



PLAN REVIEW QUESTIONNAIRE
Sullivan County Health Department
27 S. Main St
Sullivan, IN 47882

Clear Form

- Instructions: 1. Please answer the following questions and return this form and the applicable fee to our office.
2. If you have any questions please call (812) 268-0224.
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 7-26.
5. Please use this rule as it pertains to section numbers referenced at the end of each question.

Name of the facility and location: _____

Contact name and phone number: _____

Type of project:

New Construction: _____ Remodel: _____ Conversion: _____ New Owner: _____

Plans can be submitted as hard copies, or emailed to healthclerk@sullivancounty.in.gov along with the Floor Plan & Menu. Plan review fees apply.

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

Building _____ Fire _____ Septic _____

Number of floors on which operations are conducted: _____

Type of service: (check all that apply)	Sit down meals _____	Outdoor Cooking _____
	Buffet _____	Grocery _____
	Caterer _____	Convenience _____
	Commissary _____	Bar _____
		Other _____

Who (job title) will be your certified food handler? (IC 16-42-5.2) _____

How will employees be trained in food safety? (sect. 136) _____

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). 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.

MANAGEMENT

- ☐ The establishment has a written employee illness policy to be signed by all employees.
☐ The establishment will ensure all employees are trained on the 9 major food allergens.

FOOD

1. Please provide a list of all planned food vendors. (sect. 155) _____

2. What is the procedure for receiving food shipments? (sect. 162) Are temperatures checked and containers inspected for damage? _____

3. Is your facility required to have pasteurized products? (sect. 225) Yes ___ No ___
4. Do you intend to make reduced oxygen packaged (ROP, def. 97) foods? (sect. 218) Yes ___ No ___
5. If yes, have you reviewed the HACCP and variance requirements? (sect. 217, 218) Yes ___ No ___ NA ___

Please list out the ROP foods. _____

FOOD PREPARATION

6. 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.*)? (sect. 173)

7. Describe your date marking system for TCS (*defined sect. 25*) ready-to-eat foods (*defined sect. 96*). (sect. 214)

8. Will all produce be washed prior to use? (sect. 179) Yes ___ No ___ NA ___
If no, why?

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

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) (sect. 210)

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

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). (sect. 211, 212)

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

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

13. Will a buffet be served? Yes ___ No ___ NA ___ If yes, who will be responsible for ensuring that the buffet is protected from consumer contamination? (sect. 195) _____

HOT AND COLD HOLDING

14. Will "Time as a Public Health Control" (see sect. 216) be used for TCS food(s) (either hot or cold)?
Yes ___ No ___ NA ___

15. 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 ___ NA ___ If so, please attach your consumer advisory statement. (sect. 223)

16. Who (job role) will be assigned the responsibility of taking food temperatures and at what steps will temperatures be taken (cooking, cooling, reheating, and hot holding)? (sect. 136) _____

17. Will the facility be doing any par cooking (non-continuous cooking methods)? Yes ___ No ___ NA ___ If so, please attach your written plan for pre-approval. (sect. 201)

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). (sect. 175)

19. Describe the storage of different types of raw meat and seafood in the same unit, and how cross-contamination will be prevented. (sect. 175)

SANITIZATION

20. Who will be assigned the responsibility of ensuring the correct amount of sanitizer will be used? (sect. 136)

21. What type of chemical sanitizer(s) will the facility use? (sect. 299) _____

22. Will the facility have test kits/papers on site for all types of chemical sanitizers? (sect. 281)

Yes ___ No ___ NA ___

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? (sect. 316)

POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS

24. Where will poisonous or toxic materials be stored (including the ones for retail sale)? (sect. 457)

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? (sect. 459) Yes ___ No ___ NA ___

WAREWASHING/DISHWASHING

26. Dishwashing methods (*sect. 274*) (*check one or both*): 3 Compartment Sink ____ Dish machine ____
27. If a 3 compartment sink is used, which sanitizing method will you use? Hot Water ____ Chemical ____
28. If a dish machine is used, which sanitizing method will you use? Hot Water ____ Chemical ____ NA ____
- If hot water, do you have a booster heater? Yes ____ No ____ NA ____
- If hot water, how will you ensure that the unit is sanitizing the utensils? (*sect. 280, 316*) _____
- If hot water, will you have an irreversible registering temperature indicator? Yes ____ No ____ NA ____
29. Does your chemical dish machine have an alarm that indicates when more chemical sanitizer needs to be added? (*sect. 265*) Yes ____ No ____
30. What type of alarm will be used to detect when the sanitizer is too low? Sound ____ Visual ____ NA ____
31. Can the largest piece of equipment be submerged into the 3 compartment sink or dish machine? (*sect. 274*)
Yes ____ No ____ NA ____
32. Does the facility plan to use alternative manual warewashing equipment? (*sect. 274*) Yes ____ No ____ NA ____
If yes, please submit your procedure for review.
33. Does your facility have enough drainboards/utensil racks/carts for the air drying of equipment and utensils for either the 3 compartment sink or the dish machine? (*sect. 275, 324*) Please describe below.
- _____
- _____

WATER SUPPLY

34. Is the water supply public (____) or private (____)? If public, skip question #36.
35. If private, has the source been tested? (*sect. 339*) Yes ____ No ____ NA ____
If so, when was the last test _____ and did you send us a copy of the lab results? Yes ____ No ____ NA ____

WASTE WATER/SEWAGE DISPOSAL

36. Is the sewage disposal system public (____) or private (____)? If public, skip question #38.
37. Has the waste treatment system been approved by the state or local septic inspector? (*sect. 385*) Yes ____ No ____ NA ____
Please provide a copy of the approval.

PLUMBING

38. Are hot and cold water fixtures provided at every sink? (*sect. 347, 353*) Yes ____ No ____
39. If a water supply hose is to be used for potable water, is it made from food-grade materials? (*sect. 370*)
Yes ____ No ____ NA ____

40. The following technical information is needed on the proposed plumbing. This section is best completed by a licensed plumber, or engineer. (sect. 348, 349, 380)

Fixture	Water Supply					Sewage Disposal		
	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
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:								
Other:								
AVB=Atmospheric Vacuum Breaker				HB=Hose Bib Vacuum Breaker				
PVB=Pressure Vacuum Breaker				VDC=Vented Double Check Valve				

41. What would be the frequency of cleaning for the grease trap? (sect. 381)

HANDWASHING/TOILET FACILITIES

42. Handwashing sinks are required in each food preparation and dishwashing area. (sect. 356)

How many handsinks will be provided? _____

43. Are all toilet room doors self-closing where applicable? (sect. 420) Yes ___ No ___

44. Are all toilet rooms equipped with adequate ventilation? (sect. 437) Yes ___ No ___

ROOM FINISH SCHEDULE (What the interior of the facility will look like.)

45. Please indicate which materials (*i.e. quarry tile, stainless steel=SS, plastic cove molding, etc.*) will be used in the following areas. (*sect. 407*)

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

46. Are separate dressing rooms/lockers provided? (*sect. 438*) Yes ___ No ___

47. Describe the storage location for employees' coats, purses, medicines and, lunches. (*sect. 440, 472*)

48. Where is the designated area for employees to eat, drink, and use tobacco? (*sect. 148*) _____

EQUIPMENT

49. Will all of the equipment meet the design and construction for the American National Standards Institute (*ANSI*) standards or meet section 226? Yes ___ No ___

50. Will the utensils and food storage containers be made from food-grade quality materials? (*sect. 226*) Yes ___ No ___

51. Is the ventilation hood system sufficient for the needs of the facility? (sect. 276) Yes ___ No ___ NA ___

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

53. Please list equipment types for the hot and cold holding of foods; also during serving or transporting. (sect. 213)

54. Will each refrigeration unit have a thermometer? (sect. 260) Yes ___ No ___

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

INSECT AND RODENT HARBORAGE

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

57. Will screens be provided on any open windows/doors to the outside? (sect. 421) Yes ___ No ___

58. Will air curtains be installed (made from either plastic or mechanical); if so, where on outer openings? (sect. 421)

59. Do you plan to use a pest control service? Yes ___ No ___ Frequency _____

REFUSE AND RECYCLABLES

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