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Director



### Plan Review Questionnaire

**All information must be completed in its entirety per the Indiana Department of Health, Retail Food Establishment Sanitation Requirements, Title 410 IAC 7-26 and returned to our office.**

This questionnaire is not designed to be used as a complete list of requirements so 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 7-26.

When completing the questionnaire, please refer to the Title 410 IAC 7-26 section numbers included in parenthesis at the end of each question.

**Please note the dates your plans were submitted to or approved by the following authorities:**

- Building Dept. (Zoning, Plumbing, Electric, Planning, Occupancy)
- Wastewater Disposal (Septic/Sewer)
- Fire Dept. (Fire Suppression, Ventilation)

**Please note the following:**

- Number of seats
- Please mark the meal periods that will be served.
- Breakfast     Lunch     Dinner

**Please mark your service style(s).**

- Dine-in
- Take-out Only
- Mobile Unit
- Tent Set Up
- Catering

**Please include the following documents:**

Proposed Menu

Kitchen, bar and service station layout.

Manufacturer specification sheets for each piece of equipment used for food storage, preparation or transport.

Site Plan-showing location of the building including alleys and streets, outside equipment and dumpsters, well or septic (if applicable) and the grease trap.

1. Describe your date marking system (described under Section 214) for "TCS" Time/temperature control for safety food (defined under Section 125) ready-to-eat foods (defined under Section 96) (Section 214).

2. Will all produce be washed prior to use? (Section 179) Circle one. Yes/ No/ NA  
If yes, Where?

If no, please explain why.

3. 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) (**Section 210**)

PROCESS	TYPES OF FOOD
Refrigeration	
Running Water less than 70°F	
Microwave as part of the cooking process	
Cook from frozen	
Other (describe)	

4. 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) (Section 211 & 212)

PROCESS	TYPES OF FOODS
Shallow pans under refrigeration	
Ice and water bath	
Reduced volume (quartering a large roast)	
Ice paddles	
Rapid chill devices (blast freezer)	
Other (describe)	

5. What procedures will be in place to ensure that foods are reheated to 165°F or above?  
(**Section 206**)

6. Will a buffet be served? **Circle one. Yes/ No/ NA**

If yes who will be responsible for ensuring that the buffet is protected from consumer contamination? (**Section 195**)

If yes, what types of counter protective guards for food will be used? (sneeze guards)

7. Will "Time as a Public Health Control" (**Section 216**) be used for hot or cold TCS food?  
**Circle one. Yes/ No/ NA**

8. Will raw animal food(s) be offered to the public in an undercooked form such as sushi, rare hamburgers, eggs over easy, made from scratch Caesar dressing, etc.? **Circle one. Yes/ No/ NA**  
If yes, please attach your consumer advisory statement. (**Section 223**)

9. Who (job title) will be assigned the responsibility of taking food temperatures and at what steps will temperatures be taken? **(cooking, cooling, reheating, and hot holding) (Section 136)**

10. Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in a refrigeration unit(s) such as walk-in, reach-in, prep top coolers. **(Section 175)**

11. Describe the storage of raw meats and seafood in the same refrigeration unit and how cross contamination will be prevented. **(Section 175)**

### **Sanitization**

12. Who (job title) will be assigned the responsibility of ensuring the correct amount of sanitizer will be used? **(Section 136)**

13. List the type of chemical sanitizer(s) the facility will use for the following: **(Section 299)**

Mechanical ware washing machine

Three compartment sink

Sanitizer buckets

Sanitizer spray bottles

14. Will the facility have test kits on site for all types of chemical sanitizers being used?  
**(Section 301) Circle one. Yes/No**

15. 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 316, 317)**

### **Poisonous or Toxic Materials and Personal Care Items**

16. Where will poisonous or toxic materials to be used or sold be stored? **(Section 457)**

17. Will the facility ensure that insecticides and rodenticides are “Approved for Use in Food Establishments” and that they are applied in a safe manner? **(Section 136) Circle one. Yes/No**  
What company will be applying insecticides and rodenticides?

18. Will all spray bottles be clearly labeled? **(Section 456) Circle one. Yes/No**

19. Where will first aid supplies be stored? **(Section 471)**

20. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters? **(Section 428) Circle one. Yes/No**

**The following list of questions should be generally completed by the architect/contractor/engineer.**

**Ware Washing/Dishwashing**

21. Which dishwashing method will be used in the facility? **(Section 274)**

**Circle one. Three Compartment Sink/ Mechanical Ware Washer/ Both**

22. If a three-compartment sink is used, which sanitizing method will you utilize?

**Circle one. Hot Water/ Chemical**

23. If a mechanical ware washer is used, which sanitizing method will you use?

**Circle one. Hot Water/ Chemical**

24. Does the ware washing machine have a template with operating instructions? **(Section 261)**

**Circle one. Yes/ No**

If utilizing hot water, do you have a booster heater? **Circle one. Yes/ No**

If utilizing hot water, how will you ensure that the unit is sanitizing the utensils? **(Section 263, 264)**

25. If utilizing a chemical ware washing machine, does an alarm sound when more chemical sanitizer needs to be added? **(Section 265)**

**Circle one. Yes/ No**

26. If there is no alarm on the chemical ware washing machine, how will low levels of sanitizer be detected?

27. Can the largest piece of equipment be submerged into the three-compartment sink or ware washing machine? **(Section 274)** **Circle one. Yes/ No**

28. Does the facility plan to use any alternative manual ware washing equipment for specialized equipment? **(Section 314)** **Circle one. Yes/ No/ NA**

**If yes, please submit your procedure for review.**

29. Does your facility have enough (drain boards/utensil racks/carts) for the air drying of equipment and utensils in the ware washing area? **(Section 324)** **Circle one. Yes/No**

Please describe the area below:

**Water Supply**

30. What is the source of the water supply? **Circle one. Public/Private**

If public, skip question #40.

31. If private, has the source been tested? **(Section 334, 339)** **Circle one. Yes/ No**

Date of last test

Was a copy of the lab results sent to our office? **Circle one. Yes/ No**

**Waste Water/Sewer Disposal**

32. Describe the sewage disposal system. **Circle one. Public/ Private**

If public skip question #42.

33. Has the waste treatment system been approved by the state or local septic inspector?

**(Section 385) Circle one. Yes/ No**

Please include a copy of the approval.

**Plumbing**

34. Are hot and cold water fixtures provided at every sink? **(Section 342) Circle one. Yes/ No**

35. If a water supply hose is to be used for potable water, is it made from food-grade materials? **(Section 370) Circle one. Yes/ No**

36. Hot Water Heater Information **(Section 341)**

**Circle one. Tank/ Tankless**

Make

Model

Recovery Time

Volume

Tank Capacity

37. The following technical information is needed regarding the proposed plumbing.

**This section is best completed by a licensed plumber, or engineer. (Section 354)**

Fixture	Water Supply				Sewage Disposal			
	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Dishwasher								
Ice Machine								
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

38. Has contact been made to the municipality to determine if a grease trap is required?

**Circle one. Yes/ No/ NA**

39. What would be the frequency of cleaning of the grease trap? **(Section 381)**

40. Is there a service (mop) sink? **(Section 353) Circle one. Yes/ No**

**Handwashing/Toilet Facilities**

41. Hand washing sinks are required in restrooms, food preparation, and ware washing areas. **(Section 351)**  
How many hand washing sinks will be provided?

42. Are all toilet room doors self-closing? **(Section 420) Circle one. Yes/ No**

43. Are toilet rooms equipped with adequate ventilation? **(Section 437) Circle one. Yes/ No**

**Room Finish Schedule (Ceiling, Wall and Floor Surfaces)**

44. Please provide the materials that will be used in the following areas (e.g. quarry tile, stainless steel, plastic coving, vinyl tiles) **(Section 409)**

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**

45. Are separate dressing rooms/lockers provided for employees? **(Section 417)**

**Circle one. Yes/ No**

46. Describe the storage location for employees' coats, purses, medicines and lunches. (**Section 440, 471, 472**)

47. Where is the designated area for employees to eat, and drink, (**Section 148**)?

**Equipment**

48. Will all of the equipment meet the design and construction for the American National Standards Institute (ANSI) standards or meet the requirements in **Section 226**? **Circle one. Yes/ No**

49. Will the utensils and food storage containers be made from food-grade quality materials? (**Section 226**)  
**Circle one. Yes/ No**

50. Will any pieces of used equipment be utilized? (**Section 236**) **Circle one. Yes/ No**  
**If yes, please provide a list of the used equipment.**

51. Is the ventilation (kitchen hood) system sufficient for the needs of the facility and approved by the local Fire Department? (**Section 276**) **Circle one. Yes/ No/ NA**

52. Will all of the equipment used for the storage of TCS foods be able to meet the minimum temperature requirements? (frozen food 0°F, cold food 41°F, hot food 135°F)  
**Circle one. Yes/ No/ NA**

53. Please list the equipment types for hot and cold holding of foods including buffet service and transporting food from one place to another. (**Section 213**)

54. Will each refrigeration unit have a thermometer? (**Section 260**) **Circle one. Yes/ No**

55. What types of protective counter guards for food (sneeze guards) will be used for consumer self-service? (**Section 193**)

**Insect and Rodent Harborage**

56. Will all outside doors be self-closing, when applicable, and rodent/insect proof? (**Section 421**) **Circle one. Yes/ No**

57. Will screens be provided for windows and doors that will be open to the outside? (**Section 421**) **Circle one. Yes/ No**

58. Will air curtains be installed to protect open doors or windows? (**Section 421**)  
**Circle one. Yes/ No**

If yes, describe where they will be installed.

59. Will all pipes and electrical conduit chases be sealed and protected? (**Section 422**)  
**Circle one. Yes/ No**

60. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions? (**Section 453**) **Circle one. Yes/ No**

61. Do you plan to use a pest control service? **Circle one. Yes/ No**

How often will there be treatment?

What is pest control company's name?

**Refuse and Recyclables**

62. Describe the ground surface that the outside dumpster(s) will be sitting. (**Section 408**)

63. Where will recyclables be stored prior to pick-up?

**Lighting**

64. Fill in the foot candles of light for the following areas. (**Section 436**)

Food Prep Areas	<input type="text"/>
Dishwashing Areas	<input type="text"/>
Dry Storage Areas	<input type="text"/>
Restrooms	<input type="text"/>
Walk-in refrigeration	<input type="text"/>

The following fee schedule as established by the La Porte County Board of Health and hereby approved by the Board of Commissioners of Porter County.

\$200.00 Probation fee includes permit for the first 30 days and a plan review.

Permit fees after 30 days

Risk A	\$175.00
Risk B	\$225.00
Risk C	\$275.00
Risk D	\$325.00