



**Public Health**  
Prevent. Promote. Protect.

# Henry & Stark County Health Department

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## APPLICATION FOR FOOD ESTABLISHMENT PLAN REVIEW

**Henry County**

**Stark County**

### I. GENERAL INFORMATION

a.  New       Remodel       Conversion       Change of Ownership

b. Type of Primary Business

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bakery            | <input type="checkbox"/> Deli           | <input type="checkbox"/> Preschool      |
| <input type="checkbox"/> Bar               | <input type="checkbox"/> Food Pantry    | <input type="checkbox"/> Rental Room    |
| <input type="checkbox"/> Bed & Breakfast   | <input type="checkbox"/> Hospital       | <input type="checkbox"/> Restaurant     |
| <input type="checkbox"/> Catering          | <input type="checkbox"/> Hotel/Motel    | <input type="checkbox"/> Retail         |
| <input type="checkbox"/> College           | <input type="checkbox"/> Jail           | <input type="checkbox"/> Retail Grocery |
| <input type="checkbox"/> Commissary        | <input type="checkbox"/> Long Term Care | <input type="checkbox"/> School         |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Mobile Unit    | <input type="checkbox"/> Seasonal       |
| <input type="checkbox"/> Day Care          | <input type="checkbox"/> Nursing Home   | <input type="checkbox"/> Senior Center  |
| <input type="checkbox"/> Theater           | <input type="checkbox"/> Other _____    |   |

c. **ESTABLISHMENT NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

d. **OWNER:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

FAX: \_\_\_\_\_ Email: \_\_\_\_\_

e. **PROJECT CONTACT:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

FAX: \_\_\_\_\_ Email: \_\_\_\_\_

f. **ARCHITECT:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

FAX: \_\_\_\_\_ Email: \_\_\_\_\_

g. **CONTRACTOR:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

FAX: \_\_\_\_\_ Email: \_\_\_\_\_

- h. Hours of Operation: Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_  
 Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_
- i. Months Open \_\_\_\_\_
- j. Number of Seats: \_\_\_\_\_
- k. Number of Staff: \_\_\_\_\_ (maximum per shift)
- l. Total square feet of facility: \_\_\_\_\_
- m. Number of floors on which operations are conducted: \_\_\_\_\_
- n. Maximum meals to be served: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_
- o. Projected date for start of project: \_\_\_\_\_
- p. Projected date for completion of project: \_\_\_\_\_

**I have enclosed the following documents:**

- \_\_\_\_\_ Proposed menu (including seasonal, off-site and banquet menus)
- \_\_\_\_\_ Plan drawn to scale of food establishment showing location of 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 business in building; location of building 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 | _____ Fire          |
| _____ Building            | _____ Other (_____) |
| _____ Plumbing            |                     |

**SIGNATURE OF OWNER OR AUTHORIZED AGENT:**

**DATE:**

\_\_\_\_\_

\_\_\_\_\_

## **PURPOSE of FOOD ESTABLISHMENT PLAN REVIEW**

The Food Establishment Plan Review document has been developed for the purpose of assisting Henry and Stark County personnel and industry personnel in achieving greater uniformity in the plan review process.

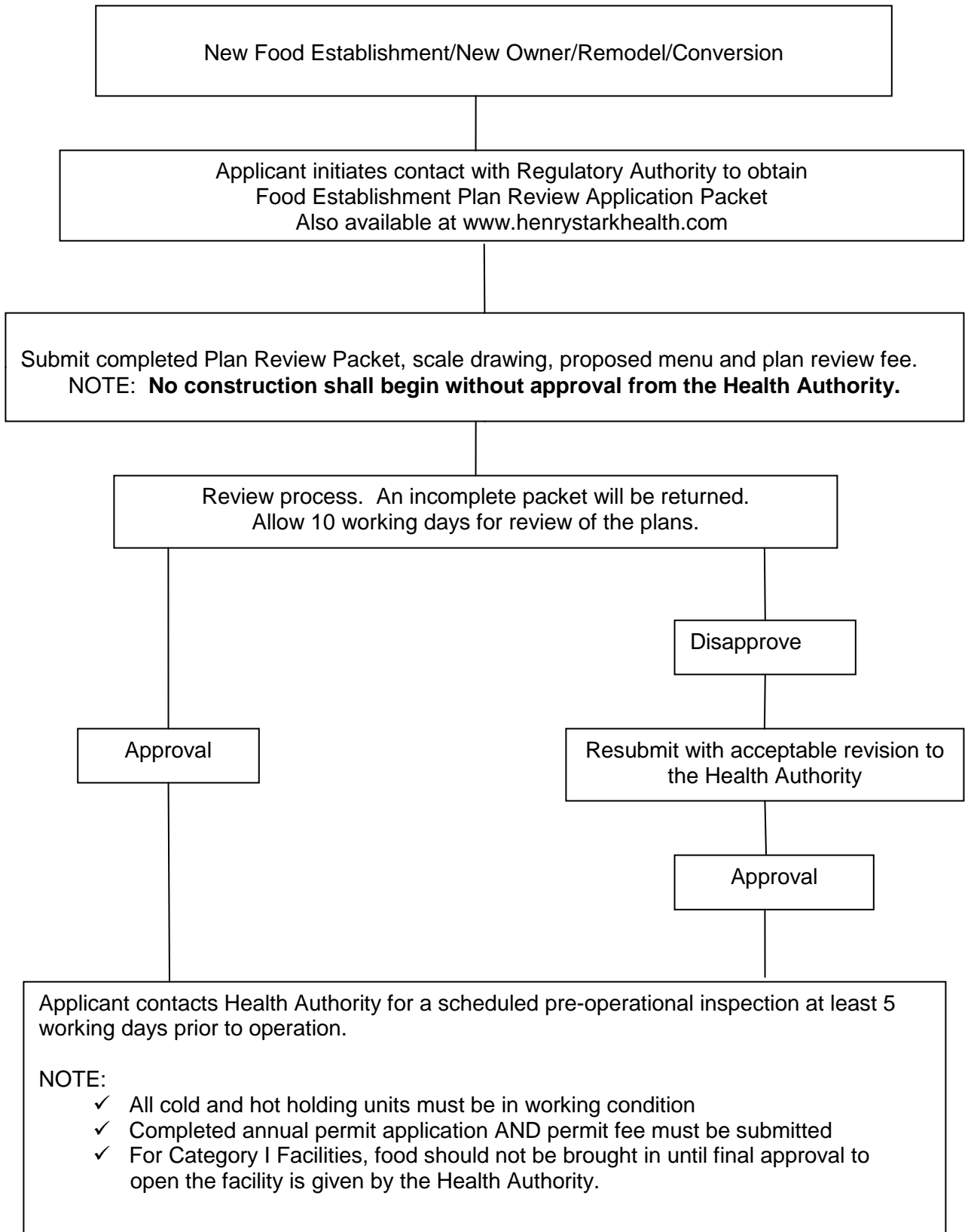
This document will serve as a guide in facilitating greater uniformity and ease in conducting the plan review. One does not need to be an expert to effectively complete the process.

A good review of plans helps to avoid future problems. By listing and locating equipment on floor plans and diagramming specifications for electrical, mechanical and plumbing systems, potential problems can be identified while still on paper, and modifications can be made BEFORE making costly purchases, installation and construction.

Food establishment plan review is recognized as an important food program component that allows:

- Regulatory agencies to insure that food establishments are built or renovated according to current regulations or rules.
- Industries to establish an organized and efficient flow of food
- Regulatory agencies to eliminate code violations prior to construction

**NOTE: IT IS ILLEGAL TO OPERATE A FOOD SERVICE OPERATION WITHOUT A VALID PERMIT TO OPERATE ISSUED BY THE HENRY AND STARK COUNTY HEALTH DEPARTMENT.**



## II. FOOD PREPARATION INFORMATION

### A. FOOD SUPPLIES

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

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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. How will dry goods be stored off the floor?

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### B. COOKING

1. List types of cooking equipment (i.e. conventional oven, microwave, fryer, etc)

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### C. HOT/COLD HOLDING

1. How will hot PHF be maintained at 135° or above during holding for service? Indicate type and number of cold holding units.

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### D. PRODUCE WASHING

1. Will all produce be washed on site prior to use? Yes  No

2. Is there a separate location used for washing produce? Yes  No  Describe:

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If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

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### III. BUILDING INFORMATION

The following are some of the basic construction requirements.

Floors: All floors throughout the establishment, including food preparation, food storage and utensil washing rooms, dressing or locker rooms, walk-in coolers, and restrooms must be smooth, non-absorbent and easily cleanable. All floor surfaces must be provided with an approved, coved juncture between floor and wall. Floor surfaces such as vinyl tile, quarry tile, durable grades of linoleum, terrazzo, sealed concrete, etc., are approved. In areas subject to spilling or dripping of grease, floor coverings shall be of grease-resistant material.

Walls: The walls throughout the establishment, including food preparation and utensil washing areas, restroom, locker and dressing rooms, must be smooth, non-absorbent, easily cleanable, and light in color. Enamel painted drywall, marlite, properly sealed concrete block, etc., are approved materials.

Ceilings: The ceiling throughout the establishment, including food preparation and utensil washing areas, restrooms, locker and dressing rooms, must be smooth, non-absorbent, easily cleanable, and light in color. Enamel painted drywall, marlite, suspended ceilings with vinyl-coated panels, etc., are approved materials.

Restrooms: Restrooms shall be completely enclosed and shall have tight-fitting, self-closing doors. Lavatories shall be located within all toilet rooms and equipped with hot and cold running water through mixing valves. Easily cleanable, covered receptacles must be provided in all restrooms. For the required number of public restrooms, contact State Plumbing Inspector at I.D.P.H., Regional Office in Peoria (309) 693-5384.

Equipment: Manual Cleaning and Sanitizing - For manual washing, rinsing, and sanitizing utensils and equipment, a sink with no fewer than three compartments shall be provided and used. Sink compartments shall be large enough to permit the accommodation of equipment and utensils. Drainboards or easily movable dish tables of adequate size shall be provided for proper handling soiled utensils prior to washing and for clean utensils following sanitizing. The three compartment sink is required even if mechanical dishwashers are provided.

Handwashing Facilities: At least one handwashing sink with soap and towel dispenser must be installed in the food preparation area.

Utility Sink: A utility sink or curbed floor drain must be installed in the establishment for the cleaning of mops and disposal of mop water.

Ventilation Hoods: Ventilation hoods should be installed so that all sides of the hood overhang the cooking units by 12 inches. It is recommended that wall hung hoods have a minimum air removal of 100 cubic feet per minute per square foot of open faced portion of the hood. Island type hoods should have 150 cubic feet per minute per lineal foot of hood. Ducts should be designed based upon air velocity of not less than 1,500 feet per minute and not more than 2,000 feet per minute.

Refrigerators and walk-in coolers: All refrigerators and walk-in coolers used for storage of perishable items must be designed to maintain 41 degrees of lower in the warmest portion of the unit. Freezer units must maintain 0 degrees of below.

Permanent equipment: All permanent equipment such as ranges, ovens, fryers, refrigerators, etc., must be so located that the area behind, underneath, and on the side of this equipment is accessible for cleaning. It is recommended that the equipment be placed on casters.

Lighting: At least 20 foot candles of light shall be provided to all food preparation, utensil washing, and hand washing areas, and restrooms. Shielding shall be provided for all artificial light fixtures in food preparation, food storage and utensil washing areas.

Plumbing: All plumbing must be installed in accordance with the Illinois State Plumbing Code. There shall be no direct connection between the sewage system and any drains originating from equipment from which food, portable equipment, or utensils are placed, except that properly trapped open sinks can be directly connected. Any questions regarding the State Plumbing Code should be directed to the State Plumbing Inspector at I.D.P.H., Regional Office in Peoria (309) 693-5384.

Before construction begins, a plan must be submitted to and approved by this Department. The plan should include construction specifications, equipment schedule, and floor plan of establishment. If you have any questions, please contact this office.

**A. FINISH SCHEDULE**

Please indicate which materials (quarry tile, stainless steel, 4” plastic coved molding, etc) will be used in the following areas.

|   | FLOOR | COVING | WALLS | CEILING |
|---|-------|--------|-------|---------|
| <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> |       |        |       |         |

**B. INSECT AND RODENT CONTROL**

- 1. Will all outside doors be self-closing and rodent proof? Yes  No  NA
- 2. Are screen doors provided on all entrances left open to the outside? Yes  No  NA
- 3. Will all open windows have a minimum #16 mesh screening? Yes  No  NA
- 4. Is the placement of electrocution devices identified on floor plan? Yes  No  NA
- 5. Will all pipes & electrical conduit chases be sealed? Ventilation systems, exhausts and intakes protected? Yes  No  NA
- 6. Is the area around the building clear of unnecessary brush, litter, boxes and other harborage? Yes  No  NA
- 7. Will air curtains be used? Yes  No  NA   
If yes, where? \_\_\_\_\_

**C. GARBAGE AND REFUSE**

**Inside**

- 1. Do all containers have lids? Yes  No  NA
- 2. Will refuse be stored indoors? Yes  No  NA   
If yes, where? \_\_\_\_\_
- 3. Is there an area designated for garbage can or floor mat cleaning? Yes  No  NA   
If yes, where? \_\_\_\_\_
- 4. Is there any area to store returnable damaged goods? Yes  No  NA   
If yes, describe location \_\_\_\_\_

**Outside**

- 5. Will a dumpster or compactor be used? Yes  No  NA   
Type \_\_\_\_\_ Number \_\_\_\_\_ Size \_\_\_\_\_  
Frequency of pick up \_\_\_\_\_ Contractor \_\_\_\_\_
- 6. Will garbage cans be stored outside? Describe surface/location where dumpster/compactor/garbage cans are to be stored. Yes  No  NA   
\_\_\_\_\_
- 7. Is a grease storage receptacle used? If yes, indicate what materials are to be recycled and describe location: Yes  No  NA   
\_\_\_\_\_
- 8. Is there an area to store recycled containers? If yes, indicate what materials are to be recycled and describe location: Yes  No  NA   
\_\_\_\_\_
- 9. Is hot & cold or tempered water available for cleaning of outside refuse areas with a drain to the sanitary sewer? Yes  No  NA   
If no, how will area and containers be cleaned:  
\_\_\_\_\_



**D. PLUMBING CONNECTIONS**

|  | AIR GAP | AIR BREAK | INTEGRAL TRAP* | P TRAP* | VACUUM BREAKER | CONDENSATE PUMP |
|--|---------|-----------|----------------|---------|----------------|-----------------|
| Toilet   |         |           |                |         |                |                 |
| Urinals  |         |           |                |         |                |                 |
| Dishwasher   |         |           |                |         |                |                 |
| Garbage Grinder  |         |           |                |         |                |                 |
| Ice Machine  |         |           |                |         |                |                 |
| Ice storage bins   |         |           |                |         |                |                 |
| Sinks:<br>Mop<br>Janitor<br>Handwash<br>3 compartment<br>2 compartment<br>1 compartment<br>Water Station |         |           |                |         |                |                 |
| Steam tables   |         |           |                |         |                |                 |
| Dipper wells   |         |           |                |         |                |                 |
| Refrigeration condensate/drain lines   |         |           |                |         |                |                 |
| Hose connection  |         |           |                |         |                |                 |
| Beverage dispenser w/carbonator  |         |           |                |         |                |                 |
| Other  |         |           |                |         |                |                 |
|  |         |           |                |         |                |                 |

Are floor drains provided and easily cleanable?

Yes  No  NA

If so, indicate location: \_\_\_\_\_

\* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g. a toilet fixture. A P trap is a fixture trap that provides a liquid seal in the shape of the letter P. Full S traps are prohibited.

**E. 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. Is ice made on premises  or purchased commercially ?  
If made on premises, are specifications for the ice machine provided? Yes  No   
Describe provision for ice scoop storage: \_\_\_\_\_  
Provide location of ice maker or bagging operation: \_\_\_\_\_  
\_\_\_\_\_
4. What is the capacity of the hot water generator? \_\_\_\_\_
5. Is there a water treatment device? Yes  No   
If yes, how will the device be inspected and serviced? \_\_\_\_\_

**F. LAUNDRY FACILITIES**

1. Will linens be laundered on site? Yes  No   
If yes, what will be laundered and where?  
\_\_\_\_\_  
If no, how will linens be cleaned? \_\_\_\_\_
2. Is a laundry dryer available? Yes  No
3. Location of clean linen storage: \_\_\_\_\_  
\_\_\_\_\_
4. Location of dirty linen storage: \_\_\_\_\_  
\_\_\_\_\_
5. Complete the following for all exhaust hoods.

| LOCATION | FILTERS AND/OR EXTRACTION DEVICES | SQUARE FEET | FIRE PROTECTION | AIR CAPACITY CFM | AIR MAKEUP CFM |
|----------|-----------------------------------|-------------|-----------------|------------------|----------------|
|          |                                   |             |                 |                  |                |
|          |                                   |             |                 |                  |                |
|          |                                   |             |                 |                  |                |
|          |                                   |             |                 |                  |                |

6. How is each listed ventilation system cleaned? \_\_\_\_\_  
\_\_\_\_\_

**G. SINKS**

1. Is a mop sink present? Yes  No

If no, please describe facility for cleaning of mops and other equipment:

2. If the menu dictates, is a food preparation sink present? Yes  No

**H. DISHWASHING FACILITIES**

1. Will sinks and/or dishwashers be used for warewashing?

Dishwasher  Two compartment sink  Three compartment sink

2. If using a dishwasher, what type of sanitation is used?

Hot water (temp provided) \_\_\_\_\_ Booster heater \_\_\_\_\_  
Chemical type \_\_\_\_\_

3. Is ventilation provided? Yes  No

If yes, when and how is ventilation system cleaned? \_\_\_\_\_

4. Do all dish machines have temperature/pressure gauges as required that are accurately working? Yes  No

5. Does the largest pot & pan fit into each compartment of the pot sink? Yes  No   
If no, what is the procedure for cleaning and sanitizing? \_\_\_\_\_

6. Are there drain boards on both ends of the pot sink? Yes  No

**I. HANDWASHING/TOILET FACILITIES**

1. Is there a handwashing sink in each food preparation, dispensing and warewashing area? Yes  No

2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? Yes  No

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? Yes  No

4. Are hand cleanser and hand drying facilities (paper towels, air blowers, etc) available at all handwashing sinks? Yes  No

5. Are covered waste receptacles available in each ladies restroom? Yes  No

6. Is hot and cold running water under pressure available at each handwashing sink? Yes  No

7. Are all toilet doors self-closing? Yes  No

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

9. Are handwashing signs posted at all handsinks? Yes  No

**J. LIGHTING**

- 1. Are your food preparation and utensil washing area lighted according to specifications? Yes  No
- 2. Are your food storage rooms lighted according to specifications? Yes  No
- 3. Are your restrooms lighted according to specifications? Yes  No
- 4. Have you provided dimmer switches or on/off switches in bar areas for clean up purposes? Yes  No
- 5. Have you supplied fluorescent lights with vapor-proof fixtures or additional incandescent light kits for your walk-in refrigerator and freezer units? Yes  No
- 6. 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

**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.**