

# Porter County HEALTH DEPARTMENT

porterhealth@porterco.org

219-465-3525 (Valparaiso)

219-759-8239 (Portage)

## Valparaiso Office

155 Indiana Ave., Suite 104

Valparaiso, IN 46383

## Portage Office

3590 Willowcreek Rd., Suite C

Portage, IN 46368

### **Opening a New Establishment**

#### **New and Extensively Remodeled Food Service Establishments**

New construction and remodeling of any food service establishment must meet the standards described in the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24.

Construction plans/drawings must be submitted to the Health Department for review using the standards described in 410 IAC 7-24. An application for plan review is provided and must accompany the drawings.

#### **The following items must be described on the drawing:**

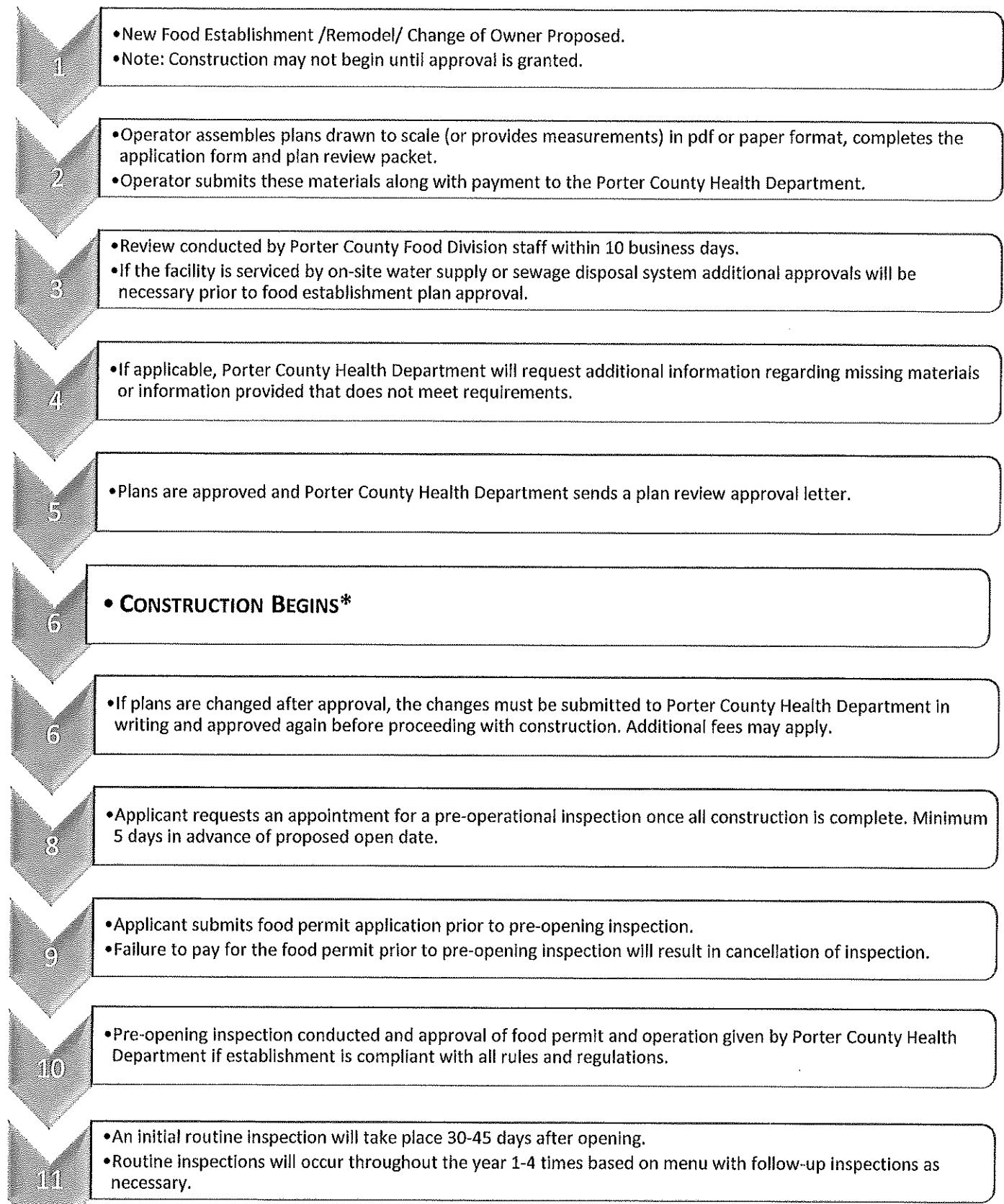
1. Surface finishes of walls, floors and ceilings in the food preparation, food storage and utensil washing areas.
  - Walls, floors and ceiling surfaces in food preparation, food storage and dish room areas must be smooth finished and easily cleanable materials.
  - Wall and floor junctures must be coved.
2. The physical placement of all equipment needed for food production, food storage, and utensil washing.
3. A plumbing profile describing and locating hand wash sink(s), utensil washing, food preparation sink(s) and service sink(s).
  - Three compartments sinks designed for utensil wash, including bar service must be indirectly connected to sewer by an air gap. Utensil dipper wells must also be indirectly connected to sewer by an air gap.
  - A sink designated as a food preparation sink must be indirectly connected to sewer.
  - A service sink for disposing of mop wastewater must be installed and may be directly connected to sewer.
  - Hand wash sink(s) must be available and accessible directly to food preparation and utensil washing, including bar service and may be directly connected to sewer.
  - Ice machines and ice bays must be indirectly connected to sewer by means of an air gap. This requirement also applies to bar service area.
  - A dump sink must be installed at any bar service area for the disposal of liquid waste from customer beverages. This sink may be directly connected to sewer.
4. If the food service establishment is serviced by private water and wastewater systems, then the project must first be reviewed and approved by the following State agencies:
  - Onsite Wastewater System: Indiana State Department of Health at 317-233-7177.
  - Individual Well: Indiana Department of Environmental Management at 219-464-0233 or 1-800-451-6027.
5. Any equipment that generates excessive heat, steam, oils or odors is required to be mechanically vented meeting the standards described in the State Building codes.
  - Dish washing machine designed for hot water final rinse sanitizing must be mechanically vented meeting the manufacturer recommendations.

#### **Procedure for Opening (see review process flow-chart):**

1. Review and approval of submitted plans.
2. Construction inspection based on approved plans and design.
3. Application for Food Establishment Permit.

For plan review questions and plan submission please contact Carrie Gschwind, Plan Review Coordinator at 219-707-8157 or by e-mail at [carrie.gschwind@porterco.org](mailto:carrie.gschwind@porterco.org).

# Food Establishment Plan Review Process



\*Porter County Health Department has authority to issue a stop work order when construction begins before plans are approved

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### Food Establishment Information:

Establishment Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Establishment Type: \_\_\_\_\_  
(e.g. restaurant, convenience store, grocery store, bakery)

Total Square Footage: \_\_\_\_\_

Water Source: () Municipal  Well

Wastewater Disposal: () Municipal  Private/Onsite

### Food Establish Owner Information:

Type of Business/Ownership: ()  Individual  Partnership  Corporation  Members  Nonprofit  
Corporation/Owner(s) Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Owner E-Mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### Food Establish Primary Contact Information:

Primary Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Mailing Address of Contact Person: \_\_\_\_\_

Contact Person E-Mail Address: \_\_\_\_\_

**Menu Items:** Attach proposed menu with plan review application

### Plan Review Fees:

Consistent with Section 8.04.042 of the Porter County Municipal Code:

(a) The Porter County Health Officer, by and through the Porter County Health Department, is hereby authorized to and shall collect a fee for the review of food service establishment site plans as follows:

Limited (Prepackaged food only)	\$50.00
Under 3,000 square feet	\$50.00
3,000 to 10,000 square feet	\$100.00
More than 10,000 square feet	\$200.00

Fees are payable to the Porter County Health Department upon submission of plans. Fees are Non-Refundable.  
I understand I cannot open this food establishment until I have received written approval from Porter County Health Department.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Porter County Health Department  
155 Indiana Ave., Suite 104  
Valparaiso, IN 46383  
Ph. (219) 465-3525  
Fax (219) 465-3531

### Office Use Only:

Date Received: \_\_\_\_\_ Amt. Received: \_\_\_\_\_

CC/BC \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Check No. \_\_\_\_\_

Money Order \_\_\_\_\_ Money Order No. \_\_\_\_\_

Receipt No. \_\_\_\_\_ Book No. \_\_\_\_\_ Initials: \_\_\_\_\_

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**Instruction for the Plan and Review Questionnaire Form**

The enclosed/attached questionnaire was designed for the operator and/or architect to utilize in the plan and review process. Please feel free to contact our office at 219-465-3525 for further assistance when completing the questionnaire.

The questionnaire is designed in two (2) parts. Part one is the Standard Operating Procedures (SOP's). This part should be completed by the owner/operator of the facility. SOP's are area procedures that will help your operation to be in compliance with the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24, you may [download this information from the website](http://www.in.gov/isdh/files/410_iac_7-24.pdf); [http://www.in.gov/isdh/files/410\\_iac\\_7-24.pdf](http://www.in.gov/isdh/files/410_iac_7-24.pdf). The referenced section numbers at the end of each question will help you in answering the questionnaire. The following bulleted items are the sections covered under part one:

- Food (will the food be received in a safe and sanitary manner);
- Food Preparation (limits/restricts the amount of pathogen growth in food);
- Hot and Cold Holding (keeps pathogens from growing in food);
- Sanitation (ensure the proper amount and application of sanitizer levels);
- Poisonous or Toxic Materials and Personal Care Items (covers the storage and use of these items);
- Miscellaneous

Part two is the physical facility requirements. This part may need to be completed by the architect/contractor/engineer, since these requirements are more technically geared to those areas. The following bulleted items are the sections covered under part two:

- Warewashing/Dishwashing (covers the proper use and capacity of your equipment);
- Water Supply/Sewage Disposal (is the sewage system in compliance);
- Plumbing (covers backflow, hot water capacity, hoses, and grease traps)
- Handwashing/Toilet Facilities (quantity, door closure, and ventilation);
- Room Finish Schedule (covers interior of kitchen and ensures that the materials are made to be smooth and easily cleanable)
- Personal Belongings (prevents contamination of food from employees);
- Equipment (requires all equipment materials be food-grade quality and approved for use in a commercial kitchen);
- Insect and Rodent Harborage (prevents insects and rodent activity);
- Refuse and Recyclables (covers the storage and disposal);
- Lighting (minimum amount of light needed to conduct operations).

**TIMING - THE LENGTH OF TIME THAT THIS PERMITTING PROCESS WILL TAKE DEPENDS ENTIRELY ON YOU!** Plans are required to be submitted for all new construction and remodeling of food service establishments and must be approved prior to the beginning of construction. Plans are reviewed in the order in which they are received. The starting date for the plan review process is the first day of complete plan submission. Taking approximately two weeks, this process is typically quite straightforward and can proceed without delay if all the necessary information is provided with the initial plan submittal. Time spent in proper preparation beforehand will save time and money as your opening approaches.

**The Plan and Review Application Form must be completed and submitted with the accompanying questionnaire.**

**All information must be completed in its entirety per 410 IAC 7-24.**

1. Please answer the following questions and return this form and the application to our office.
2. If you have any questions please contact our office at 219-465-3525.
3. This questionnaire is not designed as a complete list of requirements but should be used as a guideline only.
4. The sanitation requirements noted in this document are specified under the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24.
5. Please use this rule as it pertains to section numbers referenced at the end of each question.

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

Zoning \_\_\_\_\_

Plumbing \_\_\_\_\_

Septic \_\_\_\_\_

Planning \_\_\_\_\_

Electric \_\_\_\_\_

Fire \_\_\_\_\_

Building \_\_\_\_\_

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

Total Square Feet of the Facility \_\_\_\_\_

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

Meals served:

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Type of Service (check all that apply)

Sit down meals \_\_\_\_\_ Mobile Vendor \_\_\_\_\_ Take out \_\_\_\_\_ Caterer \_\_\_\_\_ Other \_\_\_\_\_

Who (job title) will be your certified food handler (Title 410 IAC 7-22) \_\_\_\_\_

How will employees be trained in food safety (Section 119) \_\_\_\_\_

\_\_\_\_\_ Proposed Menu;

\_\_\_\_\_ Manufacturer specification sheets for each piece of equipment shown on the plan;

\_\_\_\_\_ Site Plan-showing location of business, location of building on site including alleys and streets, location of any outside equipment-dumpsters, well, septic (if applicable) and grease trap.

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 (SOP's). This section should be completed by the operator. Please indicate (by either checking or completing the answers) whether or not a section applies to your operation.

## **FOOD**

1. Please provide a list of all planned food vendors (**Section 142**).  
\_\_\_\_\_  
\_\_\_\_\_

2. What is the procedure for receiving food shipments (**Section 166**)?  
\_\_\_\_\_

Are temperatures checked and containers inspected for damage? Yes/No

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

3. Do you intend to make low-acid or acidified foods and intend your products to be shelf stable? Yes / No If so, have you passed the Better Process and Control School Exam? Yes \_\_\_ No \_\_\_ N/A \_\_\_ (Please include a copy of the certification).

4. Do you intend to make reduced oxygen packaged (**ROP, def. 73, Section 195**)? Yes / No

If yes, please list out the ROP foods \_\_\_\_\_  
\_\_\_\_\_

## **FOOD PREPARATION**

5. If the foods are prepared a day or more in advance, please list them out.  
\_\_\_\_\_

6. Describe the procedure to minimize the amount of time potentially hazardous food will be kept in the temperature danger zone (41°F-135°F) during preparation (**Section 189**).  
\_\_\_\_\_

7. Describe the cooling procedures for pre-made food cold foods (i.e. chicken salad) to minimize the time potentially hazardous food will be kept in the temperature danger zone (41°F-135°F) after preparation (**Section 190**).  
\_\_\_\_\_

8. 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**).  
\_\_\_\_\_

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

10. Will all produce be washed prior to use (**Section 175**)? Yes \_\_\_ No \_\_\_ N/A \_\_\_

If no, Why? \_\_\_\_\_

If yes, Where? \_\_\_\_\_

**Food Preparation (continued)**

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) (Section 199).

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 and the process that will be used to cool each of these foods (i.e. leftovers) (Section 189, 190).

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)	

13. What procedures will be in place to ensure that foods are reheated to 165°F or above (Section 188)?

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14. 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)?

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

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15. Will "Time as a Public Health Control" (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.

16. Will raw animal food(s) be offered to the public in an undercooked form (sushi, rare hamburgers, eggs over easy, made from scratch Caesar dressing, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ If so, please attach your consumer advisory statement (Section 196).

17. 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)

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

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

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#### Sanitization

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

21. What type of chemical sanitizer(s) will the facility use (Section 294) for the dish machine? \_\_\_\_\_  
For the 3 compartment sink? \_\_\_\_\_ For sanitizer buckets? \_\_\_\_\_  
For Sanitizer spray bottles? \_\_\_\_\_

22. Will the facility have test kits/papers on site for all types of chemical sanitizers (Section 291)?

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

23. 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)?

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#### Poisonous or Toxic Materials and Personal care Items

24. Where will poisonous or toxic materials be stored (including the ones for retail sale) (Section 439)?

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25. 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 119)? What company will be applying insecticides and rodenticides?

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

27. Where will first aid supplies be stored (Section 421)? \_\_\_\_\_

#### Miscellaneous

28. 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 \_\_\_\_\_

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

**Warewashing/Dishwashing**

30. Dishwashing methods (Section 269) (check one or both) 3 compartment sink \_\_\_\_\_ Dishmachine \_\_\_\_\_

31. If a 3 compartment sink is used, which sanitizing method will you use: Hot Water \_\_\_\_\_ Chemical \_\_\_\_\_

32. If a dishmachine is used, which sanitizing method will you use: Hot Water \_\_\_\_\_ Chemical \_\_\_\_\_

33. Does the dish-machine have template with operating instructions (Section 278) \_\_\_\_\_ yes \_\_\_\_\_ no

If hot water, do you have a booster heater? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

If hot water, how will you ensure that the unit is sanitizing the utensils (Section 258, 303)? \_\_\_\_\_

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34. Does your chemical dishmachine have an alarm that indicates when more chemical sanitizer needs to be add (Section 281)?

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

35. What type of alarm will be used to detect when the sanitizer is too low? Sound \_\_\_\_\_ Visual \_\_\_\_\_

36. Can the largest piece of equipment be submerged into the 3 compartment sink or dishmachine (Section 233)?

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

37. Does the facility plan to use any alternative manual warewashing equipment for specialized equipment (Section 233)? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

If yes, please submit your procedure for review.

38. Does your facility have enough drainboards/utensils racks/carts for the air drying of equipment and utensils for either the 3 compartment sink or the dishmachine (Section 289)? Please describe below:

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**Water Supply**

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

40. If private, has the source been tested (Section 327)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, when was the last test \_\_\_\_\_ and was a copy of the lab results sent to our office? Yes \_\_\_\_\_ No \_\_\_\_\_

**Waste Water/Sewer 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 state or local septic inspector (Section 376)? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please provide a copy of the approval.

**Plumbing**

43. Are hot and cold water fixtures provided at every sink (Section 330) Yes \_\_\_\_\_ No \_\_\_\_\_

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

45. What are the recovery time, volume, and capacity of the hot water heater (Section 329)?  
 \_\_\_\_\_

46. 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			
	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				

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

48. What would be the frequency of cleaning of the grease trap (Section 378)? \_\_\_\_\_

49. Is there a mop sink (Section 355) \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_

#### Handwashing/Toilet Facilities

50. Handwashing sinks are required in each food preparation and dishwashing area (Section 344)  
 How many handsinks will be provided? \_\_\_\_\_

51. Are all toilet room doors self-closing where applicable (Section 352)? Yes \_\_\_\_\_ No \_\_\_\_\_

52. Are all toilet rooms equipped with adequate ventilation (Section 309)? Yes \_\_\_\_\_ No \_\_\_\_\_

#### Room Finish Schedule (What the interior of the facility will look like.)

53. Please include which materials (i.e. quarry tile, stainless steel=SS, plastic cove molding, etc.) will be used in the following areas (Section 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				
OTHER				

**Personal Belongings**

54. Are separate dressing rooms/lockers provided for staff/employees (Section 417) Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

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

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56. Where is the designated area for employees to eat, and drink, (Section 136)? \_\_\_\_\_

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**Equipment**

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

58. Will the utensils and food storage containers be made from food-grade quality materials (Section 205)? Yes \_\_\_\_\_ No \_\_\_\_\_

59. Will any pieces of used equipment be utilized (Section 106)? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

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

60. Is the ventilation hood system sufficient for the needs of the facility (approved by the local Fire Department) (Section 307)? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

61. Will all of the equipment used for the storage of potentially hazardous food be able to meet the minimum temperature requirements (frozen food 0°F, cold food 41°F, hot food 135°F)? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

62. Please list equipment types for the hot and cold holding of foods; also during serving or transporting (Section 187).

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63. Will each refrigeration unit have a thermometer (Section 256)? Yes \_\_\_\_\_ No \_\_\_\_\_

64. What types of counter protective guards for food (sneeze guards) will be used for consumer self-service (Section 179)?

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**Insect and Rodent Harborage**

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

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

67. Will air curtains be installed (made from either plastic or mechanical); if so, where on outer openings (Section 413)? \_\_\_\_\_

68. Will all pipes and electrical conduit chases be sealed (i.e. ventilation systems, exhaust and intake be protected) (Section 414)?

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

69. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions (Section 426)?

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

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

**Refuse and Recyclables**

71. Describe the surface (for refuse/recyclables) that the outside dumpster will be located on (Section 382)? \_\_\_\_\_

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

**Lighting**

73. What are the foot candles of light for the following areas (Section 411)?

Food Prep Areas \_\_\_\_\_ Dishwashing Areas \_\_\_\_\_

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

Walk in refrigeration units \_\_\_\_\_

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

**Plan and Review/ Application Fees for Permanent Establishments Food Service/Store**

Limited (Prepackaged food only)	\$50.00
Under 3,000 Square Feet	\$50.00
3,001 to 10,000 Square Feet	\$100.00
10,001 Square Feet and over	\$200.00