



**Plan Review Application**

Please answer the following questions and return this form to our office. If you have any questions please call 765-762-3035. This questionnaire is not a complete list of requirements but should be used as a guideline. The sanitation requirements noted in this document are specified under the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24. Please use this rule as it pertains to section numbers referenced at the end of each question.

**Owner/Corporation Information:**

Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Establishment Information:**

\_\_\_ New Construction      \_\_\_ Existing/Remodel      Project # \_\_\_\_\_  
 Establishment Name \_\_\_\_\_  
 Establishment Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
 Contact Person's Phone \_\_\_\_\_  
 Projected Start Date \_\_\_\_\_ Projected Completion Date \_\_\_\_\_

**Engineer/Architect Information:**

Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

***Recommended plan sizes should not exceed 11" x 14". Include layout of the floor plan.***

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

Zoning \_\_\_\_\_ Plumbing \_\_\_\_\_ Septic \_\_\_\_\_ Planning \_\_\_\_\_  
 Electric \_\_\_\_\_ Fire \_\_\_\_\_ Building \_\_\_\_\_

Number of floors on which operations will be conducted \_\_\_\_\_  
 Number of seats \_\_\_\_\_ Total square feet of facility \_\_\_\_\_  
 Approximate maximum number of meals to be served  
 Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_



Days and Hours of Operation:

\_\_\_\_\_ Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed  
\_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat

Type of service (check all that apply)

Sit down meals \_\_\_\_\_ Take out \_\_\_\_\_ Caterer \_\_\_\_\_ Mobile Vendor \_\_\_\_\_  
Other \_\_\_\_\_

Please list job title of the certified food handler (title 410 IAC 7-22) \_\_\_\_\_

How will employees be trained in food safety (section 119) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Food

Special consideration needs to be given to the **Standard Sanitary Operating Procedures** (SSOP). The following procedures and questions should be considered before any planning/construction begins. This section should be completed by the operator.

Please provide a list of all planned food vendors (section 142)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the procedure for receiving food shipments (section 166)? Are temperatures checked and containers inspected for damage? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Is your facility required to have pasteurized products (section 153)? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you intend to make low-acid or acidified foods and intend your products to be shelf stable?  
Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

If yes, have you passed the **Better Process and Control School** exam (section 143)?  
Please provide a copy of the certification.

Do you intend to make reduced oxygen packaged (ROP) (def. 73) foods (section 195)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list the ROP foods \_\_\_\_\_  
\_\_\_\_\_

**Food Preparation**

Please list the foods that will be prepared a day or more in advanced \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What will be your procedure to prevent employees from touching foods that are ready-to-eat and will not be cooked or heat treated (e.g. sushi, lettuce, buns, etc.) (section 171)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe your date marking system (section 191) for potentially hazardous (section 66) ready-to-eat foods (sections 72, 191) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Will all produce be washed prior to use (section 175)? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_  
 If no, why not? \_\_\_\_\_

Describe the procedure to minimize the amount of time potentially hazardous foods will be kept in the temperature danger zone (41° F – 135° F) during preparation (section 189) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provide a list of food that will need to be thawed before cooking next to the process it will be used to thaw (e.g. frozen meat)(section 199)

Process	Type of Food
Refrigeration	
Running water less than 70° F	
Microwave as part of the cooking process	
Cook from frozen	
Other (describe)	

Provide a list of food that will need to be cooled next to the process in which it will be used to cool (e.g. leftovers)(section 189, 190)

Process	Type of Food
Shallow pans under refrigeration	
Ice and water bath	
Reduced volume (e.g. quartering a large roast)	
Ice paddles	
Rapid chill devices (e.g. blast freezer)	
Other (describe)	

What procedures will be in place to ensure that foods are reheated to 165 F or above (section 188)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Will a buffet be served? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_  
 If yes, who will be responsible for ensuring that he buffet is protected from consumer contamination (section 181)? \_\_\_\_\_

### Hot and Cold Holding

Will **Time as a Public Health Control** (section 193) be used for potentially hazardous food(s) either hot or cold? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_ Note: These procedures must be submitted and approved before use

Will raw animal food be offered to the public in an undercooked form (e.g. sushi, rare hamburgers, eggs over easy)? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

If yes, please attach your consumer advisory statement (section 196)

Who will be assigned the responsibility of taking food temperatures and how will temperatures be taken (section 119)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe how cross-contamination of raw meat and ready-to-eat food will be prevented in a refrigeration unit(s) (i.e. walk-in coolers, under the counter coolers, etc.)(section 173) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Who will be assigned the responsibility of ensuring the correct amount of sanitizer being used (section 119)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of chemical sanitizer(s) will be the facility use (section 294)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

How will cooking equipment, cutting boards, counter tops and other food contact surfaces, which cannot be submerged in a sink or put through a dishwasher, be sanitized (section 303)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Poisonous or Toxic Materials and Personal Care Items

Where will poisonous or toxic materials be stored? Including any for retail sale (section 439)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the facility use a hand sanitizer (section 131)? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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)? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

If no, why not? \_\_\_\_\_

Will all spray bottles be clearly labeled (section 438)? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

If no, why not? \_\_\_\_\_

Where will first aid supplies be stored (section 421)? \_\_\_\_\_  
\_\_\_\_\_

### Miscellaneous

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

Has the facility registered or applied for a permit from the regulatory authority (section 107)?

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

**The following list of questions generally should be completed by the architect, contractor, or engineer.**

### Warewashing/Dishwashing

What are the dishwashing methods (section 269)?

3-compartment Sink \_\_\_\_\_ Dish Machine \_\_\_\_\_ Both \_\_\_\_\_

If a 3-compartment sink is used, which sanitizing method will be used? Hot Water \_\_\_\_\_ Chemical \_\_\_\_\_

If a dish machine is used, which sanitizing method will be used? Hot Water \_\_\_\_\_ Chemical \_\_\_\_\_

If using hot water, how will you ensure that the unit is sanitizing the utensils (sections 258, 303) \_\_\_\_\_

\_\_\_\_\_

If using hot water, will a booster heater be used? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

If no, why not? \_\_\_\_\_

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

What type of alarm will be used to detect when the sanitizer is too low? )? Sound \_\_\_\_\_ Visual \_\_\_\_\_

Can the largest piece of equipment be submerged into the 3-compartment sink or dish machine (section 233)?

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

Does the facility plan to use alternative manual warewashing equipment (section 233)?

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

If yes, please submit your procedure in a separate document for review.

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Water Supply

Is the water supply: Public \_\_\_\_\_ Private \_\_\_\_\_

If public, skip next question

### Waste Water/Sewage Disposal

Is the sewage disposal system: Public \_\_\_\_\_ Private \_\_\_\_\_

If public, skip next question

Has the waste treatment system been approved by the state or local septic inspector (section 376)?

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

If yes, please submit your procedure on a separate document for review.

### Plumbing

Are hot and cold water fixtures provided at every sink (section 33)? Yes \_\_\_\_\_ No \_\_\_\_\_

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

What is the recovery time, volume, and capacity of the hot water heater (section 329)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following technical information is needed on the proposed plumbing. This section is best completed by a licensed plumber or engineer (section 336).

Fixture	Water Supply					Sewage Disposal		
	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Dishwasher								
Ice Machine(s)								
Mop/Service Sink								
3-Compartment Sink								
2-Compartment Sink								
1-Compartment Sink								
Hand Sink(s)								
Dipper Well								
Hose Connections								
Asian Wok/Stove								
Toilet(s)								
Kettle(s)								
Thermalizer								
Overhead Spray Hose								
Other Spray Hose(s)								
Other:								
Other:								
AVB=Atmospheric Vacuum Breaker					HB=Hose Bib Vacuum Breaker			
PVB=Pressure Vacuum Breaker					VDC=Vented Double Check Valve			

Has contact been made to the municipality to determine if a grease trap is required? Yes \_\_\_\_\_ No \_\_\_\_\_

What would be the frequency of cleaning for the grease trap (section 378)? \_\_\_\_\_

**Handwashing/Toilet Facilities**

Handwashing sinks are required in each food preparation and dishwashing area (section 344).  
How many hand sinks will be provided? \_\_\_\_\_

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

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

**Room Finish Schedule – What the Interior of the Facility will look like**

Please indicate which materials (i.e. quarry tile, stainless steel = SS, plastic cove molding, etc.) will be used in the following areas (section 402).

Area	Floor	Coving	Wall	Ceiling
Bar				
Consumer Self Service				
Dishwashing				
Food Storage				
Garbage Storage				
Kitchen				
Mop/Service Sink Area				
Serving Line				
Toilet Rooms				
Other				
Other				

**Personal Belongings**

Are separate dressing rooms/lockers provided for the employees (section 417)?

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

Describe the storage location for employee’s personal belongings (sections 418, 422) \_\_\_\_\_

\_\_\_\_\_

Where is the designated area for employees to eat, drink, and use tobacco (section 136)? \_\_\_\_\_

\_\_\_\_\_



**Equipment**

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

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

Will any pieces of used equipment be utilized (section 106)? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

If so, please list equipment type \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the ventilation hood system sufficient for the needs of the facility (section 307)?

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

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, hot food 135 F)? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

Please list equipment types for the hot and cold holding of foods; also during serving or transporting (section 187)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will each refrigeration unit have a thermometer (section 256)? Yes \_\_\_\_\_ No \_\_\_\_\_

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

**Insect and Rodent Harborage**

Will all outside doors be self-closing, when applicable, and rodent/insect proof (section 413)?

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

Will screens be provided on any open windows/doors to the outside (section 413)? Yes \_\_\_\_\_ No \_\_\_\_\_

Will air curtains be installed (made from either plastic or mechanical)? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where on out outer openings (section 413)? \_\_\_\_\_  
\_\_\_\_\_

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

Is the area around the building clear of unnecessary debris, brush, and other harborage conditions (section 426)?

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

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

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

### Reuse and Recyclables

Describe the surface for refuse/recyclables that the outside dumpster will be located on (section 382)? \_\_\_\_\_

\_\_\_\_\_

Where will recyclables be stored prior to pick-up? \_\_\_\_\_

\_\_\_\_\_

### Lighting

What are the foot candles of light for the following areas (section 411)?

Food Prep Areas \_\_\_\_\_ Dishwashing areas \_\_\_\_\_

Dry Storage Areas \_\_\_\_\_ Restrooms and walk-in refrigeration units \_\_\_\_\_

*Please check items submitted for review. Other information may be required by the regulatory authority for the proper review of the proposed construction, conversion, or modification, and procedures for operating a retail food establishment. Contents and Specifications for Facility and Operating Plans as required in Section 110 or 410 IAC 7-24.*

\_\_\_ Proposed menu (including seasonal, off-site, and banquet menus

\_\_\_ Anticipated volume of food to be stored, prepared, sold, or served

\_\_\_ Proposed layout, mechanical schematics, construction materials, and finish schedules

\_\_\_ Proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities, and installation specifications

\_\_\_ Evidence that standard procedures that ensure compliance with ISDH Rule 410 IAC 7-24 are developed or are being developed

\_\_\_ Plan review questionnaire completed and submitted to the regulatory authority

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_