



Public Health
Prevent. Promote. Protect.

Henry & Stark County Health Department

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APPLICATION FOR FOOD VENDING UNIT PLAN REVIEW

Henry County

Stark County

I. GENERAL INFORMATION

a. New Replacement Conversion Change of Ownership

b. **VENDING UNIT NAME:** _____

Location Address: _____ City: _____ Zip: _____

c. **OWNER:** _____ Phone: _____

Address: _____ City: _____ Zip: _____

Fax: _____ Email: _____

d. **INSPECTION CONTACT:** _____ Phone: _____

Address: _____ City: _____ Zip: _____

Fax: _____ Email: _____

e. **CONTRACTOR/LICENSED PLUMBER:** _____ Phone: _____

Address: _____ City: _____ Zip: _____

Fax: _____ Email: _____

f. Hours of Operation: Sun ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____

g. Months of Operation _____

h. Projected date for start of project: _____

i. Projected date for completion of project: _____

I have enclosed the following documents:

_____ Proposed menu.

_____ Plan drawn to scale vending unit showing location of any and all equipment, plumbing, electrical services and mechanical ventilation.

_____ Equipment schedule to include make and model numbers and listing of food equipment that is certified for sanitation by an ANSI accredited certification program.

Note: All equipment must be commercial grade in accordance with our Board of Health.

_____ Manufacture specification sheets for each piece of equipment shown on the plan.

_____ Site plan showing location of unit on site including alleys, streets, parking, etc; and location of outside dwellings, equipment and fixtures dumpsters, well, septic system etc.

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

_____ Planning and Zoning _____ Plumbing

_____ Building _____ Other (_____)

II. FOOD INFORMATION

A. FOOD SUPPLIES

1. Provide information on food suppliers including locally obtained items:

2. What are the projected frequencies of deliveries for:

Refrigerated foods _____ Frozen foods _____ Dry goods _____

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

Dry storage _____ Frozen storage _____ Refrigerated storage _____

4. Describe how food will be protected during storage and dispensing (ex. only prepackaged items):

B. HOT/COLD HOLDING

1. How will hot PHF be maintained at 135° or above during holding for service?

2. Indicate type and number of cold holding units:

3. Is the unit equipped with an automatic shut off control for the event that the internal temperature exceeds that at which is allowed in the FDA Food Code? Yes No NA

III. STRUCTURAL INFORMATION

A. INSECT AND RODENT CONTROL

1. Will all openings to the outside be self-closing and pest proof? Yes No NA

2. Will all pipes & electrical conduit chases be sealed? Ventilation systems, exhausts and intakes protected? Yes No NA

3. Is the area around the unit clear of unnecessary brush, litter, boxes and other harborage? Yes No

4. Will air curtains be used? Yes No NA
If yes, where? _____

5. Is the structure provided with overhead protection? Yes No

B. PLUMBING CONNECTIONS

LOCATION DESCRIPTION	AIR GAP	AIR BREAK	INTEGRAL TRAP*	P TRAP*	VACUUM BREAKER	CONDENSATE PUMP

C. WATER SUPPLY

- 1. Water supply is: Public Private
 - 2. If private, has source been approved? Yes No Pending
Please attach copy of written approval and/or permit if approved.
 - 3. How often will the water quality be tested and by whom?
-

- 4. Is ice made on premises or purchased commercially ?
If made on premises, are specifications for the ice machine provided? Yes No
- 5. If there is a hot water generator, what is the capacity? _____
- 6. Is there a water treatment device? Yes No
If yes, how will the device be inspected and serviced? _____

D. LIGHTING

- 1. Is the unit lighted according to specifications? Yes No
- 2. Are all of your light fixtures over food preparation, display, service, storage and utensil-washing areas shielded with explosion tubes and end caps, shatterproof lenses or shatterproof bulbs? Yes No

E. FREQUENCY

- 1. How frequently will your company be inspecting and cleaning the unit? _____
- 2. Describe the cleaning process:

- 3. Will maintenance and cleaning logs be kept and made available during the inspections?
Yes No

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Health Authority may nullify final approval.

Signature(s): _____
Owner or responsible representative(s)

Title: _____ Date _____

NOTE: Approval of these plans and specifications by this Health Authority does not indicate compliance with any other code, law or regulation that may be required, whether federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.