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Health Officer

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Howard County Health Department

Division of Environmental Health

PLAN REVIEW & PERMITTING REQUIREMENTS FOR NEW FOOD ESTABLISHMENTS

1. **Notify** the Howard County Health Department Food Protection Program 30 days prior to the date you plan to begin construction. (765) 456-2403
2. **Submit Plans** for review prior to beginning construction. **An Application for Plan Review** should be submitted, along with **scale plans** of the establishment indicating finish schedule, equipment, seating capacity, plumbing, and a **proposed menu**. Once your plans have been approved, you may begin construction. The associated fee is **\$60**.
3. **Complete an application for a Retail Food Establishment Permit.** Permits are not transferable from one owner to another or from one establishment to another. You may apply for a permit by completing a **Retail Food Establishment Permit Application** and by submitting all applicable fees due. Current permit fees are as follows:
 - Annual permits range from \$125-\$200 based on Menu Type
 - Annual permit fee is ½ after July 1st
 - Seasonal permits are \$100 for up to 180 consecutive days with a maximum annual fee of \$200
4. **Schedule a Pre-Operational Inspection** with Health Department personnel one week prior to the planned opening date to determine compliance with Title 410 IAC 7-24, Retail Food Establishment Sanitation Requirements. This inspection should occur when the establishment is cleaned, all plumbing is operational, and all refrigeration equipment is running. Required supplies, such as sanitizer, a test kit, thermometers, hand soap, and hand towels should be present. Food product does not need to be present.
5. **Correction of violations** noted on the Inspection Report annotated as “prior to opening” shall be made prior to issuance of a permit of serving food to the public. All other corrections shall be made during the 60-day provisional or probationary period.
6. **A Follow-up Inspection** will be conducted unannounced. If, upon inspection, the establishment is in substantial compliance, a Standard Retail Food Establishment Permit may be issued for the remainder of the calendar year (All Food Permits expire January 31st), or the establishment may be issued a 30-day Probationary Permit until corrections are made.



**INDIANA STATE DEPARTMENT OF HEALTH
FOOD PROTECTION PROGRAM
APPLICATION FOR PLAN REVIEW**

State Form 50033 (2-01)

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: _____
 Water Supply: Public Private Sewage Disposal: Public Private
 ♦ If private, do you have approval from the appropriate regulatory authority? YES NO
 Hours of Operation: _____ Days of Operation: _____

Contents and Specifications for Facility and Operating Plans as required in Section 431 of 410 IAC 7-20:

(Please check those items submitted for review)

Intended menu (What do you intend to serve)

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 7-20 are developed or are being developed.

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:

Comment: _____

 (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

State Form 50004 (R3/4-05)
Indiana State Department of Health
Food Protection Program

- 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 (317) 233-7360.
 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: (approximate number)	Breakfast _____	Lunch _____	Dinner _____
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Type of service: (check all that apply)	Sit down meals _____	Mobile vendor _____
	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. (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 (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. Whom (*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 #2.
- 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 #2.
- 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 _____



Notice to Contact

Date _____

Address Information _____

To Whom It May Concern:

Our office visited this property on _____, it appears repairs and/or a remodel is being done. We have not received information on what business will be operating out of this structure. It is imperative that you contact our office, prior to any further construction being done.

When opening a business within the City of Kokomo, there are steps that must be taken prior to opening and in some cases permitting is required. Attached is a check sheet of agencies in which need to be contacted immediately. This is a time sensitive matter and should be treated as such.

Failure to contact our office may result in additional action being taken against you. Upon receipt of this notice, please contact our office at (765) 456-7413.

Sincerely,

Christopher Hall
Deputy Fire Chief/Manager of Inspection Services
City of Kokomo

Sincerely,

Chris Linville
Battalion Fire Chief/Building Inspector
City of Kokomo



Agency Checklist

The following Agency must be contacted in regards to new Business and/or existing Business changing Operating and/or opening within the City of Kokomo



Howard County Planning Commission
120 East Mulberry, Kokomo Indiana
765-456-2330



Howard County Health Department
120 East Mulberry, Kokomo Indiana
765-456-2437



City of Kokomo
Division of Building and Code Services
215 West Superior, Kokomo Indiana
765-456-7413



City of Kokomo
Permit Office
100 South Union Street, Kokomo Indiana
765-456-7362



City of Kokomo
Fire Department
215 West Superior, Kokomo Indiana
765-456-7413



City of Kokomo
Waste Water Treatment Plant (Grease Trap)
765-457-5509

Howard County Health Department
Division of Environmental Health
120 East Mulberry Street, Suite 210
Kokomo, IN 46901-4657

Phone 765-456-2403
Fax 765-456-2417

Application For A Permit To Operate A Retail Food Establishment

Application is hereby made for a permit to operate a retail food establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rules 410 IAC 7-24, 410 IAC 7-22, and Howard County Retail Food Establishment Ordinance 2005-BCC-22. It is further agreed that the establishment shall be open to inspection daily by agents of the Howard County Health Department. **THIS PERMIT IS NOT TRANSFERABLE!** It is issued only to the person named on the permit. This form must be filled out completely and accurately. The **SIGNED ORIGINAL FORM** and the **REQUIRED FEE**, according to menu type, must be returned to the Howard County Health Department. The fee is not refundable. Submitting this application does not guarantee a permit will be issued. Any change of owner or operator requires a new permit. All permits expire December 31st of each year.

Any changes in the information provided should be reported to the health department.

Name of Establishment: _____
The name commonly used or known or the "doing business as" name.

Location of Establishment: _____
The physical location of the establishment. This may not be the same as the mailing address.

Establishment Mailing Address: _____
_____ **State:** _____ **Zip:** _____
The legal mailing address of the business owner, or the address for permit renewal or other legal notice.

E-Mail Address: _____
If the operator or manager has an e-mail address, show it here.

Business Operator's Name: _____
The person or corporation which owns the business. In a small business this may be the same as manager.

On-Site Manager's Name: _____
The person responsible for the daily operation and is available at the business.

Manager's Immediate Supervisor: _____ **Phone:** _____
This could be the zone, district, or regional supervisor.

Building Owner's Name: _____
The person or company which owns the physical structure which houses the business.

Business Telephone: _____ **Fax:** _____
Number which rings at the local business. Number where we may fax an invoice.

Emergency Telephone: _____
Number which will reach some one in authority in case of an emergency when business is closed.

Menu (if changed): _____
Indicate specific major menu item *changes* in the past year.

(Continue on next page.)

Establishment's Daily Opening & Closing Times:

Show the actual opening and closing times for the business. Be exact!

Sun: _____ Mon: _____ Tue: _____ Wed: _____
Thur: _____ Fri: _____ Sat: _____

Public Water Supply: ___ Yes ___ No Public Sewage Disposal: ___ Yes ___ No

If the business is served by a public utility, mark "yes". If private well or sewage disposal, mark "no".

"Smoke Free" Establishment ___ Yes ___ No

Is There Off-Site Catering From This Location? ___ Yes ___ No

(If Yes, Is Proper Equipment Available For Safe Food Handling, Transport, And Handwashing When Required? ___ Yes ___ No)

Food Handler Certification: Certified Employee _____

Please check which Certification the employee(s) hold(s).

- ServSafe®, National Restaurant Association Expiration Date: _____
- Certified Professional Food Manager®, Experior Assessments, LLC Expiration Date: _____
- Certified Food Safety Manager, Nat'l Registry of Food Safety Professionals Expiration Date: _____

Some exemptions are allowed. See Title 410 IAC 7-22-15(g).
www.IN.gov/isdh/regsvcs/foodprot/foodhandler/certificationrule.htm

I attest to the accuracy of the information provided herein.

Signature: _____ Title: _____

The person who fills out the application needs to sign it, plus title.

Print Name: _____ Date: _____

Do not write below this line. For Official Use Only.

<input type="checkbox"/> 1 Pre-packaged, Non PHF <input type="checkbox"/> 2 Cook / Serve <input type="checkbox"/> 3 Full Service, Limited Reheat <input type="checkbox"/> 4 Full Service, Advanced Prep <input type="checkbox"/> 5 Full Service, Alternate Processing Assigned Risk Category:	<input type="checkbox"/> Modified Atmosphere Packaging <input type="checkbox"/> Shellstock <input type="checkbox"/> Certification exempt <input type="checkbox"/> Certification required <input type="checkbox"/> Certification requirement met 1 2 3 4 5
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Permit Number: _____	Receipt Number: _____
Payment Received: \$ _____	File Date: _____
Date Issued: _____	Date Expires: _____