Morgan County Health Department
180 S. Main St., Ste. 252, Martinsville, IN 46151
765-342-6621 ehs@morgancounty.in.gov

Plan Review Application Packet

Fee for Plan Review Application: **$150.00**

This packet of information will aid you in meeting food permit requirements.
Please allow enough time for a detailed plan review, as last-minute changes can be costly.

This application is required to be submitted, along with all accompanying required paperwork, prior to beginning renovation or construction of a new Food Establishment. Please feel free to call or email our office with any questions.

If you are acquiring an established business, please call the Health Department to determine which items will be required for submittal prior to a pre-opening inspection. Please note that **Food Establishment Permits are not transferable** between locations or owners.

Please submit the following completed information:

- Plan Review Application
- Copy of any and all menu items
- List of distributors and suppliers
- Copy of Certified Food Protection Manager certificate, if required
- Set of properly completed plans and specifications
- Copy of the Indiana Retail Merchant Certificate

You will be contacted by phone, email, or letter to inform you of any changes in the establishment that need to be made to bring the facility into compliance with the Retail Food Establishment Sanitation Requirements, Title 410 IAC 7-26. It is advisable that construction of the establishment begins only after the plans have been received and approved by our department.

Upon completion of construction, please call the Morgan County Health Department to schedule a pre-opening inspection. This inspection will confirm that the establishment was designed according to the approved plans. Please allow **at least one week** prior to opening your establishment for this inspection.
If you have any questions or concerns, please call the Morgan County Health Department at (765) 342-6621 or email ehs@morgancounty.in.gov .

November 2025

Morgan County Health Department
Plan Review Application

Please answer all of the following questions completely.

Legal Business Name/Entity:	
Establishment Name/DBA:	
Establishment Address: Email:	Telephone Number:
Owner Name and Address: Email:	Telephone Number:
Architect/Engineer Name and Address:	Telephone Number:
Name, email, & 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	◯	◯
Blue Prints (Proposed layout, mechanical schematics, construction materials, finishing schedule, and list of equipment)	◯	◯
List of distributors and suppliers and their phone numbers	◯	◯
Copy of Certified Food Protection Manager certificate (if required)	◯	◯
Copy of Indiana Retail Merchant Certificate	◯	◯

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

Waste Water Disposal _____ Fire Department _____ Planning and Building _____

Who (name and job title) will be your Certified Food Protection Manager? (IC 16-42-5.2)

_____

How will employees be trained in food safety? (Sec. 136 of Title 410 IAC 7-26)

_____

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 7-26.
https://morgancounty.in.gov/egov/documents/1747145230_5186.pdf

FOOD

1. Will there be any home prepared, canned, or donated food items? (Sec. 155) Yes ◯ No ◯

2. What is the procedure for receiving food shipments (e.g. temperatures checked and containers inspected for damage)? (Sec. 162)

_____

_____

3. Is there adequate shelving to store all food and single-use service items at least 6" above the floor? (Sec. 189 & 328) Yes ◯ No ◯

4. Is your facility required to have pasteurized products? (Required only if you serve a highly susceptible population.) (Sec. 225) Yes ◯ No ◯ N/A ☐

5. Do you intend to make low-acid or acidified foods to be shelf stable? Yes ◯ No ◯

a. If so, have you passed the Better Process and Control School exam? (Sec. 156)

Yes ◯ No ◯ *Note: Include a copy of your certification.

6. Do you intend to make "Reduced Oxygen Packaged (ROP)" foods? (Sec. 97, 218)

Yes ◯ No ◯ If yes, list out the ROP foods _____

FOOD PREPARATION

7. List foods that are prepared a day or more in advance of service. _____

_____

8. Describe your procedure to prevent employees from touching foods that are ready-to-eat and will not be cooked or heat-treated (i.e., breads, raw fruits and vegetables, sandwich toppings)? (Sec. 173)

_____

9. Describe your date marking system for Time and Temperature Control for Safety (TCS) ready-to-eat foods. (Sec. 214, 215)

_____

_____

10. Describe the procedure to minimize the amount of time TCS foods will be kept in the temperature danger zone (41°F- 135°F) during preparation. (Sec. 211)

_____

_____

11. 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, fish, french fries). (Sec. 210, 210(b))

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 after cooking and indicate the process that will be used to cool each of these foods (e.g. leftovers: gravy, soup, thick meats, pasta, beans). (Sec. 211, 212)

PROCESS	TYPES OF FOOD
Shallow pans under refrigeration	
Ice and water bath	
Portioning (quartering a large roast, soup, beans, pasta, etc.)	
Ice paddles	
Rapid chill devices (blast freezer)	
Other (describe)	

13. Will all produce be washed prior to use? (Sec. 179) Yes ◯ No ◯

If no, why not? _____

14. How will you ensure that foods are reheated to 165°F or above? (Sec. 206)

_____

15. Will you have a buffet for self-service? Yes ◯ No ◯

a. How will you monitor your buffet to prevent contamination? (Sec. 195)

_____

16. Is all food prepared and cooked within the facility? (e.g. grilling and smoking outdoors require additional permits or approvals) (Sec. 192, 480, 489) Yes ◯ No ◯

17. How will you notify consumers of major food allergens in unpackaged and packaged food?

(Sec 221, 222) _____

_____

HOT AND COLD HOLDING

18. Will "Time as a Public Health Control" be used for TCS hot or cold food(s)? (Sec. 216)

Yes ◯ No ◯

***Note: You must have written procedures and make them available to the inspector if using this option. These procedures must be followed to the letter in the RFE.**

19. Will raw animal food(s) be offered to the public in an undercooked form (steak, sushi, rare hamburgers, eggs over easy)? Yes ◯ No ◯

***Note: If yes, attach your consumer advisory statement & be sure that asterisks are attached to all affected food items on the menu. (Sec. 223)**

20. Who will be assigned the responsibility of taking food temperatures and at what points will temperatures be taken (during cooking, cooling, reheating, and hot holding)? (Sec. 136)

_____

21. Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in all refrigeration units. (Sec. 175)

_____

_____

22. Describe the storage of different types of raw meats (pork, chicken, fish, beef) and seafood in the same unit, and how cross-contamination will be prevented. (Sec. 175)

_____

_____

WAREWASHING/DISHWASHING

23. Dishwashing methods (Sec. 274, 318) (check one or both):

Three-compartment sink ☐ Dish machine ☐

24. If a three-compartment sink is used, which sanitizing method will you use:

Hot Water ◯ OR Chemical ◯

25. 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, what type of temperature measuring device will you provide to ensure proper sanitization temperatures are achieved? (Sec. 280, 316)

_____

26. Can the largest piece of equipment be submerged into the three-compartment sink? (Sec. 314)

Yes ◯ No ◯

27. Does the facility plan to use alternative manual ware washing equipment? (Sec. 314) Yes ◯ No ◯

***Note: If yes, submit your procedure for review**

28. Describe the type of drain boards/utensil racks/carts used for the effective air drying of equipment and utensils. (Sec. 275)

_____

SANITIZATION

29. How will you ensure the correct amount of sanitizer is used? (Sec. 136) _____

_____

30. Will the Person in Charge ensure proper sanitizer amounts and usage? (Sec. 136) Yes ◯ No ◯

31. What type of chemical sanitizer(s) will the facility use? (Sec. 299) *(Chlorine and Quaternary Ammonium are most common)* _____

32. Will the facility have test kits on site for all types of chemical sanitizers? (Sec. 301) Yes ◯ No ◯

33. How will you wash, rinse and sanitize cutting boards, counter tops and other food contact surfaces which cannot be submerged in a sink or put through a dishwasher? (Sec. 313, 314, 315, 318)

_____

_____

WATER SUPPLY

34. Is the water supply: a public utility (__◯__) or a private well (__◯__)? ***If public, skip question #35.***

35. If private, has the source been tested? (Sec. 339) 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 __◯__

WASTE WATER/SEWAGE DISPOSAL

36. Is the sewage disposal system: a public utility (__◯__) or private system (__◯__)?
If public, skip question #37.

37. Has the waste treatment system been approved by the Indiana State Department of Health or the Morgan County Health Department? (Sec. 385) **Note: Provide a copy of the approval.*
Yes __◯__ No __◯__

PLUMBING

38. Are hot & cold-water fixtures provided at every sink? (Sec. 347) Yes __◯__ No __◯__

39. Are all handwash sinks capable of providing minimum 85°F water? (Sec. 347) Yes __◯__ No __◯__

40. Is the service sink capable of providing minimum 100°F water? (Sec. 353) Yes __◯__ No __◯__

41. If a water supply hose is to be used for potable water, is it made from food-grade materials? (Sec. 370) Yes __◯__ No __◯__ N/A __☐__

42. Is a grease trap required? (Please contact your town's Planning Department for more information.) Yes __◯__ No __◯__ *If yes, is it easily accessible for cleaning? (Sec. 381) Yes __◯__ No __◯__

43. The following technical information is required for the proposed plumbing. (Sec. 354, 380)
Note: If a sink is used for food prep or thawing, the sink will require an indirect drain. (Sec. 380)

Please check the applicable boxes.

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

44. 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. 351) # _____

b. Will each handwash sink have a waste receptacle for paper towels? (Sec. 433)
Yes ◯ No ◯

c. Will you have handwashing signage at each handwash sink (Sec. 432)? Yes ◯ No ◯

45. Are all toilet room doors self-closing, where applicable? (Sec. 420) Yes ◯ No ◯

46. Are all toilet rooms supplied with adequate ventilation? (Sec. 437) Yes ◯ No ◯

47. Is a covered receptacle provided for restrooms used by women? (Sec. 394) Yes ◯ No ◯

ROOM FINISH SCHEDULE

48. Please indicate which materials (quarry tile, stainless steel, plastic cove molding, etc.) will be used in the following areas. (Sec. 407)

AREA	FLOOR	COVING	WALL	CEILING
KITCHEN				
CONSUMER SELF SERVICE				
SERVING LINE				
BAR				
FOOD STORAGE				
OTHER STORAGE				
TOILET ROOMS				
GARBAGE				
MOP/SERVICE SINK				
DISHWASHING				
OTHER				

PERSONAL BELONGINGS

49. Are separate dressing rooms/lockers provided for employees? (Sec. 438) Yes ◯ No ◯

50. Describe the storage location for employees' coats, purses, phones, medicines, and personal foods. (Sec. 440, 472) ***Note: This storage should be labeled clearly, away from food and items used for the food establishment.***

_____

51. Where is the designated area for employees to eat, drink, and use tobacco? (Sec. 148)

_____

EQUIPMENT

52. Will all of the equipment meet the design and construction standards (for example, it is durable, corrosion-resistant, nonabsorbent, smooth, and easily cleanable)? (Sec. 226) Yes ◯ No ◯

53. Will all food storage containers be made from food-grade quality materials? (Sec. 226)
Yes ◯ No ◯

54. Will a 1-compartment sink be used for food prep (thawing food or cleaning fruits and vegetables)? (Sec. 474) Yes ◯ No ◯

55. Will you have a ventilation hood system? (Sec. 276) (Please consult your town's Planning & Building department for more information.) Yes ◯ No ◯

56. Will all of the equipment used for the storage of TCS foods be able to meet the minimum temperature requirements (frozen food maintained frozen, cold food ≤ 41°F, hot food ≥ 135°F)? (Sec. 213, 208)
Yes ◯ No ◯

57. Is there sufficient amount of equipment for the hot and cold holding of foods? (Sec. 273)
Yes ◯ No ◯

58. Will each cold or hot holding equipment used for TCS foods have a thermometer? (Sec. 260)
Yes ◯ No ◯

59. Will a probe thermometer be provided to measure the internal temperature of food? (Sec. 279)
Yes ◯ No ◯

60. Will you have any self-service food items (donut case, grab-and-go items)? Yes ◯ No ◯

a. If yes, how will this food be protected from consumer contamination? (Sec. 193)

_____

b. If yes, how will this food be labeled for self-service? (Sec. 221)

_____

POISONOUS OR TOXIC MATERIALS

61. Where will poisonous or toxic materials (cleaning chemicals) be stored? (Sec. 457)

_____

62. Will the employees use a hand sanitizer? (Sec. 144) Yes ◯ No ◯

*If yes, what brand? _____

63. How will the facility ensure that insecticides and rodenticides are "Approved for Use in Food Establishments" and that they are applied in a safe manner? (Sec. 136)

_____

64. Will all chemical spray bottles be clearly labeled? (Sec. 456) Yes ◯ No ◯

65. Where will all first aid supplies be stored? (Sec. 471) _____

INSECT AND RODENT HARBORAGE

66. Will all outside doors be self-closing, when applicable, and rodent/insect proof? (Sec. 421)
Yes ◯ No ◯

67. Will tight-fitting screens be provided on any open windows/doors to the outside? (Sec. 421)
Yes ◯ No ◯

68. Will all pipes and electrical conduit chases be sealed (e.g. ventilation and plumbing systems)?
(Sec. 410, 422) Yes ◯ No ◯

69. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions?
(Sec. 453) Yes ◯ No ◯

70. Do you plan to use a pest control service? (Sec. 450) Yes ◯ No ◯ Frequency _____

* Company Name & Phone: _____

REFUSE AND RECYCLABLES

71. Describe the surface (for refuse/recyclables) that the outside dumpster will be located on? (Sec. 388)

_____

72. Does the trash receptacle have tight-fitting lids or doors to contain the trash? (Sec. 392)
Yes ◯ No ◯

*Name of Refuse Company _____

LIGHTING

73. Will lighting intensity in all areas be adequate for proper cleaning, viewing labels, and avoiding injury? (Sec. 436) Yes ◯ No ◯

MISCELLANEOUS

74. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters? (Sec. 427) Yes ◯ No ◯

75. How will linens be laundered? (Sec. 323, 427) _____

76. Do you have a written employee health policy requiring employee verification of receipt of this policy? (Sec. 136-139) Yes ◯ No ◯
Note: Provide a copy of this policy.

77. Do you have written procedures for employees to follow when responding to vomiting or diarrheal events? (Sec. 153) Yes ◯ No ◯ ***Note: Provide a copy of this policy.***

*Do you have a diarrhea and vomit clean-up kit available? Yes ◯ No ◯

SIGNATURES

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

_____ _____

Owner/Operator (print name) Date

_____

Owner/Operator (sign name)

Approval of these plans by the Morgan County Health Department does not indicate approval by or compliance with any other code, law, or registration that may be required by federal, state, or local entities. Further, approval of these plans by the Morgan County Health Department does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment will be required to determine whether it complies with local and state codes governing food establishments.

Office Use Only

Reviewer: _____

Date reviewed: _____

Plan Review Released? Yes ◯ No ◯