



# Montgomery County Health Department Plan Review Application

Please answer all of the following questions completely.  
Should you have any questions, please contact our department at (765) 361-4126.

Legal Business Name/Entity:		
Establishment Name/DBA:		
Establishment Address:	Telephone Number:	
	Fax:	
Owner Name and Address:	Telephone Number:	
Architect/ Engineer Name and Address:	Telephone Number:	
Name and number of person to contact for plan review questions:		
Projected Start Date:	Projected Completion Date:	
Contents and Specifications for Facility and Operating Plans: (Check what has been submitted)	Included	
	Yes	No
Copy of the intended menu	<input type="checkbox"/>	<input type="checkbox"/>
Blue Prints (Proposed layout, mechanical schematics, construction materials, finishing schedule, and list of equipment)	<input type="checkbox"/>	<input type="checkbox"/>
List of distributors and suppliers and their phone numbers	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Certified Food Handlers Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Detailed HACCP (Hazard Analysis Critical Control Point) flow chart for each menu item containing a potentially hazardous food (see enclosed)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Indiana State Health Department Food Code Title 410 IAC 7-24	<input type="checkbox"/>	<input type="checkbox"/>
Plan Review Application and Application Fee <i>*Note: This does not include the annual Food Establishment Permit Fee.</i>	<input type="checkbox"/>	<input type="checkbox"/>

## *Plans and Specifications*

1. Provide plans that are a minimum of 11 X 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch =1 foot. This is to allow for ease in reading plans.
2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name
4. Designate clearly on the plan equipment to be used for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation and utensil washing.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and /or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
9. Include and provide specifications for:
  - a. Entrances, exits, loading/unloading areas and docks
  - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases
  - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and waste water line connections
  - d. Lighting with protectors (1) At least 216 lux (20 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk in refrigeration units and dry storage areas and in other areas and rooms during period of cleaning (2) At least 756 lux (70 foot candles):
    - i. At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption
    - ii. Inside equipment such as reach-in and under-counter refrigerators
    - iii. At a distance of 75cm (30 inches) above the floor in areas used for hand washing, ware washing, and equipment and utensil storage and in toilet rooms. (3) At least 756 lux (70 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
  - e. Ventilation schedule for each room
  - f. A mop sink or curbed cleaning facility with facilities for hanging wet mops
  - g. Garbage can washing area/facility
  - h. Cabinets for storing toxic chemicals
  - i. Dressing rooms, locker areas, employee rest areas and/or coat rack

I have submitted plans/applications to the responsible authorities on the following dates:

Waste Water Disposal \_\_\_\_\_ Fire Department \_\_\_\_\_ Planning and Building \_\_\_\_\_

Number of floors on which operations are conducted: \_\_\_\_\_

Type of Service (check all that apply): Sit down meals \_\_\_\_\_ Caterer \_\_\_\_\_

Mobile vendor \_\_\_\_\_ Take out \_\_\_\_\_ Other \_\_\_\_\_

Who (name and job title) will be your certified food handler? (Title 410 IAC 7-22)

What method/training will employees be trained in food safety? (Sec. 119 of Title 410 IAC 7-24)

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*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). Please indicate (by either checking or completing the answers) whether or not a section applies to your operation. All section numbers can be found in the Indiana State Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24.*

**FOOD**

1. Will there be any home prepared, canned, or donated food items? (Sec. 142) Yes \_\_\_\_\_ No \_\_\_\_\_

2. Provide a color coded flow demonstrating flow patterns for (1) food (e.g. receiving, temperatures checked, containers inspected for damage, storage, preparation, service) (**SEC. 166**) (2) food and dishes (portioning, transport, service) (3) dishes (clean, soiled, cleaning, storage) (4) utensil (storage, use, cleaning) (5) trash and garbage (service area, holding, storage).

a. What is the anticipated frequency of food deliveries for:

Frozen \_\_\_\_\_ Fresh \_\_\_\_\_ Dry \_\_\_\_\_

3. Is your facility required to have pasteurized products? (Sec. 153) Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

4. Do you intend to make low-acid or acidified foods and intend your products to be shelf stable? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If so, have you passed the Better Process and Control School exam? (Sec. 143) Yes \_\_\_\_\_ No \_\_\_\_\_

*\*Note: Include a copy of the certification.*

5. Do you intend to make "Reduced oxygen packaged (ROP)" foods? (Sec. 73, 195)

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list out the ROP foods \_\_\_\_\_

**\*SUBMITTED TO AND APPROVED BY THE INDIANA STATE HEALTH DEPARTMENT BEFORE ESTABLISHMENT CAN IMPLEMENT REDUCED OXYGEN PACKAGING\***

**FOOD PREPARATION**

6. If foods are prepared a day or more in advanced, please list them here. \_\_\_\_\_

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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 (e.g. sushi, lettuce, buns, etc.)? (Sec. 171)

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8. When PHF is ready-to-eat and will be kept under refrigeration for more than 24 hours after preparation/opening, a last date of use must be placed on the item. Will the establishment have food items that must be date marked? YES OR NO. Describe your date marking system for potentially hazardous ready-to-eat foods. (Sec. 191)

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9. 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. (Sec. 189)

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10. 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). (Sec. 199)

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

11. 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). (Sec. 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)	

12. Will all produce be washed prior to use? (Sec. 175) Yes \_\_\_\_\_ No \_\_\_\_\_

a. If no, why? \_\_\_\_\_

13. What procedures will be in place to ensure that PHF's that are cooked, cooled, and reheated for hot holding will be reheated so that all parts of the food reaches a temperature 165°F or above for 15 seconds? (Sec. 188)

\_\_\_\_\_

14. Will a buffet be served? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes, who will be responsible for ensuring that the buffet is protected from consumer contamination? (Sec. 181)

\_\_\_\_\_

15. Is all food prepared and cooked within the facility? (e.g. grilling and smoking outdoors require an approved variance from the Indiana State Health Department) (Sec. 203) Yes \_\_\_ No \_\_\_

***HOT AND COLD HOLDING***

16. Will "Time as a Public Health Control" be used for potentially hazardous hot or cold food(s)? (Sec. 193)

Yes \_\_\_\_\_ No \_\_\_\_\_

***\*Note: These procedures must be submitted and approved before their use.***

17. Will raw animal food(s) be offered to the public in an undercooked form (e.g. sushi, rare hamburgers, eggs over easy, made from scratch Caesar dressing, etc...)? Yes \_\_\_\_\_ No \_\_\_\_\_

a. **If yes, attach your consumer advisory statement.** (Sec. 196)

18. Who (e.g. line cook, kitchen manager, etc.) will be assigned the responsibility of taking and recording food temperatures and at what points will temperatures be taken (e.g. cooking, cooling, reheating, and hot holding)? (Sec. 119)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in refrigeration unit(s) (e.g. walk in coolers, under the counter coolers). (Sec. 173)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Describe the storage of different types of raw meat and seafood in the same unit, and how cross-contamination will be prevented. (Sec. 173)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SANITIZATION**

21. Who will be assigned the responsibility of ensuring the correct amount of sanitizer will be used? (Sec. 119)

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22. What type of chemical sanitizer(s) will the facility use? (Sec. 294)

*\*Note: Chlorine or Quaternary Ammonium must include manufacturer's directions for concentration on food contact surfaces.*

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23. Will the facility have test kits on site for all types of chemical sanitizers?

(Sec.291) Yes \_\_\_\_\_ No \_\_\_\_\_

24. 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? (Sec. 303)

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**POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS**

25. Where will poisonous or toxic materials be stored (e.g. including the ones for retail sale)? (Sec.439)

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26. Will the employees use a hand sanitizer? (Sec. 131) Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what brand? \_\_\_\_\_

27. Will the facility ensure that insecticides and rodenticides are "Approved for Use in Food Establishments" and that they are applied in a safe manner? YES OR NO (Sec. 119) Are insecticides/rodenticides stored separately from cleaning and sanitizing agents? YES OR NO Indicate locations.

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28. Will all spray bottles be clearly labeled? (Sec. 438) Yes \_\_\_\_\_ No \_\_\_\_\_

29. Where will first aid supplies be stored? (Sec. 421) \_\_\_\_\_

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**MISCELLANEOUS**

30. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters? (Sec. 423) Yes \_\_\_\_\_ No \_\_\_\_\_

31. How will linens be laundered? (Sec. 423) \_\_\_\_\_

- Are laundry facilities located on premise? YES OR NO
  - If yes, is a laundry dryer available? YES OR NO
  - If yes, are they approved for commercial use? YES OR NO
  - If yes, indicate location of washer and dryer? YES OR NO
  - If no, how will lines be cleaned?
- 

- If using a Service, name of Service \_\_\_\_\_

- Location clean linen storage \_\_\_\_\_
- Location of soiled linen storage \_\_\_\_\_

32. Do you have a written employee health policy? (Sec. 120-123) Yes \_\_\_\_\_ No \_\_\_\_\_

*\*Note: Provide a copy of this policy.*

**WAREWASHING/DISHWASHING**

33. Dishwashing methods (Sec. 269) (check one or both): Three compartment sink \_\_\_\_\_ Dish machine \_\_\_\_\_

34. If a three compartment sink is used, which sanitizing method will you use: Hot Water \_\_\_ Chemical \_\_\_\_\_

35. If a dish machine is used, which sanitizing method will you use: Hot water \_\_\_\_\_ Chemical \_\_\_\_\_

a. If hot water, do you have a booster heater? Yes \_\_\_\_\_ No \_\_\_\_\_

b. If hot water, how will you ensure that the unit is sanitizing the utensils? (Sec. 258,303)

\_\_\_\_\_

36. Can the largest piece of equipment be submerged into the three compartment sink?

(Sec. 270) Yes \_\_\_ No \_\_\_\_\_

37. Does the facility plan to use alternative manual ware washing equipment? (Sec.270)

Yes \_\_\_\_\_ No \_\_\_\_\_ *\*Note: If yes, submit your procedure for review*

38. Does your facility have enough drain boards/utensil racks/carts for the air drying of equipment and utensils for either the three compartment sink or the dish machine? (Sec. 289) *\*Note: Describe below.*

\_\_\_\_\_

\_\_\_\_\_

**WATER SUPPLY**

39. Is the water supply private (\_\_\_\_) or public (\_\_\_\_)? If public, skip question #40.

40. If private, has the source been tested? (Sec. 327) Yes \_\_\_\_\_ No \_\_\_\_\_

a. If so, when was the last test \_\_\_\_\_ and did you send us a copy of the lab results? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Have you completed the Indiana Department of Environmental Management Drinking Water Branch's "New System Questionnaire"? Yes \_\_\_\_\_ No \_\_\_\_\_

*\*Note: The questionnaire may be obtained by calling (317) 234-7435.\**

**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 Indiana State Department of Health or the Montgomery County

Health Department? (Sec. 376) Yes \_\_\_\_\_ No \_\_\_\_\_ *\*Note: Provide a copy of the approval.*

**PLUMBING**

43. Are hot and cold water fixtures provided at every sink? (Sec. 342) Yes \_\_\_\_\_ No \_\_\_\_\_

44. If a water supply hose is to be used for potable water, is it made from food-grade materials?  
(Sec. 364) Yes \_\_\_ No \_\_\_\_\_ NA

45. What is the recovery time, volume, and capacity of the hot water heater? (Sec.329)

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46. Is a grease trap required? (Please contact Town Planning Department) Yes \_\_\_\_\_ No \_\_\_\_\_

- If yes, describe where the grease trap will be located? (Sec. 78) \_\_\_\_\_
- Is the grease trap easily accessible for cleaning? YES OR NO
- Provide frequency schedule for cleaning and maintenance of grease trap. \_\_\_\_\_
- Contractor's Name \_\_\_\_\_ Contractor's Telephone \_\_\_\_\_

47. The following technical information is needed on the plumbing. This section is best completed by a licensed plumber or engineer. (Sec. 336, 377)

Fixture	Water Supply		Sewage Disposal	
	Backsiphonage Prevention Device	Air Gap	Direct Drain	Indirect Drain
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:				



**HANDWASHING/TOILET FACILITIES**

48. Hand washing sinks are required in each food preparation, food dispensing, ware washing area, and toilet room.
- a. How many hand-washing sinks will be provided? (Sec. 344) \_\_\_\_\_
  - b. Will disposable gloves in a glove box holder be provided at the hand sink in food preparation and ware washing area? YES OR NO
  - c. Do all hand-washing sinks, including those in the restrooms have a mixing valve or combination faucet? YES OR NO
  - d. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES OR NO
  - e. Is hand cleanser available at all hand-washing sinks? YES OR NO
  - f. Are hand-drying facilities available at all hand-washing sinks? YES OR NO
  - g. Are waste receptacles available at all hand-washing sinks? YES OR NO
  - h. Is hot and cold running water under pressure available at each hand-washing sink? YES OR NO
49. Are all toilet room doors self-closing where applicable? (Sec. 352) Yes \_\_\_\_\_ No \_\_\_\_\_
50. Are all toilet rooms equipped with adequate ventilation? (Sec. 309) Yes \_\_\_\_\_ No \_\_\_\_\_
51. Is a covered receptacle provided for employee restrooms? (Sec. 351) Yes \_\_\_\_\_ No \_\_\_\_\_

**ROOM FINISH SCHEDULE**

52. Please indicate which materials (e.g. quarry tile, stainless steel, plastic cove molding, etc.) will be/are used in the following areas. (Sec. 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				

**PERSONAL BELONGINGS**

53. Are separate dressing rooms/lockers provided? (Sec. 417) Yes \_\_\_\_\_ No \_\_\_\_\_

- If lockers are provided will they be adequate in number to accommodate the needs of employee working the busiest shift? YES OR NO

54. Describe the storage location for employees' coats, purses, medicines, and lunches. (Sec. 418,422)

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55. Where is the designated area for employees to eat, drink, and use tobacco? (Sec. 136)

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**EQUIPMENT**

56. Will all of the equipment meet the design and construction standards (for example, it is durable, corrosion-resistant, nonabsorbent, smooth, and easily cleanable)?

(Sec. 205) Yes \_\_\_ No \_\_\_

- List food equipment with make and model number that is certified /classified by an ANSI accredited certification program (when applicable). Attach to plan review!

57. Will all utensils and food storage containers be made from food-grade quality materials?(Sec. 205) Yes \_\_\_\_\_ NO \_\_\_\_\_

58. Will any pieces of used equipment be utilized? (Sec. 106) Yes \_\_\_\_\_ No \_\_\_\_\_

59. Is the ventilation hood system sufficient for the needs of the facility? (Sec.307) Yes \_\_\_\_\_ No \_\_\_\_\_

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)? (Sec. 187, 197) Yes \_\_\_\_\_ No \_\_\_\_\_

61. Is there sufficient amount of equipment for the hot and cold holding of foods; also during serving or transporting? (Sec. 259) Yes \_\_\_\_\_ No \_\_\_\_\_

62. Will each cold or hot holding equipment used for potentially hazardous foods have a thermometer?

(Sec. 256) Yes \_\_\_\_\_ No \_\_\_\_\_

63. Will a probe thermometer be provided to measure the internal temperature of food?

(Sec.257) Yes \_\_\_ No \_\_\_\_\_

64. How will food on display be protected from consumer contamination?

(Sec.179) \_\_\_\_\_

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**INSECT AND RODENT HARBORAGE**

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

66. Will screens be provided on any open windows/doors to the outside? (Sec. 413) Yes \_\_\_\_\_ No \_\_\_\_\_

a. Will air curtains be installed; if so, where? (Sec. 413) \_\_\_\_\_

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67. Will all pipes and electrical conduit chases be sealed (e.g. ventilation and plumbing systems)?

(Sec. 403, 414) Yes \_\_\_\_\_ No \_\_\_\_\_

68. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions?

(Sec. 426) Yes \_\_\_ No \_\_\_\_\_

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

Company Name \_\_\_\_\_

### ***REFUSE AND RECYCLABLES***

70. Describe the surface that the outside dumpsters/garbage cans will be located on?

(Sec.382) \_\_\_\_\_

- Is there an area to store recycled containers? YES OR NO Describe location and surface \_\_\_\_\_
- Indicate what materials are to be recycled: Glass Cardboard Metal Plastic Paper Other \_\_\_\_\_
- Is there an area to store returnable damaged goods? YES OR NO Describe Area \_\_\_\_\_
- **\*ARE OUTSIDE STORAGE CONTAINERS KEPT SECURE?** YES OR NO
- Describe how outside containers are kept secure. \_\_\_\_\_

### ***LIGHTING***

71. What are the foot candles (intensity) of light for the following areas?

Food prep areas \_\_\_\_\_ Dishwashing areas \_\_\_\_\_

Dry storage areas \_\_\_\_\_ Restrooms and walk-in refrigeration units \_\_\_\_\_

Lighting with protectors (1) At least 216 lux (20 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk in refrigeration units and dry storage areas and in other areas and rooms during period of cleaning (2) At least 756 lux (70 foot candles):

i. At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption

ii. Inside equipment such as reach-in and under-counter refrigerators

iii. At a distance of 75cm (30 inches) above the floor in areas used for hand washing, ware washing, and equipment and utensil storage and in toilet rooms. (3) At least 756 lux (70 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

### ***Catering Off-Site/Satellite Operations***

- List and attach menu items to be catered.
- Maximum number of catered meals per day will be? \_\_\_\_\_ Per Week \_\_\_\_\_ Per Month \_\_\_\_\_
- Create and attach a Standard Operating Procedure on how hot food will be held at proper temperature during transportation and at the remote serving location.
- Create and attach a Standard Operating Procedure on how cold food will be held at proper temperature during transportation and at the remote serving location
- Create and attach a Standard Operating Procedure on how food will be protected during service.

- List what types of vehicle/s will be used to transport food.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*STATEMENT* : I hereby certify that the above information is correct, and I fully understand that any deviation from the above without permission from the Montgomery County Health Department may nullify final approval.

**Signature(s)**

**Date**

\_\_\_\_\_  
**Owner / Operator (Printed)**

\_\_\_\_\_  
**Owner / Operator (Signature)**

*Approval of these plans and specifications by the Montgomery County Health Department does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment will be necessary to determine if it complies with the local and state laws governing food establishments.*

<b>Office Use Only</b>		
Permit Number:	Date Reviewed:	Reviewer:
Receipt #	Receipt Amount \$	Date Payment Received:
Check #		

# ESTABLISHING A HACCP

## What is a HACCP?

HACCP stands for Hazard Analysis Critical Control Point. HACCP can be broken down to a seven-step process, and typically is displayed as a flow chart. "The HACCP system helps food managers identify and control potential problems before they happen." Developing a HACCP will help identify the steps during food processing that could lead to foodborne illness.

## Step One: Hazard Analysis

This involves looking at your intended menu and identifying the steps where a potential "hazard" could contaminate the food. Hazards can be physical, chemical, and biological. As one follows the food through the entire operation problems can be identified and avoided.

## Step Two: Critical Control Points

This involves looking at the operation for steps in the operation where bacteria is either controlled or killed from heat or through cooling. Examples of CCPs are cooking, reheating, hot holding, chilled storage, chilled display and thawing.

## Step Three: Critical Limits

This involves taking each CCP and determining the upper and lower boundaries of food safety. To determine food safety limits for bacterial growth one will determine both time and temperature limits (example: hamburger being cooked to an internal temperature of 155 F for 15 seconds).

## Step Four: Monitoring Procedures

At this step methods must be determined to ensure that none of the CCP critical limits have been breached. These monitoring activities must be done by food handling employees to ensure that all foods are kept within safe limits (example: Using a thermometer to take the internal temperature of a hamburger).

## Step Five: Corrective Action

If critical limits have not been met there must be corrective action taken immediately. It is important that food that is out of the critical limits be brought back into safe limits. If you suspect that a potentially hazardous food has been in the temperature danger zone for more than four hours that item must be discarded.

## Step Six: Verification

This step can be broken down into two parts. First verify that the critical limits established for the CCPs will prevent, eliminate, or reduce hazards to acceptable levels. Second verify that the overall HACCP plan is functioning.

## Step Seven: Record Keeping

Finally keep documents and records of HACCP system. First have in writing a HACCP for each menu item containing a potentially hazardous food. Then create a log book that keeps track of time and temperatures on each of these items.

## **SAMPLE WRITTEN FOOD EMPLOYEE HEALTH POLICY**

### **PURPOSE**

The purpose of the Food Employee Illness Reporting Policy is to ensure that all food employees notify the Owner/General Manager, or other "person-in-charge" (PIC) when you experience any of the conditions listed so that appropriate steps are taken to preclude transmission of foodborne illness or communicable diseases.

### **POLICY**

The \_\_\_\_\_ is committed to ensuring the health, safety, and well being of our employees and customers and complying with all health department regulations. All food employees shall report if they are experiencing any of the following symptoms to the PIC:

- Diarrhea
- Fever
- Jaundice
- Sore throat with fever
- Lesions (such as boils and infected wounds, regardless of size) containing pus on the fingers, hand or any exposed body part

Food employees should also notify their PIC whenever diagnosed by a healthcare provider as being ill with any of the following disease that can be transmitted through food or person-to-person by casual contact such as:

- Salmonella
- Shigellosis
- Escherichia coli
- Hepatitis A
- Norovirus

In addition to the above conditions, food employees shall notify their PIC if they have been exposed to the following high-risk conditions:

- Exposure to or suspicion of causing any confirmed outbreak involving the above illnesses
- A member of their household is diagnosed with any of the above illnesses
- A member of their household is attending or working in a setting that is experiencing a confirmed outbreak of the above illnesses

### **FOOD EMPLOYEE RESPONSIBILITY**

All food employees shall follow the reporting requirements specified above involving symptoms, diagnosis and high risk conditions specified. All food employees subject to the required work restrictions or exclusions that are imposed upon them as specified in Indiana law, the regulatory authority or PIC, shall comply with these requirements as well as follow good hygienic practices at all times.

## **PIC RESPONSIBILITY**

The PIC shall take appropriate action as specified in Indiana State Department of Health Rule 410 IAC 7-24 to exclude restrict and/or monitor food employees who have reported any of the aforementioned conditions. The PIC shall ensure these actions are followed and only release the ill food employee once evidence, as specified in the food code, is presented demonstrating the person is free of the disease causing agent or the condition has otherwise resolved.

The PIC shall cooperate with the regulatory authority during all aspects of an outbreak investigation and adhere to all recommendations provided to stop the outbreak from continuing. The PIC will ensure that all food employees who have been conditionally employed, or who are employed, complete the food employee health questionnaire and sign the form acknowledging their awareness of this policy. The PIC will continue to promote and reinforce awareness of this policy to all food employees on a regular basis to ensure it is being followed.

February 13, 2020

Regarding: IC 16-42-5.2 Food Handler Certification

Regarding: IC 16-42-5.2 Food Handler Certification

Dear Food Service Establishment:

Indiana Code 16-42-5.2 mandates food handler certification of at least one person who oversees food safety operations within each Indiana food establishment. Senate Bill 404, the proposal for food handler certification, was introduced to the legislature on behalf of representatives from Indiana's food industry and was adopted as 410 IAC 7-22 by the 2001 Indiana Legislature.

The requirements of having a "Certified Food Handler" became effective January 1, 2005. Standards developed by the Conference for Food Protection, and the American National Standards Institute, have been incorporated into this rule to establish a uniform standard for food handler certification recognized by all local and state health department jurisdictions in Indiana.

The state has approved the following exams for the certified food handler requirement:

<b>ServSafe</b> Indiana Restaurant and Hospitality Association, Debbie Scott (317) 673-4211 <a href="http://www.indianarestaurants.org">www.indianarestaurants.org</a>
<b>Food Safety Manager Certification Examination</b> The National Registry of Food Safety Professionals (800) 446-0257 <a href="http://www.nrfsp.com">www.nrfsp.com</a>
<b>Certified Professional Food Manager</b> Thomson Prometric formerly (Experior Assessments, LLC) (800) 624-2736 <a href="http://www.experioronline.com">www.experioronline.com</a>

For the most up to date list please refer to  
[www.in.gov/isdh/21059.htm](http://www.in.gov/isdh/21059.htm)

The Montgomery County Purdue Extension Office will also be offering the ServSafe course and exam locally; for more information on classes please call Monica Nagele at (765) 364-6363.

For more information, you may wish to review rule 410 IAC 7-22. If you have questions, please contact Montgomery County Health Department at (765) 361-4126.

Sincerely,

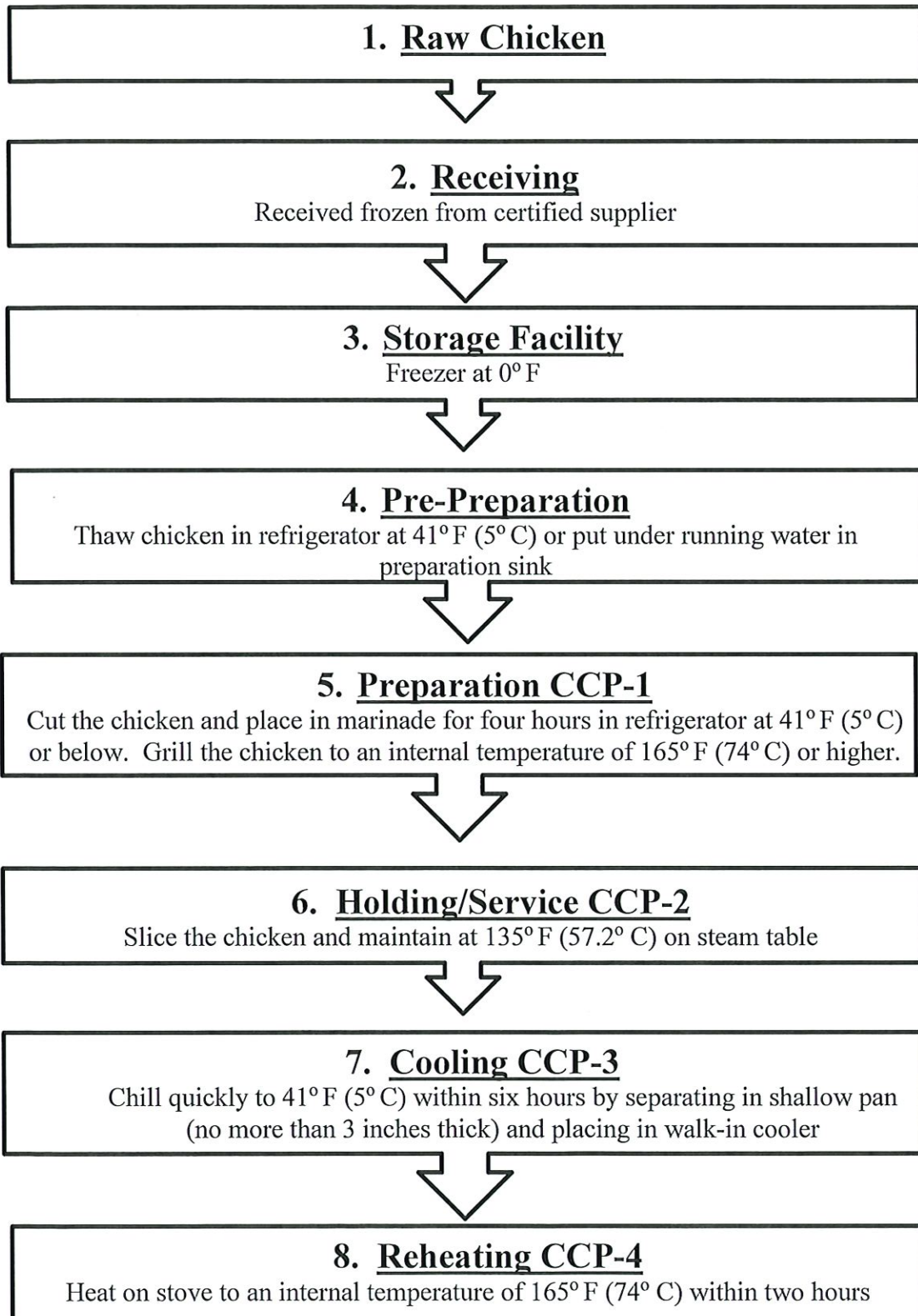
Adrienne Northcutt



# Montgomery County Health Department

1580 Constitution Row, Ste. G  
Crawfordsville, IN 47933

## FLOW CHART FOR CHICKEN:





**COOKED FOOD**

Date: \_\_\_\_\_

<b>Food Name</b>	<b>Checked By</b>	<b>Temperature Required</b>	<b>Actual Temperature</b>	<b>Corrective Action</b>

**CRITICAL LIMITS:**

Potentially Hazardous Food = 135°F; Except Poultry & stuffed meats = 165°F, Pork = 145°F; Rare roast beef = 130°F and held for 2 hours at 130°F prior to serving.

This form is provided by Michigan Department of Agriculture  
Copies can be downloaded at: [www.michigan.gov/mda](http://www.michigan.gov/mda). Search for "Food Code & Fact Sheets" page

<b>COOLED FOOD</b>
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Date: \_\_\_\_\_

Food Name	Checked By	Time Food @ 135°F	Time Food Below 41°F	Corrective Action

**CRITICAL LIMITS:**

All foods being cooled must pass through the "Danger Zone" (135°F to 70°F within 2 hours, 70°F to 41°F within 4 hours).

This form is provided by Michigan Department of Agriculture  
Copies can be downloaded at: [www.michigan.gov/mda](http://www.michigan.gov/mda). Search for "Food Code & Fact Sheets" page

**REHEATED FOOD**

Date: \_\_\_\_\_

Food Name	Checked By	Start Time	End Time	Final Temperature	Corrective Action

**CRITICAL LIMITS:**

All food must be reheated to a minimum temperature of 165°F within 2 hours.

This form is provided by Michigan Department of Agriculture  
Copies can be downloaded at: [www.michigan.gov/mda](http://www.michigan.gov/mda). Search for "Food Code & Fact Sheets" page

**HOT FOOD HOLDING**

Date: \_\_\_\_\_

Food Name	Checked By	Start Time/Temp	Time/Temp	Time/Temp	End Time/Temp

**CRITICAL LIMITS:**

The minimum hot holding temperature is 135°F. Treat each new batch of food as a new food item entry on the chart.

This form is provided by Michigan Department of Agriculture  
Copies can be downloaded at: [www.michigan.gov/mda](http://www.michigan.gov/mda). Search for "Food Code & Fact Sheets" page

**COLD FOOD HOLDING**

Date: \_\_\_\_\_

Food Name	Checked By	Start Time/Temp	Time/Temp	Time/Temp	End Time/Temp

**CRITICAL LIMITS:**

The minimum cold holding temperature is 41°F. Treat each new batch of food as a new food item entry on the chart.

This form is provided by Michigan Department of Agriculture  
Copies can be downloaded at: [www.michigan.gov/mda](http://www.michigan.gov/mda). Search for "Food Code & Fact Sheets" page

**REFRIGERATION MONITORING CHART**

Unit Location: \_\_\_\_\_

Date	Time	Temp	Ck'd By		Date	Time	Temp	Ck'd By

Refrigerator: Recommended Maximum Temperature = 38°F  
 Freezer: Recommended Maximum Temperature = 0°F.

This form is provided by Michigan Department of Agriculture  
 Copies can be downloaded at: [www.michigan.gov/mda](http://www.michigan.gov/mda). Search for "Food Code & Fact Sheets" page



# DAILY SELF-INSPECTION SHEET

Establishment: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Person In Charge: \_\_\_\_\_

**\* COLD HOLDING (Requires 41°F)**

Item:	Location:	Temperature:	Corrective Action Taken

**\* COOKING (Pork/Seafood - 145°F, Ground Beef - 155°F, Poultry & Stuffed Foods - 165°F)**

Item:	Location:	Temperature:	Corrective Action Taken

**\* HOT HOLDING (Requires 135°F)**

Item:	Location:	Temperature:	Corrective Action Taken

**\* COOL DOWN (From 135°F to 70°F within 2 hours and from 70°F to 41°F within another 4 hours)**

Item:	Location:	2 hr. temp.	Add. 4 hr. temp.	Corrective Action Taken

**\* REHEATING (Heat to 165°F within 2 hours)**

Item:	Location:	Temperature:	Corrective Action Taken

\* Items may contribute to foodborne illness

In – means “In compliance or acceptable”; Out – means “Out of compliance or unacceptable”

**PERSONAL HYGIENE**

In	Out		Corrective Action Taken
		* No employees present with fever, jaundice, vomiting, diarrhea	
		* Frequent hand washing observed (20 seconds)	
		* No open cuts or wounds/bandages (gloves used)	
		* No eating, drinking or tobacco use in prep areas	
		Hair restraints, fingernails/clothes clean	
		Gloves, utensils used to reduce bare hand contact with food	

**HAND SINKS**

In	Out		Corrective Action Taken
		* Accessible/not blocked, hot and cold water	
		Clean, No food Waste	
		* Soap and paper towels	

**REFRIGERATED STORAGE**

In	Out		Corrective Action Taken
		* Refrigeration equipment maintaining 41°F or below	
		* Cooked/prepared foods stored above raw/unprepared foods	
		All refrigerated products properly labeled with time/date	
		Accurate probe thermometer available	
		Accurate refrigeration thermometer provided/visible	

**DISHWASHING**

In	Out		Corrective Action Taken
		Machine clean-no food waste or lime/ calcium build-up	
		Machine properly dispensing soap	
		* Proper sanitizing: _____ ppm or _____ °F	
		3-vat sink clean-not greasy: wash, rinse, sanitize	
		Dishes/utensils/glasses – clean & air dried	
		Test strips available (Chlorine, Quaternary Ammonia, Iodine)	

**GENERAL**

In	Out		Corrective Action Taken
		Doors & windows properly closed, vermin resistant	
		No vermin (Roaches, mice, flies, etc.)	
		Valid Food Handler Permits/Manager Certification	
		Kitchen equipment – clean, no grease or food waste build-up	
		Pop heads/Tea spigots - clean	
		Cutting boards, pots, pans - clean and in good repair	
		Ice scoops properly stored (handle out of ice or on clean surface)	
		Refrigerated foods covered, labeled, and dated	
		* Food Source – sound condition	
		Wipe cloths properly stored in clean sanitizing solution	
		Chemicals and spray bottles properly stored and labeled.	
		Consumer advisory in place if serving raw/undercooked meats	
		Single service articles properly stored, dispensed	
		All lights working and properly shielded	
		Floors/floor drains cleaned and maintained (walls & ceilings)	
		Consumers directed to use clean plates for refills from buffet	
		Dumpster doors/lids properly closed, no trash on ground	

\* Items may contribute to foodborne illness

# MONITOR FORM — COOLING

Inspection Record for \_\_\_\_\_

Date (Must be Inspected Daily)

Manager's Signature \_\_\_\_\_

Cool from 135°F to 70°F in 2 hours and to 41° in another 4 hours (6 hrs total)	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Item Covered	Labeled
	0 min	30 min	1 hrs	1 ½ hrs	2 hrs	2 ½ hrs	3 hrs	3 ½ hrs	4 hrs	4 ½ hrs	5 hrs	5 ½ hrs	6 hrs	6 hrs	70°F	41°F	Yes/No	Yes/No	
Record Actual Time →																			
1	135°F																		
2	135°F																		
3	135°F																		
4	135°F																		
5	135°F																		
6	135°F																		
7	135°F																		
8	135°F																		
9	135°F																		
10	135°F																		
11	135°F																		
12	135°F																		
13	135°F																		

Problems and Corrective Action:

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Inspection Record for \_\_\_\_\_

# MONITOR FORM — COLD HOLDING

Manager's Signature \_\_\_\_\_

Date (Must be Inspected Daily) \_\_\_\_\_

Must be held at or below 41°F until removed from service or discarded.	Time 0 min	Time 30 min	Time 60 min	Time 90 min	Time 120 min	Time 150 min	Time 180 min	Time 210 min	Time 240 min	Time 270 min	Time 300 min	Time 330 min	Time 360 min	Time 390 min	Time 420 min
Record Actual Time →															
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															

Problems and Corrective Action:
