.fda.gov/food/retail-food-industryregulatory-assistance-training/food-establishment-plan-review-guide>

APPLICATION FOR PLAN REVIEW

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

Owner/Corporation Information:

Name: _____
Contact Person: _____
Telephone Number: _____
Mailing Address: _____

Engineer/Architect Information:

Name: _____
Contact Person: _____
Telephone Number: _____
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: _____
Projected Date for Start of Project: _____
Projected Date for Completion of Project: _____
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)

- Proposed menu (including seasonal, off-site and banquet menus).
- Anticipated volume of food to be stored, prepared, and sold or served.
- Proposed layout, mechanical schematics, construction materials, and finish schedules.
- Proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities, and installation specifications.
- Evidence that standard procedures that ensure compliance with ISDH Rule 410 IAC 7-24 are developed or are being developed.
- Plan review questionnaire completed and submitted to the regulatory authority.

Note:
Other information that may be required by the regulatory authority for the proper review of the proposed construction, conversion or modification, and procedures for operating a retail food establishment.

Additional Information:

Comments:

Email contact: _____

(Signature of Applicant)

(Relationship to Project)

(Date Signed)

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.

PLAN REVIEW QUESTIONNAIRE

- Instructions:
1. Please answer the following questions and return this form and the application to our office.
 2. If you have any questions please call.
 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.

Name of the facility and location: _____

Contact name and phone number: _____

It is recommended that you provide plans that are a maximum of 11 X 14 inches in size including the layout of the floor plan.

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: Breakfast _____ Lunch _____ Dinner _____
(approximate number)

Type of service: Sit down meals _____ Mobile vendor _____
(check all that apply) Take out _____ Other _____
Caterer _____

Who (job title) will be your certified food handler? (Title 410 IAC 7-22) _____

How will employees be trained in food safety? (sect. 119) _____

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. (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. _____

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)

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)

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 (<i>quartering a large roast</i>) | |
| Ice paddles | |
| Rapid chill devices (<i>blast freezer</i>) | |
| Other (<i>describe</i>) | |

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)

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)

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)

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) _____

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 registered or applied for a permit from the regulatory authority? (sect. 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 (*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.

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 to the municipality 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, stainless steel=SS, plastic cove molding, 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)

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)

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 _____