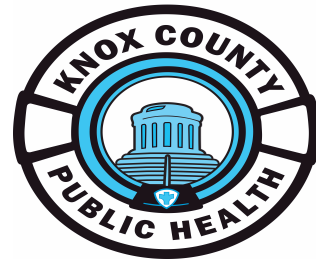


Application For Plan Review



Knox County Health Department
328 N. 2nd Street Suite #100
Vincennes, IN 47591
Phone (812) 882-8080

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

Owner/Corporation Information

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

Contractor Information

Name:
Contact Person:
Telephone Number:
Mailing Address:

Establishment Information

(Check One) New Construction Existing/Remodel Change of Ownership

Establishment Name:

Contact Person: Title:

Establishment Telephone:

Establishment Mailing Address:

Establishment Physical Address:

Projected Start Date of Project:

Projected End Date of Project:

Projected Opening Date of Establishment:

Hours of Operations: M T W TH F S SU

Contents and Specifications for Facility and Operating Plans as required in Section 110 of 410 IAC 7-24:

(Please check that all items have been submitted for review)

- Proposed menu (including seasonal, off-site, and banquet menu)
Anticipated volume of food to be stored, prepared, and sold or served
Proposed layout, mechanical schematics, construction materials, and finish schedules
Proposed equipment types, manufactures, 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 is fully completed and submitted to the regulatory authority and paid in full

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

Signature of Applicant

Date Signed

Note: If all required information is not submitted to the regulatory authority, it may delay the review process of your plans, and delay either construction or permitting.

Application For Plan Review

Plan Review Questionnaire

Name of the establishment/facility: \_\_\_\_\_

Have you contacted the following authorities and obtained permits and submitted plans to them?

Zoning \_\_\_\_\_

Area Planning \_\_\_\_\_

Building \_\_\_\_\_

Plumbing \_\_\_\_\_

Electric \_\_\_\_\_

Septic/Sewer \_\_\_\_\_

Fire \_\_\_\_\_

Number of seats \_\_\_\_\_

Occupancy of establishment \_\_\_\_\_

Total proposed square footage of establishment \_\_\_\_\_

Total number of floors on which operations are conducted. This includes food preparation, storage and service \_\_\_\_\_

Estimated number of meals to be served daily Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_  
(approximate number)

Type of service for establishment: Sit Down Meals \_\_\_\_\_ Mobile \_\_\_\_\_ Take Out \_\_\_\_\_ Catering \_\_\_\_\_ Grocery \_\_\_\_\_ Other \_\_\_\_\_  
(check all that apply)

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 following procedures/questions should be considered before any further construction or planning begins or continues to ensure that special consideration is given to these industry standards sanitary operating procedures (SSOP's). This section should be completed by the operator. Please indicate whether a section applies to your operation. No section may be left blank.)**

**Food**

Please provide a list of all planned food vendors (section 142) \_\_\_\_\_

What is the procedure for receiving food shipments? Are temperatures checked and containers inspected for damage upon arrival (section 166) \_\_\_\_\_

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

## Application For Plan Review

Is your facility required to have pasteurized products (section 153) Yes \_\_\_\_\_ No \_\_\_\_\_

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? (section 143) Yes \_\_\_\_\_ No \_\_\_\_\_ (Please attach a copy of the certification)

Do you intend to make any reduced oxygen packaged (*ROP. def. 73*) foods? (section 195) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a list of the ROP foods being produced in your facility: \_\_\_\_\_  
\_\_\_\_\_

### **Food Preparation**

If foods are being prepared more than 24 hours in advance, please list them. \_\_\_\_\_  
\_\_\_\_\_

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) \_\_\_\_\_  
\_\_\_\_\_

Describe your date marking system (section 191) for potentially hazardous (*defined under section 66*) ready-to-eat foods (*defined under section 72*) (section 191) \_\_\_\_\_  
\_\_\_\_\_

Will all produce be washed prior to use? (section 175) Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_  
If no, please explain why \_\_\_\_\_

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 (section 189) \_\_\_\_\_  
\_\_\_\_\_

Provide a list of food types that will need to be thawed prior to cooking and the process that will be used to thaw the food (section 199)

Types Of Food	Process
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Provide a list of food types that will need to be cooled and the process that will be used to cool these foods (section 189, section 190)

Types Of Food	Process
_____	_____
_____	_____
_____	_____
_____	_____

## Application For Plan Review

What process will be in place to ensure that foods are reheated to 165 F or above? (section 188) \_\_\_\_\_

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)

### **Hot and Cold Holding**

Will "Time as a Public Health Control" (see 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**

Will raw animal food(s) be offered to the public in an undercooked form (sushi, rare hamburgers, eggs over easy, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_  
If so, please attach a copy of your consumer advisory statement (section 196)

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*)? (section 119) \_\_\_\_\_

Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in a refrigeration unit(s). (section 173) \_\_\_\_\_

### **Sanitization**

What type(s) of sanitizer will be in use for the facility? (section 294) \_\_\_\_\_

Will the facility have test kits/papers on site for all types of sanitizers in use? (section 291) Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

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 Toxic Materials & Personal Care Items**

Where will poisonous or toxic materials be stored? This includes the items that are for retail sale. (section 439) \_\_\_\_\_

Will the facility be using hand sanitizer? (section 131) Yes \_\_\_\_\_ No \_\_\_\_\_

Will the facility ensure that insecticides and rodenticides are labeled "Approved for Use in Food Establishments" and that they are applied in a safe manner? (section 119)

Will all spray bottles be clearly labeled? (section 438) Yes \_\_\_\_\_ No \_\_\_\_\_

Where will the first aid supplies be stored? (section 421) \_\_\_\_\_

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 \_\_\_\_\_

Has the facility registered or applied for a permit from the regulatory authority? (section 107) Yes \_\_\_\_\_ No \_\_\_\_\_

### **Ware washing/Dishwashing**

## Application For Plan Review

Dishwashing methods (section 269) (check all that apply) 3 Compartment Sink \_\_\_\_\_ Dish Machine \_\_\_\_\_

Sanitizing Method that will be used? Hot Water \_\_\_\_\_ Chemical \_\_\_\_\_

Can the largest pot be fully submerged in the three-compartment sink? (section 231) Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Does the establishment have enough racks to provide for air drying of equipment? (section 289) Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

### Water Supply

Is the water supply public? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the water supply private? Yes \_\_\_\_\_ No \_\_\_\_\_

If water supply is private, has the water been tested? (section 327) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach a copy of the last test result

### Wastewater/Sewage Disposal

Is the sewage disposal system public? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the sewage disposal system private? Yes \_\_\_\_\_ No \_\_\_\_\_

If private, has the system been inspected and approved by the state or local septic inspector? (section 376) Yes \_\_\_\_\_ No \_\_\_\_\_

**Please attach a copy of the approval letter/notice**

### Plumbing

Are hot and cold-water fixtures provided at every sink? (section 330) Yes \_\_\_\_\_ No \_\_\_\_\_

***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
Dishwasher	_____	_____
Ice Machine(s)	_____	_____
Mop/Service Sink	_____	_____
Compartment Sink	_____	_____
Hand Sink(s)	_____	_____
Toilet(s)	_____	_____

AVB=atmospheric vacuum breaker HB=hose bib vacuum breaker PVB=pressure vacuum breaker VDC= vented double check valve  
AB=air break AG=air gap DC=direct connect

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

What would be the frequency of cleaning the grease trap? (section 378) \_\_\_\_\_

### Handwashing & Toilet Facilities

Handwashing sinks are required in each food preparation and dish washing area. (section 344)

How many hand sinks will be provided in the facility?

\_\_\_\_\_

Are all toilet room doors self-closing where applicable? (section 352) Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Are all toilet rooms equipped with adequate ventilation? (section 309) Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

# Application For Plan Review

## Room Finish Schedule

Area	Floor	Coving	Wall	Ceiling
Kitchen	_____	_____	_____	_____
Lobby	_____	_____	_____	_____
Serving Line	_____	_____	_____	_____
Food Storage	_____	_____	_____	_____
Toilet Room(s)	_____	_____	_____	_____
Garbage Storage	_____	_____	_____	_____
Mop/Service Sink	_____	_____	_____	_____
Dishwashing	_____	_____	_____	_____

## Equipment

Will all equipment meet the design and construction for the American National Standards Institute (ANSI) standards or meet section 205? Yes \_\_\_\_\_ No \_\_\_\_\_

Will the utensil and food storage containers be made from food-grade quality materials? (section 205) Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

Will all 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 \_\_\_\_\_ N/A \_\_\_\_\_

Will each hot holding unit and refrigeration unit have a thermometer? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

## Insect and Rodent Harborage

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

Will screens be provided on any windows and doors that open to the outside? (section 413) Yes \_\_\_\_\_ No \_\_\_\_\_

Will air curtains be installed? (section 413) Yes \_\_\_\_\_ No \_\_\_\_\_

Is the area around the building clear of unnecessary debris, brush, and other harborage conditions? (section 426) Yes \_\_\_\_\_ No \_\_\_\_\_

Do you plan to use a pest control service? Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_ Company \_\_\_\_\_

## Refuse & Recyclables

Describe the surface that the outside dumpster will be located on. (section 382) \_\_\_\_\_  
\_\_\_\_\_

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

## Lighting

Please provide the foot candles of the following areas (section 411)

Food Preparation Areas \_\_\_\_\_

Restrooms \_\_\_\_\_

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

Application For Plan Review

**Notice to establishments and operators**

A fee of \$100.00 is due and payable when this application is submitted to the Knox County Health Department for review. If the application is turned in less than 30 days of opening, there was a change of ownership that the new owners failed to notify the regulatory authority of, or an unauthorized remodel of an existing establishment, there is a \$100.00 penalty/late fee that will also be due and payable upon turning in the application. Failure to pay any outstanding fee's will result in your application being delayed as well as any Retail Food Establishment Permit process. All permit fee's, including late fee's are non-refundable.

Fee Schedule for Retail Food Permits

- Permit Category 1 - \$175.00
- Permit Category 2 - \$200.00
- Permit Category 3 - \$250.00
- Permit Mobile - \$100.00
- Permit Catering - \$150.00
- Permit Temporary - \$50.00 per day (3 day max.)
- Permit Seasonal - \$75.00
- Plan Review Fee - \$100.00
- Late Fee - \$100.00

\*\*All permits expire December 31<sup>st</sup>. Late fee of \$100.00 will be assessed after January 10th. Permits will not be issued until all fee's are paid. Establishments who fail to pay fee's may be ordered to cease operations by the Knox County Health Department\*\*

For any questions or help regarding your plan review application, please contact Food Safety Director, Tara Hayden at 812-882-8080 ext. 8412, email: [thayden@knoxcounty.in.gov](mailto:thayden@knoxcounty.in.gov), or cell phone 812-396-9277

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

Date Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Payment Type: \_\_\_\_\_

