

REPLY TO:
Iroquois County Public Health Department
1001 East Grant St.
Watseka, IL 60970

PLAN SUBMITTAL FOR FOOD ESTABLISHMENTS

Part 2 Section 8 of the Iroquois County Food Sanitation Ordinance, 2018, requires that, “When a food-service establishment or retail food store within Iroquois County is hereafter constructed or extensively remodeled, or when an existing structure is converted for use as a food-service establishment or retail food store, properly prepared plans and specifications for such construction, remodeling, or alteration, showing building layout, room arrangement, construction materials of food preparation and serving areas, and the location and type of fixed equipment, toilet facilities, plumbing and sewage disposal systems shall be submitted to the Board of Health for approval before such work is begun.”

In order to make your task easier, the Iroquois County Public Health Department has developed a data sheet which summarized the minimal information which will be submitted on the plan for a food service establishment. Please fill in all parts of the data sheet and include all of this information on your plan. The plan must be drawn to scale.

When all parts of the data sheet have been filled out in detail and the information incorporated on the plans, you are ready for submittal to the Health Department. The following items are to be submitted with the detailed plans:

- (a) Completed Data Sheet
- (b) Completed License Application

Please do not hesitate to contact this office if you have any questions.

Iroquois County Public Health Department

Date: _____

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

_____NEW _____REMODEL _____CONVERSION

Name of Establishment: _____

Category: Restaurant _____, Institution _____, Daycare _____,
Retail Market _____, Other _____.

Address: _____

Phone if available: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Applicant's Name: _____

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

Mailing Address: _____

Telephone: _____

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

_____ Building inspector _____ Fire inspector
_____ Plumbing inspector _____ Other ()

Hours of Operation: Mon _____ Tue _____ Wed _____ Thu _____
Fri _____ Sat _____ Sun _____

Number of seats: _____

Number of staff: _____
(Maximum per shift)

Total square feet of facility: _____

Number of floors on which operations are conducted _____

Maximum meals to be served: Breakfast _____

Lunch _____

Dinner _____

Projected date for start of project: _____

Projected date for completion of project: _____

Type of service: Sit Down Meals _____
(check all that apply) Take out _____

Caterer _____

Mobil Vendor _____

Other _____

Please enclose the following documents:

_____ Proposed menu (including seasonal, off-site, and banquet menus)

_____ Manufacturer specification sheets for each piece of equipment shown on the plan

_____ Site plan showing location of business in building and 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

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of $\frac{1}{4}$ inch = 1 foot. This is to allow for ease in reading plans.
2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.

4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat-foods.
6. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
9. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks.
 - b. Complete finish schedules for each room including floors, walls, ceilings, and coved juncture bases.
 - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections.
 - d. Lighting schedule with protectors.
 1. At least 110 lux (10 foot candles) at a distance of 75cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning.
 2. At least 220 lux (20 foot candles):
 - a. At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption.
 - b. Inside equipment such as reach-in and under-counter refrigerators.
 - c. At a distance of 75 cm (30 inches) above the floor in areas used for hand washing, ware washing, and equipment and utensil storage, and in toilet rooms

- d. At least 540 lux (50 foot candles) at surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
- e. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).
- f. Source of water supply and method of sewage disposal. Provide the location of the facilities and submit evidence that state and local regulations are complied with.
- g. A color coded flow chart demonstrating flow patterns for:
 - Food (receiving, storage, preparation, service)
 - Food and dishes (portioning, transport, service)
 - Dishes (clean, soiled, cleaning, storage)
 - Utensil (storage, use, cleaning)
 - Trash and garbage (service area, holding, storage)
- h. Ventilation schedule for each room.
- i. A mop sink or curbed cleaning facility with facilities for hanging wet mops.
- j. Garbage can washing area/facility.
- k. Cabinets for storing toxic chemicals.
- l. Dressing rooms, locker areas, employee rest areas, and/or coat rack.
- m. Completed section 1
- n. Site plan (plot plan)

FOOD PREPARATION REVIEW

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

CATEGORY *

- | | | |
|-------------------------------------------------------------------------------------|---------|--------|
| 1. Thin meats, poultry, fresh eggs,
hamburger, sliced meats, fillets | YES () | NO () |
| 2. Thick meats, whole poultry roast,
beef, whole turkey, chickens, hams | YES () | NO () |
| 3. Cold processed foods
(Salads, sandwiches, vegetables) | YES () | NO () |
| 4. Hot processed foods
(Soups, stews, rice/noodles, gravy, chowders, casseroles) | YES () | NO () |
| 5. Bakery goods
(Pies, custards, cream fillings, toppings) | YES () | NO () |
| 6. Other _____
_____ | | |

A generic HACCP (Hazard Analysis Critical Control Point) plan for each category of food may be available from the regulatory authority for reference.

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

Food Supplies:

1. What are the projected frequencies of deliveries for frozen foods _____, refrigerated foods _____, and dry goods _____.
2. Provide information on the amount of space (in cubic feet) allocated for dry storage _____, refrigerated storage _____, and frozen storage _____.
3. How will dry goods be stored off the floor? _____

Cold Storage:

1. Is adequate and approved freezer and refrigeration available to store frozen foods and refrigerated foods at 41°F (5°C) and below? **YES () NO ()**
Provide the method used to calculate cold storage requirements. _____

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

If yes, how will cross contamination be prevented? _____

3. Is there a bulk ice machine available? **YES () NO ()**

Thawing Frozen Potentially Hazardous Food (PHF):

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	* Thick Frozen Foods	* Thin Frozen Foods
Refrigeration		
Running water less than 70°F (21°C)		
Microwave (as part of cooking process)		
Cooked from frozen state		
Other (describe)		

* Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

Cooking

List types of cooking equipment. _____

Hot/Cold Holding:

1. How will hot PHFs be maintained at 140°F (60°C) or above during holding for service? Indicate the type and number of hot holding units.

2. How will cold PHFs be maintained at 41°F (5°C) or below during holding for service? Indicate the type and number of cold holding units.

Cooling:

Please indicate by checking the appropriate boxes how PHFs will be cooled to 41°F (5°C) within 6 hours (140°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

Cooling Method	Thick Meats	Thin Meats	Thin Soup/Gravy	Thick Soup/Gravy	Rice/Noodles
Shallow pans					
Ice baths					
Reduce volume or size					
Rapid chill					
Other (describe)					

Reheating:

1. How will PHFs that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds?
Indicate type and number of units used for reheating foods. _____

2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours? _____

Preparation

1. Please list categories of foods prepared more than 12 hours in advance of service.

2. Will food employees be trained in good food sanitation practices?

YES () NO ()

Number(s) of employees: _____

3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? **YES () NO ()**

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? **YES () NO ()**

Please describe: _____

5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: _____

Concentration: _____

Test Kit: _____

6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise, and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled?

YES () NO ()

If not, how will ready-to-eat foods be cooled to 41°F?

7. Will all produce be washed on-site prior to use? **YES () NO ()**
Is there a planned location used for washing produce? **YES () NO ()**

Describe.

If not, describe the procedure for cleaning and sanitizing multiple use skins between uses.

8. Describe the procedure used for minimizing the length of time PHFs will be kept in the temperature danger zone (41° F – 140°F) during preparation.

9. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority. (Please attach HACCP plan.)

10. Will the facility be serving food to a highly susceptible population?

YES () NO ()

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

FINISH SCHEDULE

Applicant must 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				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Ware Washing Area				
Walk-in Refrigerators & Freezers				

INSECT AND RODENT CONTROL

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 open to the outside?	()	()	()
3. Do all openable windows have a minimum #16 mesh screening?	()	()	()
4. Is the placement of electrical devices identified on the plan?	()	()	()
5. Will all pipes & electrical conduit chases be sealed, ventilation systems exhaust and intakes protected?	()	()	()
6. Is area around building clear of unnecessary brush and other harborage?	()	()	()
7. Will air curtains be used? If yes, where? _____	()	()	()

GARBAGE AND REFUSE

Inside

1. Will refuse be stored inside? If so, where? _____	()	()	()
2. Is there an area designated for garbage can or floor mat cleaning?	()	()	()

Outside

3. Will a dumpster be used? Number _____ Size _____ Frequency of pickup _____ Contractor _____	()	()	()
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GARBAGE AND REFUSE (continued)

Please check appropriate boxes.

YES **NO** **NA**

4. Will a compactor be used? () () ()

Number _____ Size _____
Frequency of pick up _____
Contractor _____

5. Will garbage cans be stored outside? () () ()

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

7. Is there an area to store recycled containers? () () ()

Describe _____

Indicate what materials are required to be recycled:

- () Glass
- () Metal
- () Paper
- () Cardboard
- () Plastic

8. Is there an area to store returnable damaged goods? () () ()

PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	* INTEGRAL TRAP	* P TRAP	VACUUM BREAKER	CONDENSATE PUMP
Toilet						
Urinals						
Dishwasher						
Garbage grinder						
Ice Machines						
Ice storage bin						
Sinks a. Mop b. Janitor c. Hand wash d. 3 compartment e. 2 compartment f. 1 compartment g. Water station						
Steam tables						

	AIR GAP	AIR BREAK	* INTEGRAL TRAP	* P TRAP	VACUUM BREAKER	CONDENSATE PUMP
Dipper Wells						
Condensate/ drain lines						
Hose connection						
Potato peeler						
Beverage dispenser w/carbonator						
Other						

- **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A “P” trap is a fixture trap that provides a liquid seal in the shape of the letter “p”. Full “S” traps are prohibited.

Are floor drains provided and easily cleanable? If so, indicate location.

WATER SUPPLY

1. Is water supply public () or private ()?
2. If private, has source been approved? **YES ()** **NO ()** **PENDING ()**
Please attach copy of written approval and/or permit.
3. Is ice made on premises () or purchased commercially ()?
If made on premises, is specification for the ice machine provided?
YES () **NO ()**

Describe provision for ice scoop storage: _____

Provide location of icemaker or bagging operation _____

WATER SUPPLY (continued)

4. What is the capacity of the hot water generator? _____

5. Is the hot water generator sufficient for the needs of the establishment? Provide calculations for necessary hot water. _____

6. Is there a water treatment device? **YES () NO ()**

If yes, how will the device be inspected & serviced?

7. How is backflow prevention devices inspected & serviced?

SEWAGE DISPOSAL

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

2. If no, is private disposal system approved? **YES () NO () PENDING ()**
Please attach copy of written approval and/or permit.

3. Are grease traps provided? **YES () NO ()**
If so, where?

Provide schedule for cleaning and maintenance _____

DRESSING ROOMS

1. Are dressing rooms provided? **YES () NO ()**

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

GENERAL

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?
YES () NO ()

Indicate location: _____

2. 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 ()

3. Will linens be laundered on site? YES () NO ()
If yes, what will be laundered and where?

If no, how will linens be cleaned?

4. Is a laundry dryer available? YES () NO ()

5. Location of clean linen storage:

6. Location of dirty linen storage:

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

Indicate type:

VENTILATION

1. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS & OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

2. How is each listed ventilation hood system cleaned?

SINKS

1. Is a mop sink present? **YES () NO ()**
 If no, please describe facility for cleaning of mops and other equipment:

2. If the menu dictates, is a food preparation skin present? **YES () NO ()**

DISHWASHING FACILITIES

1. Will sinks or a dishwasher be used for ware washing?

- Dishwasher ()
- Two compartment sink ()
- Three compartment sink ()

DISHWASHING FACILITIES (continued)

2. Dishwasher

Type of sanitization used:

Hot water (temp. provided)_____

Booster heater_____

Chemical type_____

Is ventilation provided? **YES () NO ()**

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

YES () NO ()

4. Do all dish machines have temperature/pressure gauges as required that are accurately working?

YES () NO ()

5. Does the largest pot and pan fit into each compartment of the pot sink?

YES () NO ()

If no, what is the procedure for manual cleaning and sanitizing?

6. Are there drain boards on both ends of the pot sink?

YES () NO ()

7. What type of sanitizer is used?

Chlorine ()

Iodine ()

Quaternary ammonium ()

Hot Water ()

Other ()

HANDWASHING/TOILET FACILITIES

1. Is there a hand-washing sink in each food preparation and ware washing area?

YES () NO ()

2. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet?

YES () NO ()

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?

YES () NO ()

4. Is hand cleanser available at all hand-washing sinks?

YES () NO ()

