## Jay County Health Department

504 W. Arch St, Portland, IN 47371 Phone (260) 726-8080 Fax (260) 726-2220

### Retail Food Establishment Plan Review Questionnaire

Please answer the following questions and return this form and the application to our office. If you have any questions please call (260) 726-8080. This questionnaire is not designed as a complete list of requirements but should be used as a guideline only. The sanitation requirements noted in this document are specified under the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24. Please use this rule as it pertains to section numbers referenced at the end of each question.

Name of the facility:			
Contact name and phone number:			
Signature of Applicant	Relationship t	to Project	Date Signed
It is recommended that you provide plane Plans should be accurately drawn to a			
I have submitted plans/applications t	to the authorities listed below	w on the following dates:	
Zoning	Plumbing	Septic	
Planning	Electric	Fire	
Building			
Number of seats:	Total square feet of the facil	ity:	
Number of floors on which operations a	re conducted:		
Maximum meals to be served: (approxi	mate number) Breakfast	Lunch	Dinner
Type of service: (check all that apply)  Take out	Sit down meals Caterer	Mobile vendor	<u> </u>
Whom (job title) will be your certified for	od handler? (Title 410 IAC 7-2	2)	
How will employees be trained in food s	safety? (sect. 119)		
The following procedures/questions sho ensure that special consideration is give be completed by the operator. Please i applies to your operation.	en to these standard sanitary o	operating procedures (SSO	P's). This section should
FOOD			
1. Please provide a list of all planned for	ood vendors. (sect. 142)		

2. What is the procedure for receiving food shipments? (sect. 166) Are temperatures checked and containers inspec	ted
for damage?	
What is the anticipated frequency of food deliveries for: Frozen Fresh Dry	
3. Is your facility <u>required</u> to have pasteurized products? (sect. 153) Yes No	
4. Do you intend to make low-acid or acidified foods and intend your products to be shelf stable? If so, have you pas	sed
the Better Process and Control School exam? (sect. 143) Yes No NA Please include a copy of the	
certification.	
5. Do you intend to make reduced oxygen packaged (ROP, def. 73) foods? (sect. 195) Yes No	
If yes, please list out the ROP foods.	
FOOD PREPARATION	
6. If foods are prepared a day or more in advanced, please list them out.	
7. Will any food be prepared/stored offsite? Yes No	
If so, list the foods and the location where they will be prepared:	
8. What will be your procedure to prevent employees from touching foods that are ready-to-eat and will not be cooked	d or
	<i>1</i> 0.
heat treated (such as, sushi, lettuce, buns, etc.)? (sect. 171)	
9. Describe your date marking system (described under sect. 191) for potentially hazardous (defined under sect. 66)	 ready-
to-eat foods (defined under sect. 72). (sect. 191)	· Cuu,
.0-eat 100ds (defined under Sect. 72). (Sect. 191)	
10. Will all produce be washed prior to use? (sect. 175) Yes No NA	
If no, why?	
11. Describe the procedure to minimize the amount of time potentially hazardous foods will be kept in the temperature	<del></del>
danger zone (41°F-135°F) during preparation. (sect. 189)	
sanger 2011e (4 1 1 - 100 1 ) during preparation. (360t. 100)	
12. Provide a list of the types of food that will need to be thawed before cooking. (sect. 199)  PROCESS  TYPES OF FOOD	
Refrigeration	
Running water less than 70°F	
Microwave as part of the cooking process	
Cook from frozen	

Other (describe)	
7.	need to be cooled (eg. leftovers). (sects. 189, 190)
PROCESS :	TYPES OF FOOD
Shallow pans under refrigeration	
lce and water bath	
Reduced volume (quartering a large roast)	
Ice paddles Rapid chill devices (blast freezer)	
Other (describe)	
Other (describe)	<u> </u>
14. What procedures will be in place to ensur	re that foods are reheated to 165°F or above? (sect. 188)
	NA If yes, who will be responsible for ensuring that the buffet is
	'es No If yes, how will the food be transported?
17. If your food establishment is temporary o	r mobile, will your establishment have a commissary? Yes No ommissary.
Please provide a copy of the approval from th	e commissary.
Yes No NA Note: These proce	ee sect. 193) be used for potentially hazardous food(s) (either hot or cold)?  edures must be submitted and approved before their use.  the public in an undercooked form (sushi, rare hamburgers, eggs over easy,
( )	es No NA If so, please attach your consumer advisory
20 Whom (line cook kitchen manager etc.)	will be assigned the responsibility of taking food temperatures and at what
steps will temperatures be taken (cooking, co	oling, reheating, and hot holding)? (sect. 119)
21. 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	s). (sect. 173)
22. Describe the storage of different types of	raw meat and seafood in the same unit, and how cross-contamination

will be prevented. (sect. 173)

<u>SANITIZATION</u>
23. Who will be assigned the responsibility of ensuring the correct amount of sanitizer will be used? (sect. 119)
24. What type of chemical sanitizer(s) will the facility use? (sect. 294)
25. Will the facility have test kits/papers on site for all types of chemical sanitizers? (sect. 291)
Yes No NA
26. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerge
in a sink or put through a dishwasher be sanitized? (sect. 303)
POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS
27. Where will poisonous or toxic materials be stored (including the ones for retail sale)? (sect. 439)
28. Will the facility use a hand sanitizer? (sect. 131) Yes No If so, what brand?
29. 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. 119)
30. Will <u>all</u> spray bottles be clearly labeled? (sect. 438) Yes No
31. Where will first aid supplies be stored? (sect. 421)
MISCELLANEOUS
32. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters?
(sect. 423) Yes No NA
33. Has the facility registered or applied for a permit from the regulatory authority? (sect. 107) Yes No
34. Will any cleaning supplies, single service articles/utensils, or equipment be stored at another location while not in use
Yes No If yes, list the items and the location where they will be stored

# The following list of questions should be generally completed by the architect/contractor/engineer WAREWASHING/DISHWASHING

35. Dishwashing methods (sect. 269) (check one or both): 3 Compartment Sink Dishmachine							
36. If a 3 compartment sink is used, which sanitizating method will you use: Hot Water Chemical							
37. If a dishmachine is used, which sanitizating method will you use: Hot Water Chemical							
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? (sects. 258, 303)							
38. Does your chemical dishmachine have an alarm that indicates when more chemical sanitizer needs to be added?							
(sect. 281) Yes No							
39. What type of alarm will be used to detect when the sanitizer is too low? Sound Visual							
40. Can the largest piece of equipment be submerged into the 3 compartment sink or dishmachine? (sect. 233)							
Yes No NA							
41. Does the facility plan to use alternative manual warewashing equipment? (sect. 233) Yes No NA							
If yes, please submit your procedure for review.							
42. 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 dishmachine? (sect. 289) Please describe below.							
WATER SUPPLY							
43. Is the water supply public () or private ()? If public, skip question #2.							
44. If private, has the source been tested? (sect. 327) Yes No							
If so, when was the last test and did you send us a copy of the lab results? Yes No							
45. If your food establishment is temporary or mobile, from where will the water be obtained?							
WASTE WATER/OF WASE RIOROGAL							
WASTE WATER/SEWAGE DISPOSAL							
46. Is the sewage disposal system public () or private ()? If public, skip question #2.							
47. Has the waste treatment system been approved by the state or local septic inspector? (sect. 376) Yes No							
Please provide a copy of the approval.							
48. If your food establishment is temporary or mobile, describe the method(s) of sewage disposal, and where the wastewater/sewage will be disposed of							

#### **PLUMBING**

49. Are hot and cold water fixtu	ires prov	ided at e	very sink?	(sect. 330	) Yes N	lo		
50. If a water supply hose is to	be used	for potab	ole water, is	s it made f	rom food-gra	nde materials?	(sect. 364)	
Yes No		•			_			
51. What is the recovery time,	volume, a	and capa	city of the	hot water	neater? (sec	t. 329)		
52. The following technical info	rmation i	s needed	d on the pro	oposed plu	ımbina. This	section is bes	st completed b	v a licensed
plumber, or engineer. (sect. 336					. <b>.</b>			,
Civturo	Water County				Source Diamond			
Fixture	AVB	PVB	Water Su	HB	Air Gap	Sewage Disposal Air Break Air Gap Direct		
	AVD	LAP	VDC	TID	All Gap	All Dieak	All Gap	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 Bre	aker	I	l	HB=Hos	e Bib Vacuu	m Breaker	1	
PVB=Pressure Vacuum Breake				+		Check Valve		
				1				
53. Has contact been made to	the muni	cipality to	o determine	e if a greas	se trap is req	uired? Yes	No NA	١
54. What would be the frequen	cy of clea	aning for	the grease	e trap? (se	ct. 378)			
	II ITICO							
HANDWASHING/TOILET FAC	<u>ILITIES</u>							
55. Handwashing sinks are req	uired in e	each foo	d preparati	on and dis	hwashing are	ea. (sect. 344)		
How many handsinks will be pro	ovided?_							
56. Are all toilet room doors se	lf-closing	where a	pplicable?	(sect. 352	) Yes N	lo		
57. Are all toilet rooms equippe	ed with ac	dequate v	ventilation?	? (sect. 30	9) Yes	No		
		•		•				

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

58. Please indicate which materials (i.e. quarry tile, stainless steel=SS, plastic cove molding, etc.) will be used in the following areas. (sect. 402)

AREA	FLOOR	COVING	WALL	CEILING	
KITCHEN					
CONSUMER SELF					
SERVICE SERVING LINE					
SERVING LINE					
BAR					
FOOD STORAGE					
OTHER					
STORAGE TOILET ROOMS					
TOILLT ROOMS					
GARBAGE					
STORAGE MOP/SERVICE					
SINK AREA					
DISHWASHING					
OTHER					
OTLIED					
OTHER					
·	essing rooms/lockers pro	vided? (sect. 417) Yes ees' coats, purses, medicin	_ No NA les and, lunches. (sects. 41	18, 422)	
61. Where is the designated area for employees to eat, drink, and use tobacco? (sect. 136)					
. ,					
EQUIPMENT					
62. Will all of the eq	uipment meet the design	and construction for the A	merican National Standard	s Institute (ANSI)	
standards or meet se	ection 205? Yes No				
63. Will the utensils	and food storage contain	ers be made from food-gra	ade quality materials? (sect	i. 205) Yes No	
64. Will any pieces	of <u>used</u> equipment be util	ized? (sect. 106) Yes	No NA		
If so, please list equi	pment types:				
			(sect. 307) Yes No _		
	•	•	us foods be able to meet the		
•	•	hot food 135°F)? Yes		1	

67. —	Please list equipment types for the hot and cold holding of foods; also during serving or transporting. (sect. 187)
 68.	Will each refrigeration unit have a thermometer? (sect. 256) Yes No
69.	What types of counter protective guards for food (sneeze guards) will be used for consumer self-service? (sect. 179)
INS	SECT AND RODENT HARBORAGE
70.	Will all outside doors be self-closing, when applicable, and rodent/insect proof? (sect. 413) Yes No
71.	Will screens be provided on any open windows/doors to the outside? (sect. 413) Yes No
72.	Will air curtains be installed (made from either plastic or mechanical); if so, where on outer openings? (sect. 413)
	Will all pipes and electrical conduit chases be sealed (i.e. ventilation systems, exhaust and intake be protected)?
•	ct. 414) Yes No
	Is the area around the building clear of unnecessary debris, brush, and other harborage conditions?
•	ct. 426) Yes No
/5.	Do you plan to use a pest control service? Yes No Frequency Company
RE	FUSE AND RECYCLABLES
76.	Describe the surface (for refuse/recyclables) that the outside dumpster will be located on? (sect. 382)
<del></del>	Where will recyclables be stored prior to pick-up?
LIG	HTING
78.	What are the foot candles of light for the following areas? (sect. 411)
Foo	od prep areas Dishwashing areas
Dry	storage areas Restrooms and walk-in refrigeration units
79.	Will light bulbs be properly shielded, coated, or otherwise shatter-resistant in areas where there is exposed food, clean
equ	ipment or utensils, or food preparation? Yes No