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155 Indiana Ave., Sulte 104 Valparaiso, IN 46383

Portage Office

3590 Willowcreek Rd., Suite C Portage, IN 46368

porterhealth@porterco.org

219-465-3525 (Valparaiso)

219-759-8239 (Portage)

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 us at 219-465-3525 or email to foods, division@porterco.org.



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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. 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);
- Miscelianeous

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.

Porter County is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, military status, genetic testing, pregnancy, sexual orientation or any other unlawful bias.



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	Food Establishment Information: Establishment Name:	Telephone Number	n
	Establishment Address:		
	Establishment Type:		
	Total Square Footage:		
	Water Source: (√one)MunicipalWell	Wastewater Disposal: (√ one)	MunicipalPrivate/Onsite
	Food Establish Owner Information: Type of Business/Ownership: (√one) □ Individual □ Partne Corporation/Owner(s) Name:		
	Business Mailing Address:		
	Owner E-Mail Address:	Telephone Numb	per:
	Food Establish Primary Contact Information: Primary Contact Person:	Telephone Number	r:
	Mailing Address of Contact Person:		
	Contact Person E-Mail Address:		
	Menu Items: Attach proposed menu with plan review applicat	on	
(a)	Plan Review Fees: Consistent with Section 8.04.042 of the Porter County Municipa a) The Porter County Health Officer, by and through the Porter fee for the review of food service establishment site plans as for 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 This includes the review on paper and two site visits by an instor a pre-operational inspection and a follow-up inspection. Ad	County Health Department, is he llows: Expedited Fee \$100.00 Expedited Fee \$100.00 Expedited Fee \$200.00 Expedited Fee \$400.00 Dector. This could be a walk-through	ough and a pre-operational inspection
	Fees are payable to the Porter County Health Department upon s I understand I cannot open this food establishment until I have re		
Si	SignatureTitle_		Date
15 Va Ph	155 Indiana Äve., Suite 104 Date 1 Valparaiso, IN 46383 CC/B	e Use Only: Received: Amt. Received: Check Chec C Cash Check Chec y Order_ Money Order No, of No Book No	eived: k No Initials:

Food Establishment Plan Review Process

- New Food Establishment / Remodel/ Change of Owner Proposed.
- Note: Construction may not begin until approval is granted.
- •Operator assembles plans drawn to scale (or provides measurements) in pdf or paper format, completes the application form and plan review packet.
- •Operator submits these materials along with payment to the Porter County Health Department.
- Review conducted by Porter County Food Division staff within 10 business days.
- •If the facility is serviced by on-site water supply or sewage disposal system additional approvals will be necessary prior to food establishment plan approval.
- •If applicable, Porter County Health Department will request additional information regarding missing materials or information provided that does not meet requirements.
- Plans are approved and Porter County Health Department sends a plan review approval letter.
- CONSTRUCTION BEGINS*
- •If plans are changed after approval, the changes must be submitted to Porter County Health Department in writing and approved again before proceeding with construction. Additional fees may apply.
- Applicant requests an appointment for a pre-operational inspection once all construction is complete. Minimum 5 days in advance of proposed open date.
- Applicant submits food permit application prior to pre-opening inspection.
- Failure to pay for the food permit prior to pre-opening inspection will result in cancellation of inspection.
- Pre-opening inspection conducted and approval of food permit and operation given by Porter County Health Department if establishment is compliant with all rules and regulations.
- An initial routine inspection will take place 30-45 days after opening.
- Routine inspections will occur throughout the year 1-4 times based on menu with follow-up inspections as necessary.
- *Porter County Health Department has authority to issue a stop work order when construction begins before plans are approved

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.

outside equipment-dumpsters, well, septic (if applicable) and grease trap.

- 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____ Fire____ Electric____ Planning____ Building___ Total Square Feet of the Facility_____ Number of seats____ 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 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?

Food Preparation (continued)

 Provide a list of the types of 	of food that will need to be thawe	ed before cooking and the process	s that will be used to thaw the
food. (e.g. frozen meat) (Sect	ion 199).		

PROCESS	TYPES OF FOOD
Refrigeration	
Running Water less than 70°F	
Microwave as part of the cooking process	
Cook from frozen	TO SECOND STREET, STRE
Other (describe)	
12. Provide a list of the types of food that will need to be cooled efforers) (Section 189, 190).	and the process that will be used to cool each of these foods (i.e.
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)	
3. What procedures will be in place to ensure that foods are rehe	eated to 165°F or above (Section 188)?
14. Will a buffet be served? YesNoN/A If yes from consumer contamination (Section 181)?	s who will be responsible for ensuring that the buffet is protected
f yes, what types of counter protective guards for food will be us	ed (sneeze guards)?
5. Will "Time as a Public Health Control" (Section 193) be use	d for potentially hazardous food(s) (either hot or cold)?
es No N/A Note: These procedures mus	t be submitted and <u>approved</u> before their use.
6. Will raw animal food(s) be offered to the public in an undercoron scratch Caesar dressing, etc.)? Yes No Natement (Section 196).	ooked form (sushi, rare hamburgers, eggs over easy, made /A If so, please attach your consumer advisory
7. Who (<u>line cook, kitchen manager, etc.</u>) will be assigned the re emperatures be taken (cooking, cooling, reheating, and hot hob	sponsibility of taking food temperatures and at what steps will ding)? (Section 119)

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)				
,				
 Describe the storage of different types of raw meat and seafood in the same unit, and how cross corevented (Section 173). 	ontamination will be			
anitization				
 Who will be assigned the responsibility of ensuring the correct amount of sanitizer will be used (\$\frac{5}{2}\$) 	Section 119)?			
1. What type of chemical sanitizer(s) will the facility use (Section 294) for the dish machine? For sanitizer buckets? For Sanitizer spray bottles?				
2. Will the facility have test kits/papers on site for all types of chemical sanitizers (Section 291)?				
'es No N/A				
23. How will cooking equipment, cutting boards, counter tops, and other food contact surfaces which ink or put through a dishwasher be sanitized (Section 303)?	, cannot be submerged in a			
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))) ?			
15. Will the facility ensure that insecticides and rodenticides are "Approved for Use in Food Establish applied in a safe manner (Section 119)? What company will be applying insecticides and rodenticides.				
6. Will all spray bottles be clearly labeled (Section 438)? Yes No				
7. Where will first aid supplies be stored (Section 421)?				
<u> Aiscellaneous</u>				
18. 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)? 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 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: 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

Sewage Disposal	6. The following techni blumber, or engineer (proposta p	g- <u></u>			
Dishwasher lee Machine Mop/Service Sirk J Compartment Sirk J Compartme	Fixture			Water Su	ipply			posal	
Dishwasher lee Machine Mop/Service Sink 3 Compartment Sink 2 Compartment Sink 1 Compartment Site Interesting In		AVB	PVB	VDC	НВ	Air Gap	Air Break	Air Gap	
Ice Machine Mop/Service Sink 3 Compartment Sink 2 Compartment Sink 1 C	Dishwasher		-						
3 Compartment Sink									
3 Compartment Sink	Mop/Service Sink								
2 Compartment Sink		·							
I Compartment Sink Hand Sink(s) Dipper Well Hose Connections Assian Wok/Stove Toilet(s) Kettle(s) Thermalizer Overhead Spray Hose Other: Other by Bry Hose(s) Other: Other									
Hand Sink(s)		 							
Dipper Well Hose Connections Asian Wok/Stove Toilet(s) Kettle(s) Thermalizer Overhead Spray Hose Other Spray Hose(s) Other: Other: Other: AVB=Atmospheric Vacuum Breaker PVB=Pressure Vacuum Breaker PVB=Pressure Vacuum Breaker VDC=Vented Double Check Valve 7. Has contact been made to the municipality to determine if a grease trap is required? Yes No N/A 8. What would be the frequency of cleaning of the grease trap (Section 378)? 9. Is there a mop sink (Section 355) yes no Iandwashing/Toilet Facilities 0. Handwashing sinks are required in each food preparation and dishwashing area (Section 344) low many handsinks will be provided? 1. Are all toilet room doors self-closing where applicable (Section 352)? Yes No 2. Are all toilet rooms equipped with adequate ventilation (Section 309)? Yes No Stoom Finish Schedule (What the interior of the facility will look like.) 3. Please include which materials (i.e. quarry tile, stainless steel=SS, plastic cove molding, etc.) will be used in the following reas (Section 402). AREA			<u> </u>	-			1		
Hose Connections									
Asian Wok/Stove Totalet(s) Kettle(s) Thermalizer Overhead Spray Hose Other Spray Hose(s) Other: Other: Other: Other: Other: Other: Other: Other: Other Spray Hose(s) Other: Other		<u> </u>		1		~			
Toilet(s) Kettle(s) Kettle(s) Noter: Overhead Spray Hose Overhead Spray Hose Other: Ot								<u> </u>	
Rettle(s)			-						
Thermalizer Overhead Spray Hose Other: Other: Other: Other: AVB=Atmospheric Vacuum Breaker PVB=Pressure Vacuum Breaker PVB=Pressure Vacuum Breaker Thank would be the frequency of cleaning of the grease trap (Section 378)? 9. Is there a mop sink (Section 355)		ļ							
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Other: Ot									
Other: Other: Other: AVB=Atmospheric Vacuum Breaker PVB=Pressure Vacuum Breaker VDC=Vented Double Check Valve 7. Has contact been made to the municipality to determine if a grease trap is required? YesNoN/A 8. What would be the frequency of cleaning of the grease trap (Section 378)? 9. Is there a mop sink (Section 355)yesno Indivashing/Toilet Facilities 0. Handwashing/Toilet Facilities 1. Are all toilet room doors self-closing where applicable (Section 352)? YesNo 2. Are all toilet rooms equipped with adequate ventilation (Section 309)? Yes No Room Finish Schedule (What the interior of the facility will look like.) 3. Please include which materials (i.e. quarry tile, stainless steel=SS, plastic cove molding, etc.) will be used in the following reas (Section 402). AREA			-	ļ				[
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PVB=Pressure Vacuum Breaker 7. Has contact been made to the municipality to determine if a grease trap is required? YesNoN/A		<u> </u>						ļ	
7. Has contact been made to the municipality to determine if a grease trap is required? YesNoN/A									
8. What would be the frequency of cleaning of the grease trap (Section 378)?	PVB=Pressure Vacuu	ım Brea	ker		\ V	DC=Vented Do	uble Check Va	lve	
O. Handwashing sinks are required in each food preparation and dishwashing area (Section 344) low many handsinks will be provided?	8. What would be the f	requency	of cleani	ng of the gre	ease trap (Sec				
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2. Are all toilet rooms equipped with adequate ventilation (Section 309)? YesNo Room Finish Schedule (What the interior of the facility will look like.) 3. Please include which materials (i.e. quarry tile, stainless steel=SS, plastic cove molding, etc.) will be used in the following reas (Section 402). AREA FLOOR COVING WALL CEILING KITCHEN CONSUMER SELF-SERVICE	low many handsinks w	ill be pro	wided?						
Room Finish Schedule (What the interior of the facility will look like.) 3. Please include which materials (i.e. quarry tile, stainless steel=SS, plastic cove molding, etc.) will be used in the following reas (Section 402). AREA FLOOR COVING WALL CEILING KITCHEN CONSUMER SELF-SERVICE									
3. Please include which materials (i.e. quarry tile, stainless steel=SS, plastic cove molding, etc.) will be used in the following reas (Section 402). AREA FLOOR COVING WALL CEILING KITCHEN CONSUMER SELF-SERVICE	1. Are all toilet room d	oors self	-closing v	vnere applica	able (Section :	352)? Yes	No		
AREA FLOOR COVING WALL CEILING KITCHEN CONSUMER SELF-SERVICE									
KITCHEN CONSUMER SELF-SERVICE	2. Are all toilet rooms	equipped	l with ade	quate ventila	ation (Section	309)? Yes			
KITCHEN CONSUMER SELF-SERVICE	2. Are all toilet rooms of the complex of the compl	equipped	with adec	quate ventila	ility will look	309)? Yes	 _No	ll be used in th	he following
CONSUMER SELF-SERVICE SELF-SERVICE	2. Are all toilet rooms of the Room Finish Schedule 3. Please include which reas (Section 402).	equipped (What t	l with adec he interio	quate ventila	ition (Section ility will look nless steel=S:	309)? Yes 	_No olding, etc.) wi		
SELF-SERVICE SELF-SERVICE	2. Are all toilet rooms of Room Finish Schedule 3. Please include which reas (Section 402). AREA	equipped (What t	l with adec he interio	quate ventila	ition (Section ility will look nless steel=S:	309)? Yes 	_No olding, etc.) wi		
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	2. Are all toilet rooms of the community	equipped (What t	l with adec he interio	quate ventila	ition (Section ility will look nless steel=S:	309)? Yes 	_No olding, etc.) wi		
MAIN THAN 1/1131/	2. Are all toilet rooms of toom Finish Schedule 3. Please include which reas (Section 402). AREA KITCHEN CONSUMER	equipped (What t	l with adec he interio	quate ventila	ition (Section ility will look nless steel=S:	309)? Yes 	_No olding, etc.) wi		

YesNoN/A 61. Will all of the equipmerequirements (frozen food 62. Please list equipment t 63. Will each refrigeration 64. What types of counter Insect and Rodent Harbo	types for the hot and a unit have a thermore protective guards for	moter (Section 25	5)? Yes No		
61. Will all of the equipmerequirements (frozen food62. Please list equipment t63. Will each refrigeration	types for the hot and	moter (Section 25	5)? Yes No		
61. Will all of the equipmorequirements (frozen food 62. Please list equipment t	types for the hot and				g (Section 187).
61. Will all of the equipmorequirements (frozen food		l cold holding of fo	oods; also during serv	ing or transporting	g (Section 187).
61. Will all of the equipmorequirements (frozen food		l cold holding of fo	oods; also during serv	ing or transporting	g (Section 187).
61. Will all of the equipme					
Yes No N/A	ent used for the store 10°F, cold food 41°I	age of potentially l F, hot food 135°F)	nazardous food be ab. Yes No	e to meet the min N/A	imum temperature
	·				
If so, please list equipmen 60. Is the ventilation hood					partment) (Section 307)
59. Will any pieces of use					03); 1¢5100
		ers he made from t	and-orade quality me	terials (Saction 2	05)? Yes No
57. Will all of the equipment Section 205? Yes		and construction f	or the American Natio	onal Standards Ins	stitute (ANSI) standards or
Equipment					
56. Where is the designate	ed area for employee	es to eat, and drink	, (Section 136)?		
55. Describe the storage le	acation for employe	es' coats, purses, i	nedicines and lunche	s (Section 418, 42	2).
54. Are separate dressing	rooms/lockers prov	rided for staff/emp	loyees (Section 417)	Yes No	N/A
Personal Belongings					
OTHER					
OTHER					
DISHWASHING					
MOP/SERVICE SINK AREA					
GARBAGE STORAGE					
TOILET ROOMS					
OTHER STORAGE					
FOOD STORAGE OTHER STORAGE					

66. Will screens be provided on any open windows/doors to the outside (Section 413)? YesNo					
67. Will air curtains be installed (made from either plastic or mechanical); if so, where on outer openings (Section 413)?					
	uit chases be sealed (i.c. ventilation systems, exhau				
Yes No					
69. Is the area around the building cl	ear of unnecessary debris, brush, and other harborag	ge 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 locate	ed on (Section 382)?			
	prior to pick-up?				
Lighting					
73. What are the foot candles of ligh	t for the following areas (Section 411)?				
Food Prep Areas	Dishwashing Areas	<u></u>			
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	\$100.00 expedited
Under 3,000 Square Feet	\$50.00	\$100.00 expedited
3,001 to 10,000 Square Feet	\$100.00	\$200.00 expedited
10,001 Square Feet and over	\$200.00	\$400.00 expedited

This fee includes the review on paper and two site visits. Additional site visits/inspections will incur an additional \$50.00 fee.