

BOND COUNTY HEALTH DEPARTMENT
1520 SOUTH FOURTH STREET
GREENVILLE, ILLINOIS 62246
PHONE: (618)664-1442 Ext. 149
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DATE: _____

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

___NEW

___REMODEL

___CONVERSION

Name of Establishment: _____

Address: _____

Category: Restaurant () Retail Food Store () Tavern () Daycare () Other _____

Name of Owner: _____

Mailing Address: _____

Telephone: Business (____) _____ Owner (____) _____

If different from above:

Applicant's Name: _____

Mailing Address: _____

Telephone: (____) _____

Title (Owner, Manager, Architect, etc) _____

Hours of Operation:

Sun _____

Thurs _____

Mon _____

Fri _____

Tues _____

Sat _____

Wed _____

Licensed Plumbing Contractor: _____

Proposed Date for Start of Project: _____

Proposed Date for Completion of Project: _____

Proposed Opening Date of Operation: _____

PLAN REVIEW CHECKLIST

Use this checklist when submitting construction plans and accompanying information to the Bond County Health Department. Some of the following may not apply to all proposed Food Service Establishments.

Seating capacity: _____

Number of Staff required (Maximum per shift) _____

Total Square Feet of Facility: _____

Maximum Meals to be served: Breakfast: _____
(Approximate number) Lunch: _____
Dinner: _____

Type of Service: Sit Down _____
(Check all that apply) Take Out _____
Caterer _____
Mobile Unit _____
Deli _____
Other _____

Please enclose the following documents:

- Proposed Menu – Used to determine Risk Category and Permit Fee
(include seasonal, off-site and banquet menus if applicable)
- Manufacturer Specification sheets or brochures for each piece of equipment shown on the plan
- Site Plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system - if applicable)
- Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services, and mechanical ventilation
- Equipment schedule

A. INSECT AND RODENT CONTROL

APPLICANT: Please check appropriate boxes

- | | YES | NO | NA |
|---|------------|-----------|-----------|
| 1. Will all outside doors be self-closing and rodent proof? | () | () | () |
| 2. Are screen doors provided on all entrances left open to the outside? | () | () | () |
| 3. Do all openable windows have a minimum #16 mesh screening? | () | () | () |
| 4. Is area around building clear of unnecessary brush, litter, boxes and other harborage? | () | () | () |

B. GARBAGE AND REFUSE

5. Do all containers have lids? () () ()
6. Will a dumpster be used? () () ()
Number _____ Size _____
Frequency of Pickup _____
7. Describe surface and location where dumpster/containers are to be stored
Concrete Pad () or Poured Asphalt Pad () Location _____
8. Describe location of grease storage container _____

9. Name, address, and telephone number, of Grease Hauler

C. WATER SUPPLY

10. Is water supply public () or private ()?
11. If private, has source been approved? YES () NO () PENDING ()

12. Is an ice machine provided () or is ice purchased commercially ()?
Specifications for the ice machine provided? YES () NO ()

Describe provision for ice scoop storage: _____

Provide location of ice maker or bagging operation: _____

D. SEWAGE DISPOSAL

13. Is building connected to a municipal sewer? YES () NO ()
14. If no, is private disposal system approved? YES () NO () PENDING ()
15. Are grease traps provided? YES () NO () If yes, where is it located?

Provide schedule for cleaning and maintenance _____

E. GENERAL

16. Describe storage facilities for employee's personal belongings (i.e., purses, coats, umbrellas, boots, etc.) _____
17. Are insecticides / rodenticides stored separately from cleaning & sanitizing agents, and approved for use in a food service establishment? YES () NO ()
Indicate location: _____
18. Are all toxics for use on the premises or for retail sale (this includes personal medications) stored away from food preparation and storage areas?
YES () NO ()
19. Are all containers of toxics including sanitizing spray bottles clearly labeled?
YES () NO ()
20. Will linens be laundered on site? YES () NO ()
If yes, what will be laundered and where? _____
If no, how will linens be cleaned? _____
21. Is a laundry dryer available? YES () NO ()
22. Location of clean linen storage: _____
23. Location of dirty linen storage: _____

24. Are containers constructed of safe materials to store bulk food products?
 YES () NO ()

Indicate type: _____

F. FINISH SCHEDULE

Indicate which materials (quarry tile, stainless steel, 4" plastic covered molding, etc.) will be used in the following areas.

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Break Area				
Garbage Storage				
Mop Sink Area				
Warewashing Area				
Walk-in Cooler/Freezer				
Aisles (Retail Store)				
Serving Counter				
Dining Room				

G. VENTILATION

Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS/ EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECT.	AIR CAPAC. CFM	AIR MAKEUP CFM

25. How is the ventilation hood system cleaned and how often? _____

H. SINKS

26. Is a mop sink present (required)? YES () NO ()

How are mops and brooms stored? _____

27. If the menu dictates, is a food preparation sink present? YES () NO ()

I. DISHWASHING FACILITIES

28. Type of facility to be used for dish washing?

Three compartment sink (Required) ()

Dish machine (Optional) ()

29. Dish Machine:

Type of sanitization used:

Hot water (Final rinse temperature) ____ (Wash water temperature) ____

Booster heater YES () NO ()

Chemical type _____ (Wash water temperature) ____

Is ventilation provided? YES () NO ()

30. Do all dish machines have templates with operating instructions?

YES () NO ()

31. Do all dish machines have temperature/pressure gauges as required?

YES () NO ()

32. Is the hot water generator sufficient for the needs of the establishment?

YES () NO ()

33. Does the largest pot or pan fit into each compartment of the 3 compartment sink?
YES () NO ()
34. Drain boards are provided on both ends of the 3 compartment sink?
YES () NO ()

J. SANITIZERS USED AND TESTING METHODS

35. What type of sanitizer is used?
- | | | | |
|---------------------|-----|-----------|-----|
| Chlorine | () | Hot water | () |
| Iodine | () | Other | () |
| Quaternary Ammonium | () | | |
36. Are test papers and/or kits available for checking sanitizer concentration?
YES () NO ()
- Is there a method to check the final rinse temperature of a hot water sanitization dish machine (if used)?
YES () NO ()

K. HANDWASHING / TOILET FACILITIES

37. Is there a handwashing sink in each food preparation and ware washing area?
Number required will be determined by equipment location. YES () NO ()
38. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?
YES () NO ()
39. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?
YES () NO ()
40. Hand cleanser is available **only** at all handwashing sinks? YES () NO ()
41. Hand drying facilities (paper towels, air dryers, etc.) are available **only** at all handwashing sinks? YES () NO ()
42. Are covered waste receptacles available in each restroom? YES () NO ()
43. Hot and cold running water under pressure available at each handwashing sink?
YES () NO ()
44. Are all toilet room doors self-closing? YES () NO ()
45. Are all toilet rooms equipped with adequate ventilation? YES () NO ()

L. DRY GOODS STORAGE

46. Is appropriate dry goods storage space provided for based upon menu, meals and frequency of deliveries? YES () NO ()
47. How will dry goods be stored at least 6" off the floor? _____

M. FOOD PREPARATION REVIEW

48. Are all food supplies from inspected and approved sources? YES () NO ()
49. Is adequate and approved freezer and refrigeration space available to store frozen foods and refrigerated foods at the proper temperatures? YES () NO ()
50. Does each refrigerator/freezer have a thermometer? YES () NO ()
Number of refrigeration units ____ Number of freezer units ____

N. LIGHTING

51. Are all light fixtures in food preparation, food/equipment storage, and dish washing areas provided with protective shielding. YES () NO ()
52. At least 20 foot candles of light are provided at all food preparation surfaces, dish washing areas, utensil and equipment storage areas, and in lavatory and toilet areas. YES () NO ()
53. At least 10 foot candles of light are provided in walk-in refrigerating units, dry food storage areas, and in all other areas. YES () NO ()

O. EMPLOYEE TRAINING AND HEALTH

54. Will food employees be provided the required 2 hour Food Handlers Training? YES () NO ()
Method of training: _____
55. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES () NO ()
56. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts or lesions? YES () NO ()
Please describe briefly and provide copy: _____

P. MANAGER CERTIFICATION

57. The required number of Certified Food Service Managers based on the Risk Category of the establishment will possess the Illinois Food Service Sanitation Certificate prior to the opening of the establishment. All Certificates will be posted in the establishment. YES () NO ()

STATEMENT: I hereby certify that the preceding information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

Signature(s) _____

Owner(s) or Responsible Representative(s)

Date: _____

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Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law, or regulation that may be required-federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

The Establishment's Permit Fee which is based on the Risk Category of the Establishment must be paid to this Regulatory Authority prior to the pre-opening inspection. The Establishment can't operate until a valid Food Service Establishment Permit is issued by this Regulatory Authority.

The Application/Plan Review Fee must be paid at the time that this Plan Review Application is submitted to the Regulatory Authority.