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

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

<table>
<thead>
<tr>
<th>Owner/Corporation Information:</th>
<th>Engineer/Architect Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ________________________</td>
<td>Name: ________________________</td>
</tr>
<tr>
<td>Contact Person: _______________</td>
<td>Contact Person: _______________</td>
</tr>
<tr>
<td>Telephone Number: ______________</td>
<td>Telephone Number: ______________</td>
</tr>
<tr>
<td>Mailing Address: _______________</td>
<td>Mailing Address: _______________</td>
</tr>
</tbody>
</table>

Establishment Information:

<table>
<thead>
<tr>
<th>(Check one)</th>
<th>New Construction</th>
<th>Existing/Remodel</th>
<th>Project #: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishment Name:</td>
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<tr>
<td>Contact Person:</td>
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<td>Title:</td>
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<td>Establishment Telephone #:</td>
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<tr>
<td>Contact Person Telephone #:</td>
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<tr>
<td>Establishment Mailing Address:</td>
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<tr>
<td>Establishment Street Address:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Water Supply:</th>
<th>Public</th>
<th>Private</th>
<th>Sewage Disposal:</th>
<th>Public</th>
<th>Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>If private, do you have approval from appropriate regulatory authority?</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Hours of Operation: | | | |
| Days of Operation: | | | |

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

<table>
<thead>
<tr>
<th>(Please check items submitted for review)</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Intended menu (What do you intend to serve?)</td>
</tr>
<tr>
<td>____ Floor plan and kitchen layout</td>
</tr>
<tr>
<td>____ $75 initial fee for plan review</td>
</tr>
</tbody>
</table>

(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)  
**City of Jasper Offices:**

City Utilities (812-482-9131)  

**Huntingburg City Offices:**

Development/Planning (812-482-4255)  

City Hall (812-683-2211)  

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

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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).

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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.

____________________________________________________________________________________

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

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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)

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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)

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

5
11. Provide a list of the types of food that will need to be thawed before cooking. (Section 199)

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>TYPES OF FOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigeration</td>
<td></td>
</tr>
<tr>
<td>Running water less than 70°F</td>
<td></td>
</tr>
<tr>
<td>Microwave as part of the cooking process</td>
<td></td>
</tr>
<tr>
<td>Cook from frozen</td>
<td></td>
</tr>
<tr>
<td>Other (describe)</td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>TYPES OF FOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shallow pans under refrigeration</td>
<td></td>
</tr>
<tr>
<td>Ice and water bath</td>
<td></td>
</tr>
<tr>
<td>Reduced volume (quartering a large roast)</td>
<td></td>
</tr>
<tr>
<td>Ice paddles</td>
<td></td>
</tr>
<tr>
<td>Rapid chill devices (blast freezer)</td>
<td></td>
</tr>
<tr>
<td>Other (describe)</td>
<td></td>
</tr>
</tbody>
</table>

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

_____________________________________________________________________________________
_____________________________________________________________________________________

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.)

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)

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)

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)

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

________________________________________________________________________________________

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)

________________________________________________________________________________________

27. Will all chemical spray bottles be clearly labeled? (Section 438) Yes____ No____

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

________________________________________________________________________________________

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.
    ________________________________________________________
    ________________________________________________________

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) 
__________________________________________________________________________ 
__________________________________________________________________________ 

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) 
__________________________________________________________________________  

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)

<table>
<thead>
<tr>
<th>AREA</th>
<th>FLOOR</th>
<th>COVING (Baseboard)</th>
<th>WALL</th>
<th>CEILING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Consumer</td>
<td></td>
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</tr>
<tr>
<td>Self Service</td>
<td></td>
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</tr>
<tr>
<td>Serving Line</td>
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</tr>
<tr>
<td>Bar</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Food Storage</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet Rooms</td>
<td></td>
<td></td>
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<tr>
<td>Garbage Storage</td>
<td></td>
<td></td>
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<tr>
<td>Mop/Service</td>
<td></td>
<td></td>
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<tr>
<td>Sink Area</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Dishwashing</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
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<tr>
<td>Other</td>
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<td></td>
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</tr>
</tbody>
</table>

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.*