

Application For Plan Review

Knox County Health Department

3077

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.

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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 _____

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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
_____	_____
_____	_____
_____	_____
_____	_____

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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

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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 _____

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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 _____

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Dishwashing Areas _____

Walk-Ins _____

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, or 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.

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 31st **

For any questions or help regarding your plan review application, please contact Food Safety Director, Cassandra Smith at 812-882-8080 ext. 8403, email: csmith@knoxcounty.in.gov, or cell phone 812-830-8953

Signature of Applicant

Printed Name of Applicant

Date

Date Received: _____ Amount Received: _____ Payment Type: _____

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Payment Received By: _____