

## ***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)

<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Restaurant
<input type="checkbox"/>	Caterer	<input type="checkbox"/>	School
<input type="checkbox"/>	Commissary	<input type="checkbox"/>	Tavern
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Grocery

- 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?

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### ***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?

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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.

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)		

### ***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.

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**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.

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**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).

<b>COOLING METHOD</b>	<b>THICK MEATS</b>	<b>THIN MEATS</b>	<b>THIN SOUPS/ GRAVY</b>	<b>THICK SOUPS/ GRAVY</b>	<b>RICE/ NOODLES/ PASTA</b>
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other					

**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?

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

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**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.

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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:

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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?

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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.

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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?

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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?

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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

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

## ***Personal Belongings***

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

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

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## ***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:

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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?

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## ***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?

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

## ***Lighting***

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

Food prep surfaces \_\_\_\_\_ Dry Storage Areas \_\_\_\_\_ Restrooms \_\_\_\_\_  
Dishwashing surfaces \_\_\_\_\_ Walk-in coolers/freezers \_\_\_\_\_

**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](mailto:ttownsend@marionhealth.org).*

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**