

# Dubois County Health Department – Food Protection Program APPLICATION FOR PLAN REVIEW

Please complete the following, as is applicable to the retail food establishment.

Owner/Corporation Information:

Name: _____
Contact Person: _____
Telephone Number: _____
Mailing Address: _____
_____

Engineer/Architect Information:

Name: _____
Contact Person: _____
Telephone Number: _____
Mailing Address: _____
_____

Establishment Information:

(Check one) <input type="checkbox"/> New Construction	<input type="checkbox"/> Existing/Remodel	Project #: _____
Establishment Name: _____		
Contact Person: _____	Title: _____	
Establishment Telephone #: _____	Contact Person Telephone #: _____	
Establishment Mailing Address: _____		
Establishment Street Address: _____		
Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	
♦ If private, do you have approval from appropriate regulatory authority? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Hours of Operation: _____	Days of Operation: _____	

Contents and Specifications for Facility and Operating Plans as required in Section 110 of 410 IAC 7-24:

(Please check items submitted for review)
<input type="checkbox"/> Intended menu (What do you intend to serve?)
<input type="checkbox"/> Floor plan and kitchen layout
<input type="checkbox"/> \$50 initial fee for plan review

(Signature of Applicant)

\_\_\_\_\_

(Relationship to Project)

\_\_\_\_\_

(Date Signed)

\_\_\_\_\_

Note: If all the required information is not submitted to the regulatory authority, it may delay the review process of your plans and possibly delay construction.

# Dubois County Health Department – Food Protection Program

## PLAN REVIEW QUESTIONNAIRE

1. Please answer the following questions.

Return this completed questionnaire along with your proposed menu and floor plan to our office at:  
1187 S St Charles Street, Jasper, IN 47546.

2. If you have any questions please call (812) 481-7055.

3. This questionnaire is designed as a guideline only. It is not a complete list of requirements.

4. The sanitation requirements noted in this document are specified under the TITLE 410 IA 7-24  
Please use the code as it pertains to the section numbers referenced at the end of each question.

Name of the facility and location: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Contact name and phone number: \_\_\_\_\_

Contact email: \_\_\_\_\_

***\*You must provide a floor plan of your facility and your menu.\****

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

**Dubois County Offices:**

Weights & Measures (812-481-7095)

**Huntingburg City Offices:**

City Hall (812-683-2211)

**City of Jasper Offices:**

City Utilities (812-482-9131)

Development/Planning (812-482-4255)

Fire & City Codes (812-482-1741)

ESTABLISHMENT INFORMATION

Number of seats: \_\_\_\_\_

Total square feet of the facility: \_\_\_\_\_

Number of floors on which operations are conducted: \_\_\_\_\_

Will any operations be conducted in a basement: \_\_\_\_\_

Will any operations be conducted offsite: \_\_\_\_\_

Maximum meals to be served: Total \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_  
(Approximate number)

Type of service:	Sit down meals _____	Mobile Vendor _____
(Check all that apply)	Take out _____	Other _____
	Caterer _____	

Who will be your certified food handler and what is their title? (Title 410 IAC 7-22)

\_\_\_\_\_

How will employees be trained in food safety? (Section 119)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*The following procedures/questions should be considered before any further planning or 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.*

*If any questions do not apply to your operation, please indicate with an N/A. Do not leave the question blank*

**FOOD**

1. Please provide a list of all planned food vendors. (Section 142) (*US Foods, Sysco, etc*)

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2. Explain your procedure when receiving food deliveries. (Section 166) (*Example: temperatures checked, inspect for damage, etc*).

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What is the anticipated frequency of food deliveries for: Frozen \_\_\_\_\_ Fresh \_\_\_\_\_ Dry \_\_\_\_\_

3. Do you intend to serve raw oysters? Yes \_\_\_ No \_\_\_ NA \_\_\_

If so, please list supplier information and procedures for receiving, storing and serving product (Section 155-161).

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4. Do you intend to make low-acid or acidified foods and intend your products to be shelf stable? If so, have you passed the Better Process and Control School exam? (Section 143)

Yes \_\_\_ No \_\_\_ NA \_\_\_

*Please include a copy of the certification.*

5. Do you intend to make reduced oxygen packaged (ROP) foods? (Section 195)

Yes \_\_\_ No \_\_\_

If yes, please list these ROP foods.

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**FOOD PREPARATION**

6. If foods are prepared a day or more in advanced, please list these food items:

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7. 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.? (Section 171)

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8. Section 191 of the Food Code requires date marking of all foods, please describe your date marking system including the number of days you will be keeping foods.

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9. Will all produce be washed prior to use? (Section 175) Yes\_\_\_ No\_\_\_ NA\_\_\_

If no, why? \_\_\_\_\_

If yes, where? (*which sink?*) \_\_\_\_\_

10. Describe the procedure to minimize the amount of time foods (*that require temperature control for safety*) will be kept in the temperature danger zone (41°F-135°F) during preparation. (Section 187)

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11. Provide a list of the types of food that will need to be thawed before cooking. (Section 199)

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

12. Provide a list of the types of food that will need to be "Rapidly cooled" (*e.g. leftovers, cooked pasta, etc.*). (Sections 189, 190)

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

13. What procedures will be in place to ensure that previously cooked foods are reheated to 165°F or above? (Section 188)

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14. Will a buffet be served? Yes\_\_\_\_ No\_\_\_\_ NA\_\_\_\_

If yes, who will be responsible for ensuring that the buffet is protected from consumer contamination? (Section 181) \_\_\_\_\_

### HOT AND COLD HOLDING

15. Will "Time as a Public Health Control" (Section 193) be used for food(s) which requires temperature control for safety (either hot or cold)? Yes\_\_\_\_ No \_\_\_\_ NA\_\_\_\_

*Note: These procedures must be submitted and approved before their use.*

16. 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. (Section 196)*

17. Who (line cook, kitchen manager, etc.) will be assigned the responsibility of taking food temperatures? Identify each step when temperatures will be taken. (Section 119) (*cooking, cooling, hot holding etc.*)

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18. Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in refrigeration unit(s) (*i.e. walk in coolers, under the counter coolers*). (Section 173)

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19. Describe the storage of different types of raw meat and seafood in the same unit and how cross-contamination will be prevented. (Section 173)

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## SANITIZATION

20. Who will be assigned the responsibility of ensuring the correct amount of sanitizer will be used? (Section 119) \_\_\_\_\_

21. What type of chemical sanitizer(s) will the facility use? (Section 294) (*chlorine, quats, etc*)

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22. Will the facility have test kits/papers on site for all types of chemical sanitizers? (Section 291)

Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

23. Please explain how cooking equipment, cutting boards, counter tops and other food contact surfaces, which cannot be submerged in a sink or put through a dishwasher, will be sanitized? (Section 303)

## POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS

24. Where will poisonous or toxic materials be stored (*such as detergents, degreasers, sanitizers*)? (Section 439)

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25. Will the facility use a hand sanitizer? (Section 131) Yes\_\_\_\_\_ No\_\_\_\_\_

If so, what brand? \_\_\_\_\_

26. Will the facility ensure that insecticides and rodenticides are "Approved for Use in Food Establishments" and that they are applied in a safe manner? (Section 119)

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27. Will all chemical spray bottles be clearly labeled? (Section 438) Yes\_\_\_\_\_ No \_\_\_\_\_

28. Where will first aid supplies be stored? (Section 421)

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## MISCELLANEOUS

29. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters? (sect. 423) Yes\_\_\_\_\_ No\_\_\_\_\_ NA \_\_\_\_\_

*PLEASE NOTE: The following list of questions should be generally completed by the architect/contractor/engineer.*

## DISHWASHING

30. Dishwashing methods (Section 269) (check one or both):

3 Compartment Sink \_\_\_\_\_ Dishmachine \_\_\_\_\_

31. If a 3 compartment sink is used, which sanitizing method will you use:

Hot Water \_\_\_\_\_ Chemical \_\_\_\_\_



32. If a dish machine is used, please answer the following questions:

a. Which sanitizing method will you use: Hot Water \_\_\_\_\_ Chemical \_\_\_\_\_

b. If hot water, do you have a booster heater? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

c. If hot water, how will you ensure that the unit is sanitizing the utensils?

(Section 258, 303) \_\_\_\_\_

d. Does your chemical dish machine have an alarm that indicates when more chemical sanitizer needs to be added? (Section 281) Yes \_\_\_\_\_ No \_\_\_\_\_

e. What type of alarm will be used to detect when the sanitizer is too low?

Sound \_\_\_\_\_ Visual \_\_\_\_\_

33. Can the largest piece of equipment be submerged into the 3 compartment sink or dish machine? (Section 233) Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

34. Does your facility have enough drain boards/utensil racks/carts for the air drying of equipment and utensils for either the 3 compartment sink or the dish machine? (Section 289)

Please describe below.

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## WATER SUPPLY

35. Is the water supply public ( ) or private ( )? If public, skip to question #36.

a. If private, has the source been tested? (Section 327) Yes \_\_\_\_\_ No \_\_\_\_\_

b. If so, when was the last test \_\_\_\_\_

c. Did you send us a copy of the lab results? Yes \_\_\_\_\_ No \_\_\_\_\_

## WASTE WATER/SEWAGE DISPOSAL

36. Is the sewage disposal system public ( ) or private ( )? If public, skip to question #35.

a. Has the waste treatment system been approved by the state or local septic inspector?

(Section 376) Yes \_\_\_\_\_ No \_\_\_\_\_

*Please provide a copy of the approval.*

**PLUMBING**

(Please be aware any changes in existing plumbing may need to be approved by the applicable governing body.)

37. Are hot and cold water fixtures provided at every sink? (Section 330) Yes \_\_\_\_\_ No\_\_\_\_\_

38. If a water supply hose is to be used for potable water, is it made from food-grade materials?  
(Section 364) Yes \_\_\_\_\_ No\_\_\_\_\_

38. Please provide information regarding the water heater for your establishment: the volume and capacity as well as the recovery time. (Section 329)

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39. Has contact been made to the municipality to determine if a grease trap is required?

Yes\_\_\_\_ No\_\_\_\_ NA\_\_\_\_\_

40. What would be the frequency of cleaning for the grease trap? (Section 378)

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**HANDWASHING/TOILET FACILITIES**

41. Handwashing sinks are required in each food preparation and dishwashing area.

(Section 344) How many hand sinks will be provided? \_\_\_\_\_

42. Are all toilet room doors self-closing where applicable? (Section 352) Yes \_\_\_\_\_ No\_\_\_\_\_

43. Are all toilet rooms equipped with adequate ventilation? (Section 309) Yes\_\_\_\_\_ No \_\_\_\_\_

**ROOM FINISH SCHEDULE (Surface materials used.)**

43. Please indicate which materials (i.e. quarry tile (QT), stainless steel (SS), plastic cove molding (PCM), fiberglass reinforced panels (FRP) will be used in the following areas.

(Section 402)

AREA	FLOOR	COVING (Baseboard)	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**

44. Are separate dressing rooms/lockers provided? (Section 417) Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

45. Describe the storage location for employees' coats, purses, medicines and, lunches.

(Sections 418, 422) \_\_\_\_\_  
\_\_\_\_\_

46. Where is the designated area for employees to eat and drink? (Section 136)

\_\_\_\_\_

**EQUIPMENT**

47. Will all of the equipment meet the design and construction for the American National Standards Institute (ANSI) standards or meet section 205 requirements? Yes \_\_\_\_ No \_\_\_\_

48. Will the utensils and food storage containers be made from food-grade quality materials? (Section 205) Yes \_\_\_\_ No \_\_\_\_

49. Will any pieces of used equipment be utilized? (Section 106) Yes \_\_\_\_ No \_\_\_\_ NA \_\_\_\_  
If so, please list equipment types: \_\_\_\_\_  
\_\_\_\_\_

50. Is the ventilation hood system sufficient for the needs of the facility? (Section 307)  
Yes \_\_\_\_ No \_\_\_\_ NA \_\_\_\_

51. Will all of the equipment used for the storage of potentially hazardous foods be able to meet the minimum temperature requirements (*frozen food 0°F, cold food 41°F, and hot food 135°F*)?  
Yes \_\_\_\_ No \_\_\_\_ NA \_\_\_\_

52. Please list equipment types for the hot and cold holding of foods. During serving?  
During transporting? (Section 187)  
\_\_\_\_\_  
\_\_\_\_\_

53. Will each refrigeration unit have a thermometer? (Section 256) Yes \_\_\_\_ No \_\_\_\_

54. What types of counter protective guards for food (*sneeze guards*) will be used for consumer self-service? (Section 179)  
\_\_\_\_\_

**INSECT AND RODENT HARBORAGE**

55. Will all outside doors be self-closing, when applicable, and rodent/insect proof? (Section 413) Yes \_\_\_\_ No \_\_\_\_

56. Will screens be provided on any open windows/doors to the outside?

(Section 413) Yes \_\_\_\_\_ No \_\_\_\_\_

57. Will air curtains be installed (*made from either plastic or mechanical*); if so, where on outer openings? (Section 413) \_\_\_\_\_

58. Will all pipes and electrical conduit chases be sealed (*i.e. ventilation systems, exhaust and intake be protected*)? (Section 414) Yes \_\_\_\_\_ No \_\_\_\_\_

59. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions? (Section 426) Yes \_\_\_\_\_ No \_\_\_\_\_

60. Do you plan to use a pest control service? Yes \_\_\_\_\_ No \_\_\_\_\_

Frequency \_\_\_\_\_ Company \_\_\_\_\_

### REFUSE AND RECYCLABLES

61. Describe the surface that the outside dumpster will be located on? (Section 382)

\_\_\_\_\_

62. Where will recyclables be stored prior to pick-up?

\_\_\_\_\_

*For more information, please call (812) 481-7055 to make an appointment. Staff has office hours from 8am to 4pm Monday through Friday expect for holidays.*