Food Establishment Plan Review Application

The following are examples of situations that may require a plan review:

- Newly constructed building
- Reopening of a food establishment closed longer than ninety (90) days
- Remodel of an existing facility: Remodeling does not include redecorating, cosmetic refurbishing, altering seating design or reducing seating capacity.

Steps to obtain a Food Establishment License:

Step 1: Submit Application
Please complete this form and submit to our office along with the following items. Plans will not be accepted or reviewed until all items are submitted.

- Food Establishment Plan Review Application (this form, pages 2-11)
- Proposed menu or list of all food and beverage items
- Site plan (including dumpster area)
- Facility floor plan, drawn to scale
- Equipment list with make & model numbers

Step 2: Plan Review
MCPHD Food & Consumer Safety will review the plans in the order they are received. According to Title 410 IAC 7-24 Retail Food Establishment Sanitation Requirements to allow verification that the retail food establishment is constructed, equipped, and otherwise meets the requirements of the rule, the regulatory authority shall be notified of intent to operate at least 30 days before registering. In order to provide timely and accurate review of your application, all required information listed above must be received before Food & Consumer Safety can complete your plan review. When the review is complete, you will receive a letter reporting the findings of the review (approval, denial or request for additional information).

Step 3: Licensing Inspection
Once the food establishment is ready for an inspection, contact MCPHD Food & Consumer Safety for an inspection. Please call at least one week in advance to schedule an inspection. All hot and cold holding equipment needs to be on and maintaining required temperature. Upon successful inspection, an application for license will be issued.


**Establishment Name & Location**
1. Establishment Name

2. Establishment Address

**Owner & Contact Information**
3. Owner
   *If the owner is a corporation, give the corporate name and the name of an officer of the corporation.*

4. Owner’s Full Mailing Address

   Owner’s Phone: __________________________ Owner’s Email: __________________________

5. Contact Person (if different from the owner)

   Contact’s Phone __________________________ Contact’s Email __________________________

6. Architect/Designer (If applicable)

**Establishment Information**
7. Type of Establishment  (Please check one)

<table>
<thead>
<tr>
<th>Bakery</th>
<th>Restaurant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caterer</td>
<td>School</td>
</tr>
<tr>
<td>Commissary</td>
<td>Tavern</td>
</tr>
<tr>
<td>Other:</td>
<td>Grocery</td>
</tr>
</tbody>
</table>

8. Probable Construction Starting Date

9. Probable Opening Date

10. Select one:

    - ☐ Newly Constructed Building
    - ☐ Remodel of an Existing Facility
    - ☐ Other (explain) __________________________

11. Previous Use of Building

   *(If it was a food establishment, give the name of the establishment.)*

12. Please check if applicable to your project:

    - ☐ Newly installed exhaust hood
    - ☐ Existing exhaust hood
    - ☐ Updated exhaust hood
13. Select One:

- □ Dine-In Number of seats: _______
- □ Carry-Out Only
- □ Other: __________________________

14. Number of Persons Employed (max/shift) ____________________________________

15. Total Square Feet of the Facility_____________________________________________

16. Hours of Operation___________________________________________________________

17. Days of Operation___________________________________________________________

18. Start month if seasonal (operating 6 months or less a year) _______________________

**Employee Training**

19. Who (job title) will be your certified food handler? _____________________________

20. How will employees be trained in food safety? _________________________________

_____________________________________________________________________________

**Food Supplies**

21. Are all food supplies from inspected and approved sources? □ Yes □ No □

Provide a list of all food vendors (attach additional sheet if needed):

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

22. What are the projected frequencies of deliveries for:

- Frozen foods
- Refrigerated foods
- Dry goods

_____________________________________________________________________________

_____________________________________________________________________________

23. What is the procedure for receiving food shipments?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

24. Provide information on the amount of space (in cubic feet) allocated for:

- Dry storage __________________________
- Refrigerated Storage __________________
- Frozen storage ________________________
25. How will dry goods be stored off the floor?
____________________________________________________________________
____________________________________________________________________

**Cold Storage**

26. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked or ready-to-eat foods?  □ Yes □ No

If yes, how will cross-contamination be prevented?
____________________________________________________________________
____________________________________________________________________

27. Does each refrigerator/freezer have a thermometer?  □ Yes □ No □ N/A

   Number of refrigeration units: _____   Number of freezer units: _____

28. Is there a bulk ice machine?  □ Yes □ No

**Thawing Frozen Potentially Hazardous Food:**

29. Will PHF’s be thawed?  □ Yes □ No

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply.

<table>
<thead>
<tr>
<th>THAWING METHOD</th>
<th>THICK FROZEN FOODS</th>
<th>THIN FROZEN FOODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigeration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Running Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 70°F (21°C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microwave</td>
<td></td>
<td></td>
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<tr>
<td>(as part of cooking process)</td>
<td></td>
<td></td>
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<tr>
<td>Cooked from Frozen state</td>
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<td></td>
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<tr>
<td>Other (describe)</td>
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</tbody>
</table>

**Cooking:**

30. Will food product thermometers be used to measure final cooking/reheating temperatures of potentially hazardous foods (PHF's)?  □ Yes □ No □ N/A

What type of temperature measuring device will be used?
Digital thermometer □ Dial thermometer □ Thermocouple
☐ Oven probe with cord □ Dial oven safe □ Other
☐ Thermometer Fork Combination □ Disposable Temperature Indicators

**Hot/Cold Holding:**

31. Will hot PHF’s be maintained at 135°F or above during holding for service? □ Yes □ No
   If yes, describe how hot PHF’s will be maintained at 135°F or above.
   Indicate type and number of hot holding units.

32. Will cold PHF’s be maintained at 41°F or below during holding for service? □ Yes □ No
   If yes, describe how cold PHF’s will be maintained at 41°F or below.

33. Will there be a buffet? □ Yes □ No
   If yes, please submit elevated drawings of the buffet and sneeze guard protection.

34. Will “Time as a Public Health Control” be used for potentially hazardous foods? □ Yes □ No
   Note: Procedures must be submitted and approved before their use.

**Cooling:**

35. Will PHF’s be cooked and cooled? □ Yes □ No
   If yes, please indicate by checking the appropriate boxes how PHF’s will be cooled to 41°F within 6 hours
   (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours).

<table>
<thead>
<tr>
<th>COOLING METHOD</th>
<th>THICK MEATS</th>
<th>THIN MEATS</th>
<th>THIN SOUPS/ GRAVY</th>
<th>THICK SOUPS/ GRAVY</th>
<th>RICE/ NOODLES/ PASTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shallow Pans</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Ice Baths</td>
<td></td>
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<tr>
<td>Reduce Volume or Size</td>
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<tr>
<td>Rapid Chill</td>
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<tr>
<td>Other</td>
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</tbody>
</table>
Reheating:
36. Will PHF’s that are cooked and cooled be reheated? ☐ Yes ☐ No

If yes, how will PHF’s 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?

____________________________________________________________________________________

____________________________________________________________________________________

If yes, how will food be reheated to 165°F for hot holding be done rapidly and within 2 hours?

____________________________________________________________________________________

____________________________________________________________________________________

Preparation:
37. Will foods be prepared more than 12 hours in advance of service? ☐ Yes ☐ No

If yes, list categories of foods prepared more than 12 hours in advance of service.

____________________________________________________________________________________

____________________________________________________________________________________

38. How will bare hand contact with ready-to-eat foods be eliminated?
☐ N/A ☐ Disposable Gloves ☐ Deli Tissue ☐ Foil Wrap
☐ Tongs or other dispensing equipment ☐ Combination ☐ Other

39. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? ☐ ☐ Yes ☐ No

If ‘Yes’, please describe briefly or attach:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

40. 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 ☐ N/A ☐

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

____________________________________________________________________________________

____________________________________________________________________________________
41. Will produce be washed on-site, purchased prewashed or a combination of both?

☐ N/A   ☐ On-site   ☐ Purchased pre-washed   ☐ Combination

If produce will be washed on-site, is a stainless steel vegetable preparation sink provided?  ☐ Yes ☐ No

42. Describe the procedure used for minimizing the length of time PHF’s will be kept in the temperature danger zone (41°F - 135°F) during preparation.

____________________________________________________________

43. Do you intend to do vacuum packaging or reduced oxygen packaging of any foods?  ☐ Yes ☐ No

44. Will the facility be serving food to a highly susceptible population?  ☐ Yes ☐ No

**In-Place Sanitization:**

45. What type of chemical sanitizer(s) will the facility use?

☐ Chlorine   ☐ Iodine   ☐ Quaternary Ammonium   ☐ Other

46. Will the facility have pH test kits for each type of chemical sanitizer?  ☐ Yes ☐ No

**Warewashing/Dishwashing:**

47. Dishwashing methods (check applicable items)   ☐

☐ 3-Compartment sink   ☐ Dishmachine   ☐ Other

48. For a 3-compartment sink, which sanitizing method will you use:  ☐ Hot water   ☐ Chemical

49. For a dishmachine, which sanitizing method will you use:  ☐ Hot water   ☐ Chemical

50. If a chemical dishmachine is used, does it have an alarm that indicates when more chemical sanitizer needs to be added?  ☐ Yes ☐ No

51. What type of alarm will be used to detect when the sanitizer is too low?  ☐ Sound   ☐ Visual

52. Can the largest piece of equipment be submerged into the 3-compartment sink or dishmachine?

☐ Yes ☐ No

If no, 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?

____________________________________________________________

53. Does the facility plan to use alternative manual warewashing equipment?  ☐ Yes ☐ No ☐ N/A

*If yes, please submit your alternative procedure for review.*
Water Supply
54. Is the water supply (check one): ☐ public (city water) ☐ private (well) ☐ unknown

55. If private, has the source been tested? ☐ Yes ☐ No ☐
(If yes, include a copy of the lab results).

Waste Water/Sewage Disposal
56. Is the sewage disposal system: ☐ public (sewer) ☐ private (septic) ☐ unknown

57. If private, has the sewage disposal system been approved by the state or local septic inspector?
☐ Yes ☐ No ☐ (Please provide a copy of the approval).

Plumbing
58. Are hot and cold water fixtures provided at every sink? ☐ Yes ☐ No ☐

59. What are the recovery time, volume and capacity of the water heater?
____________________________________________________________________

60. Is there a grease interceptor or grease trap? ☐ Yes ☐ No ☐ N/A ☐
If yes, what is the capacity of the grease trap? ________________________________

61. What will be the frequency of cleaning for the grease trap? ____________________

Handwashing/Toilet Facilities
62. Handwashing sinks are required in each food preparation and dishwashing area.
How many hand sinks will be provided in these areas? ____________________

63. Are all toilet room doors self-closing? ☐ Yes ☐ No ☐

64. Are all toilet rooms equipped with adequate ventilation? ☐ Yes ☐ No ☐

65. How many customer restrooms are there? Women’s ____ Men’s ____ Unisex____

66. How many employee restrooms are there? Women’s ____ Men’s ____ Unisex____
**Finishing Schedule**

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

- Finishing schedule attached

<table>
<thead>
<tr>
<th>Finishing Schedule</th>
<th>FLOOR</th>
<th>COVE BASE</th>
<th>WALLS</th>
<th>CEILING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Bar</td>
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</tr>
<tr>
<td>Food Storage</td>
<td></td>
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</tr>
<tr>
<td>Other Storage</td>
<td></td>
<td></td>
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<tr>
<td>Toilet Rooms</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Dressing Rooms</td>
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<tr>
<td>Garbage &amp; Refuse Storage</td>
<td></td>
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<tr>
<td>Mop Service Basin Area</td>
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</tr>
<tr>
<td>Warewashing Area</td>
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<tr>
<td>Walk-in Refrigerators and Freezers</td>
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</tbody>
</table>

**Personal Belongings**

68. Describe the storage location for employee’s coats, purses, medicines and lunches.

________________________________________________________________________________________

________________________________________________________________________________________

69. Where is the designated area for employees to eat and drink?

________________________________________________________________________________________
Equipment

70. Will all of the equipment meet the design and construction for the American National Standards Institute (ANSI) standards?  □ Yes □ No

71. Will the utensils and food storage containers be made from food-grade materials? □ Yes □ No

72. Will any pieces of used equipment be utilized? □ Yes □ No □
If yes, please list:
_______________________________________________________________________________

73. Is the ventilation hood system sufficient for the needs of the facility? □ Yes □ No □ N/A □

74. Is there consumer self-service? □ Yes □ No
If yes, how will you protect food on display from consumer contamination?
_______________________________________________________________________________

_______________________________________________________________________________

________________________________________________________

Insect and Rodent Control

75. Will all outside doors be self-closing, and rodent/insect proof? □ Yes □ No

76. Will screens be provided on any open windows/doors to the outside? □ Yes □ No □

77. Will air curtains be installed? □ Yes □ No □

78. Will all pipes and electrical conduit chases be sealed where they run through the walls? □ Yes □ No □

79. Is the area around the building clear of unnecessary debris, brush and other harborage conditions? □ Yes □ No □

80. Do you plan to use a pest control service? □ Yes □ No

Refuse and Recyclables

81. Describe the surface (for refuse/recyclables) that the outside dumpster(s) will be located on?
_______________________________________________________________________________

82. Will there be a grease dumpster? □ Yes □ No

Lighting

83. How many foot-candles of light will there be in the following areas?

<table>
<thead>
<tr>
<th>Surface</th>
<th>Foot-Candles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food prep surfaces</td>
<td></td>
</tr>
<tr>
<td>Dishwashing surfaces</td>
<td></td>
</tr>
<tr>
<td>Dry Storage Areas</td>
<td></td>
</tr>
<tr>
<td>Walk-in coolers/freezers</td>
<td></td>
</tr>
<tr>
<td>Restrooms</td>
<td></td>
</tr>
</tbody>
</table>
84. Use this area to provide any additional information regarding your operation (optional):

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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________________________________________________________________________________________

________________________________________________________________________________________

If you need assistance or would like to set up an appointment to review this application, contact Tera Townsend at (317) 221-2248 or ttownsend@marionhealth.org.

Printed Name of Applicant

__________________________________________________________________________________________

Signature of Applicant       Date