HENRY COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL DIVISION
216 SOUTH 12TH STREET
NEW CASTLE, INDIANA 47362
PHONE #: (765)521-7059
FAX #: (765)521-7057
https://www.in.gov/localhealth/henrycounty/

APPLICATION FOR PLAN REVIEW

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

Legal Owner Information:

Corporation/LLC/Individual/Etc name (if applicable): _____

Contact Person: _____ Telephone Number: _____

Mailing Address: _____

Email Address: _____

Engineer/Architect Information (if applicable):

Contact Person: _____ Telephone Number: _____

Establishment Information:

(Check one) New Construction: _____ Existing/Remodel: _____ Other (Describe) _____

Establishment Name: _____

Contact Person: _____ Title: _____

Establishment Telephone #: _____ Contact Telephone #: _____

Contact Person Email Address: _____

Establishment Street Address: _____

Establishment City, State, Zip: _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Hours of Operation/Days of Operation: _____

Comments:

_____

_____

_____

Contents & Specifications for Facility & Operating Plans as required in Sect. 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.

☐ Please list any 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 in the comment section listed below.

Additional Information/Comments:

_____

_____

Required Plan Review Fee (equivalent to the annual fee listed below):

NEW ESTABLISHMENTS / REMODEL OF EXISTING ESTABLISHMENTS	$250.00
CHANGE OF OWNERSHIP ONLY- WITH NO-REMODELING	$100.00

I/we attest that the above and following information is accurate to my/our knowledge at this time. I/we further agree to comply with all applicable Henry County, Indiana ordinance and laws to include allowing the Henry County Health Department access to the establishment as required. I/we understand that the plan review fee is non-refundable.

Signature of Applicant: _____

Print Name 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.

OFFICE USE ONLY: AMOUNT PAID: _____

Date Received: _____ By: _____ Receipt #: _____

Notes: _____

_____

Plan Review Questionnaire Form

The enclosed questionnaire was designed for the operator and/or architect to utilize in the plan review process.

Please feel free to contact your local health department for further assistance when completing the questionnaire.

The questionnaire is designed in 2 parts. Part one is the Standard Sanitary Operating Procedures (SSOP's). This part should be completed by the owner/operator of the facility. SSOP's are 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 sections covered under part two:

- ☐ Warewashing/Dishwashing (covers the proper use and capacity of your equipment)
- ☐ Water Supply (is the water potable/drinkable)
- ☐ Waste Water/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 the interior of the 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-grade quality and approved for use in a commercial kitchen)
- ☐ Insect and Rodent Harborage (prevents insects and rodent activity)
- ☐ Reuse and Recyclables (covers the storage and disposal)
- ☐ Lighting (minimum amount of light needed to conduct operations)

The Plan Review Application Form must be completed and submitted with the accompanying 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 (765) 521-7056.
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** ("Indiana Food Code"). A copy of this code is required to be in your possession in order for you to receive a permit and operate a food establishment in Henry County.
5. Please use this rule as it pertains to section numbers referenced at the end of each question.

It is recommended that you provide plans that are a minimum of 11 X 17 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 _____ (City, County): (specify): _____

Henry County Weights and Measures _____

SEE ATTACHMENT FOR THE FOLLOWING AGENCY PHONE NUMBERS.

Number of seats: _____ Total square feet of the facility: _____

Number of floors on which operations are conducted: _____ (include basement, etc.)

Estimated maximum meals to be served: Breakfast _____ Lunch _____ Dinner _____

(approximate number)

Type of service: (check all that apply)

Sit down meals: _____ Mobile vendor: _____ Take out: _____

Caterer: _____ Other: _____

Who (job title) will be your certified food manager? (Title 410 IAC 7-22) (Title 410 IAC 7-24 sect.118)

Title:_____

Name: _____Certificate #: _____

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 _____

(Please include a copy of the certification.)

5. Do you intend to make reduced oxygen packaged (ROP, definition sect 73) foods? (sect. 195)

Yes _____ No _____

If yes, please list out the ROP foods.

_____

_____

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 _____

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)	_____

Comments: _____

_____

_____

_____

_____

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 _____

If yes, who will be responsible for ensuring the buffet is protected from 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 by the Health Department 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 specific product?

26. If not using a Professional Pest Management Contractor, will the facility ensure that insecticides and rodenticides are "Approved for Use in Food Establishments" and are applied in a safe manner? (sect. 119)

27. Will all chemical 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 _____

Comments:

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 chemical will you use:

Chemical type _____

33. If a dish washing machine is used, which sanitizing method will you use:

Hot Water _____ Chemical(include type of 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 dish washing machine 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 your largest piece of equipment be submerged into the 3-compartment sink or dish washing machine? (sect. 270) Yes _____ No _____ NA _____

37. Does the facility plan to use alternative manual warewashing equipment? (sect. 270)

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 (Date)_____ 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)

Circle 1 for the type of backsiphonage device used for water supply and sewage disposal

Fixture	Water Supply					Sewage Disposal		
Dishwasher	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Ice Machine(s)	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Mop/Service Sink	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
3 Compartment Sink	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
2 Compartment Sink	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
1 Compartment Sink	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Hand Sink(s)	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Dipper Well	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Hose Connections	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Asian Wok/Stove	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Toilet(s)	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Kettle(s)	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Thermalizer	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Overhead Spray Hose	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Other Spray Hose(s)	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Other:	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Other:	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect

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 handwashing sinks 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, plastic cove molding, etc.) will be used in the following areas. (sect. 402)

(QT = Quarry Tile, SS = Stainless Steel, PCM = Plastic Cove Molding)

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				

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 _____

Comments:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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_____

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

ATTACHMENT: - LIST OF AGENCIES.

City of New Castle

Permits and Inspections	Building Commission	765-521-6823
Director of Public Works	City Departments	765-529-7605 x 3114
Park Superintendent	Parks and Recreation	765-465-7278
EMS Chief	Emergency Medical Services	765-521-6860
Certified Wastewater Superintendent	Water Pollution Control	765-521-6836
Water Pollution Control Superintendent	Water Pollution Control	765-521-6836
Administrative Assistant to the Mayor	Mayor - Greg York	765-529-7605
Assistant Wastewater Superintendent	Water Pollution Control	765-521-6836
Code Enforcement	Building Commission	765-521-6823
Building Commissioner	Building Commission	765-521-6823
Fire Chief	Fire & Rescue	765-521-6860
Water Plant Superintendent	Water Plant	765-521-6842
Chief of Police	Police Department	765-521-6810 x 3300
General Manager	Public Transportation	765-521-6847
Utilities Office Manager	City Utilities	765-521-6820
Street Commissioner	MVH, Streets & Sanitation	765-521-6831
Assistant Chief of Police	Police Department	765-521-6810 x 3301
Mayor	Mayor - Greg York	765-521-6801

Henry County

911 Communications	765-529-4901
Building Department	765-529-7074
Emergency Management	765-521-0582
Environmental Health Division	765-521-7059
Highway Department	765-529-4100
Planning Department	765-529-7408
Solid Waste Management District	765-529-1691
Sheriff's Office & Detention Center	765-521-7032
Surveyor's Office	765-529-4802
Weights & Measures	765-521-7062

Indiana State Homeland Security
Use for Building Commissioner, Fire Safety, and submission of plans to be approved.

To determine if your project may be exempt from filing with the state, contact Building Plan Review staff at planreview@dhs.in.gov or 317-232-6422.

Division of Fire and Building Safety - Design Release Service

Indiana Department of Health – Commercial Septic Approval
Health: Environmental Public Health: Onsite Sewage Systems Program (in.gov)

You can contact the Environmental Public Health Division by email at eph@health.in.gov. The Division's main phone number is (317) 233-7173 and our fax number is (317) 233-7047. TDD/TTY is available at (317) 233-5577.

HENRY COUNTY HEALTH DEPARTMENT
216 South 14th Street, New Castle, IN 47362
Phone: (765) 521-7059
https://www.in.gov/localhealth/henrycounty/

Retail Food Establishment Permit Application

Name of Your Establishment: _____

Address of Establishment: _____ City: _____ Zip: _____

Telephone: _____

Owner/Corporation Name: _____

Owner/Corporation Mailing Address: _____

Owner/Corporation City, State, Zip: _____

Owner/Corporation Telephone: _____

Owner/Corporation E-Mail: _____

Hours and Days of Operation: _____

Water Supply (Check one): Private Well: _____ Public (City Water Supply) _____

Name of Certified Food Handler: _____

Certified Food Handler Number: _____ Expiration Date: _____

Send mail to which address? (Please Check One): _____ Establishment _____ Owner/Corporation

Required Permit Fee:

MENU TYPE	ANNUAL	SEASONAL
1	$100.00	$50.00
2	$125.00	$75.00
3	$150.00	$100.00
4	$175.00	$125.00
5	$200.00	$150.00

RETAIL FOOD ESTABLISHMENTS WHICH OPERATE LESS THAN SIX (6) MONTHS DURING ANY ONE CALENDAR YEAR SHALL BE CONSIDERED SEASONAL. I/we attest that the above information is accurate to my/our knowledge at this time. I/we further agree to comply with all applicable Henry County, Indiana ordinance and laws to include allowing the Henry County Health Department access to the establishment as required. I/we understand that this permit is non-transferable and that the associated fees are non-refundable. I/we further understand that a 25% delinquent permit fee will be added after 30 days to all late renewals.

Signature: _____ Date: _____

For Office Use Only

Receipt/Permit Number: _____
Permit Fee Paid: _____
Issue Date: _____
Expiration Date: _____