



Plan Review Submittal Cover Sheet For Food Establishments

Submit this form with the information included below. Incomplete plans will not be accepted until all required information is received. *Only completed plans will be processed and reviewed. Any construction/remodeling of your establishment must be in accordance with the approved plans.*

Before opening for business, contact the Health Department to schedule a pre-opening inspection. At the pre-opening inspection all equipment must be completely installed and operating properly. Please call ONE WEEK in advance to schedule an inspection.

An operating permit will be issued and you may open for business when the following are completed:

1. Plan Review Application submitted.
2. Pre-opening by the inspection by the Health Department completed and passed.
3. First year's operating permit fee paid.

Establishment Name: _____ Phone: _____

Site Address: _____
Street City Zip

Applicant/Contact Person for Plans: _____ Phone: _____

Mailing Address: _____
Street City State Zip

Fax: _____ Email: _____

Check if included	Item	Information Required
<input type="checkbox"/>	Plan Review Application	Application must be complete. Place a "NA" in the spaces that do not apply to your facility.
<input type="checkbox"/>	Layout of Facility	Detailed drawing of the interior showing bathroom, kitchen, food prep, dry and refrigerated storage areas. Show all hand wash and mop sinks.
<input type="checkbox"/>	Menu and Food	List of food and beverage items to be prepared and served. Food preparation Flow Chart
<input type="checkbox"/>	Operating Procedures	Hours of operation Cleaning schedule Food Service Sanitation Manager(s)

RETAIL FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

TYPE OF PLAN REVIEW AND/OR LICENSE

☐ NEW BUILDING CONSTRUCTION AND NEW FOOD SERVICE LICENSE

☐ REMODEL WITH AN EXISTING FOOD SERVICE LICENSE

☐ CHANGE OF OWNER/OPENING WITH A REMODEL

☐ CHANGE OF OWNER/OPENING WITHOUT A REMODEL

Name of Establishment: _____

Address: _____

Phone: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Telephone: _____

Category: Retail/Grocery/Market _____ Convenience Store _____ Restaurant _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Where applicable, have plans/applications have been submitted to the following authorities:

City _____ Date Submitted _____

Hours of Operation	Monday	Friday
	Tuesday	Saturday
	Wednesday	Sunday
	Thursday	

Total Square Feet of Facility: _____ Number of Floors _____ Number of Seats _____

Number of Staff: _____ Maximum per shift _____

_____ Floor Plan: simple drawing of food establishment showing location of equipment, plumbing, electrical services, and mechanical ventilation

_____ Equipment schedule

AND/OR

_____ Copies of Blueprints and Manufacturer Specification sheets for plans & equipment

FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared, and served.

<u>CATEGORY*</u>	<u>(YES)</u>	<u>(NO)</u>
Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	()	()
Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	()	()
Cold processed foods (salads, sandwiches, vegetables)	()	()
Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	()	()
Bakery goods (pies, custards, cream fillings & toppings)	()	()
Other _____		

* A generic HACCP plan for each category of food may be available from the regulatory authority for reference.

PLEASE ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

Are all food supplies from inspected and approved sources? YES () NO ()

What are the projected frequencies of deliveries for Frozen foods _____,

Refrigerated foods _____, and Dry goods _____?

Provide information on the amount of space (in square feet) allocated for:

Dry storage _____, and (in cubic feet) for;

Refrigerated Storage _____, and Frozen storage _____.

How will dry goods be stored off the floor?

COLD STORAGE:

Is adequate and approved freezer and refrigeration available to store frozen foods frozen and refrigerated foods at 41°F (5°C) and below? YES () NO ()

Provide the method used to calculate cold storage requirements.

Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES () NO ()

If yes, how will cross-contamination be prevented?

Does **each** refrigerator/freezer have a thermometer? YES() NO ()

Number of refrigeration units: _____

Number of freezer units: _____

Will food employees be trained in good food sanitation practices? YES () NO ()

Certified Food Protection Management Certificate Holder(s):

Name: _____ Certificate #/State: _____ Exp. Date: _____

Name: _____ Certificate #/State: _____ Exp. Date: _____

Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES () NO () Please describe briefly:

FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

	FLOOR	COVING	WALLS	CEILING
Kitchen/Food Prep Areas				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Ware Washing Area				
Walk-in Refrigerators and Freezers				

INSECT AND RODENT CONTROL

<i>Please circle appropriate answer:</i>			
Will all outside doors be self-closing and rodent proof?	YES	NO	NA
Are screen doors provided on all entrances left open to the outside?	YES	NO	NA
Do all operable windows have a minimum #16 mesh screening?	YES	NO	NA

Is the placement of electrocution devices identified on the plan?	YES	NO	NA
Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	YES	NO	NA
Is area around building clear of unnecessary brush, litter, boxes and other harborage?	YES	NO	NA
Will air curtains be used? Where?	YES	NO	NA

GARBAGE AND REFUSE

Do all containers have lids?	YES	NO	NA
Will refuse be stored inside?	YES	NO	NA
If so, where? _____			
Is there an area designated for garbage can or floor mat cleaning?	YES	NO	NA
Will a dumpster be used? Number_____Size _____ Frequency of pickup _____ Do all dumpsters have lids? Contractor _____	YES	NO	
Will a compactor be used? Number_____Size _____ Frequency of pick up _____ Contractor _____	YES	NO	NA
Will garbage cans be stored outside?	YES	NO	NA

Describe surface and location where dumpster/compactor/garbage cans are to be stored:

Describe location of grease storage receptacle:

Is there an area to store recycled containers?	YES	NO	NA
Indicate what materials are required to be recycled; () Glass () Metal () Paper () Cardboard () Plastic			
Is there any area to store returnable damaged goods?	YES	NO	NA

Are floor drains provided & easily cleanable, if so, indicate location:

WATER SUPPLY

Is water supply public () or private ()?

If private, has source been approved? YES () NO () PENDING ()

***Please attach copy of written approval and/or permit.**

Is ice made on premises () or purchased commercially ()?

If made on premise, are specifications for the ice machine provided? YES () NO ()

Describe provision for ice scoop storage: _____

Provide location of ice maker or bagging operation: _____

What is the capacity of the hot water generator? _____

Is the hot water generator sufficient for the needs of the establishment? YES () NO ()

Is there a water treatment device? YES () NO () If yes, how will the device be inspected & serviced? _____

How are backflow prevention devices inspected & serviced?

SEWAGE DISPOSAL

Is building connected to a municipal sewer? YES () NO ()

If no, is private disposal system approved? YES () NO () PENDING ()

Please attach copy of written approval and/or permit.

Are grease traps provided? YES () NO ()

If so, where? _____

Provide schedule for cleaning & maintenance _____

DRESSING ROOMS

Are dressing rooms provided? YES () NO ()

Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

GENERAL

Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?

YES () NO ()

Indicate location: _____

Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES () NO ()

Are all containers of toxics including sanitizing spray bottles clearly labeled?

YES () NO ()

SINKS

Is a mop sink present? YES () NO ()

If no, please describe facility for cleaning of mops and other equipment:

Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES () NO ()

Is hand cleanser available at all hand washing sinks? YES () NO ()

Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks?

YES () NO ()

Are covered waste receptacles available in each restroom? YES () NO ()

Is hot and cold running water under pressure available at each hand washing sink?

YES () NO ()

Are all toilet room doors self-closing? YES () NO ()

Are all toilet rooms equipped with adequate ventilation? YES () NO ()

STATEMENT: I hereby certify that the above 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: _____

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 preopening 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.

Submit application to: Wayne County Health Department
Environmental Health
405 N. Basin Road
Fairfield, IL 62837
Scan & email to: mellott@wchdil.com

*****Staff Use Only *****

Is information complete?

*	Floor Plans	_____
*	Equipment List	_____
*	Plumbing Layout	_____
*	Electrical Plans	_____
*	Mechanical Layout	_____
*	Finish Schedule	_____