



Hamilton County Health Department Food Establishment Plan Review Packet

Please answer the following questions completely for a timely review. This document must be submitted with the application and all other required materials as per page 2 of the Retail Food Establishment Permit Application at least 30 days prior to facility opening or change of ownership. If you have any questions, please call our office at 317-776-8500 or email Health@hamiltoncounty.in.gov.

Facility Name: _____

Contact Name/Manager: _____

Date: _____

A. FOOD PREPERATION

Check categories of Potentially Hazardous Foods (PHFs) to be handled, prepared, and served.

- Thin meats (poultry, fish, eggs, hamburger, sliced meats, fillets etc.)
- Thick meats (whole poultry, roast beef, chickens, hams etc.)
- Cold processed foods (salads, sandwiches, vegetables etc.)
- Hot processed foods (soups, stews, chowders, casseroles etc.)
- Bakery goods (pies, custards, creams etc.)
- Other (please list): _____

B. MENU ITEMS

A menu for your facility is to be submitted with your application. Please briefly describe your menu items below:

C. FOOD SUPPLIES

1. Are all food supplies from inspected and approved sources? YES NO
2. When receiving food shipments, are temperatures checked? YES NO
3. Are containers inspected for damage? YES NO
4. What happens to food shipments that are found to be unsatisfactory?

D. COLD STORAGE

1. Is there adequate refrigeration to store refrigerated foods at 41°F or below? YES NO
2. How many refrigeration units are available? _____
3. Is there adequate freezer availability to store frozen foods at 0°F or below? YES NO
4. Does each refrigeration and freezer unit have a functioning thermometer? YES NO
5. Are light shields or shatter resistant bulbs provided in each refrigeration or freezer unit?
 YES NO
6. Will raw meats, poultry and seafood be stored in the same refrigeration units with cooked/ready-to-eat foods? YES NO
7. If yes, in what order will items be stored vertically from top to bottom, to prevent cross contamination?
8. Is there a bulk ice machine available? YES NO
9. If yes, what is the cleaning and sanitizing schedule for the ice machine?

E. THAWING

Please indicate how PHFs will be thawed in each category by checking the box next to it.

	Thick	Thin	Cold	Hot	Baked	Other
	Meats	Meats	Foods	Foods	Goods	
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running Water <70°F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (describe) _____

F. COOKING

1. How will food product thermometers be used to measure final cooking/reheating temperatures of PHFs?

2. Please describe each method of calibrating food product thermometers:

a. Cold Water:

b. Boiling Water:

3. Please list all types of cooking equipment (ovens, stoves, microwaves, grills etc.) :

G. HOT/COLD HOLDING

1. Describe how **hot** PHFs will be maintained at 135°F or above during holding for service:

a. Indicate type of hot holding units: _____

b. Indicate number of hot holding units: _____

2. Describe how PHFs will be reheated to 165°F or above for hot holding:

3. Describe how **cold** PHFs will be maintained at 41°F or below for cold holding:

a. Indicate type of cold holding units: _____

b. Indicate number of cold holding units: _____

H. COOLING

1. Please indicate how PHFs will be cooled to 41°F within 4 hours by checking the appropriate boxes.

	Thick Meats	Thin Meats	Cold Foods	Hot Foods	Other
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce Volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (describe):

2. Please indicate the location where cooling will take place:

I. FOOD PREPARATION

1. Please list all categories of food that will be prepared more than 12 hours in advance of service (soups, sauces, dressings, etc.):

2. Will Reduced Oxygen Packaging (ROP), Vacuum Sealing or Sous-vide be utilized in any part of the food preparation process? YES NO

a. If yes, please describe process:

3. Please list how employees will be trained in good food sanitation practices:

a. Please list the name(s) of certified training courses: _____

4. Does the facility have at least one Certified Food Manager at this location? YES NO

a. Please list the name(s) of certified training courses: _____

5. Please describe how facility will minimize the handling of ready-to-eat foods (gloves, tongs, food grade paper etc.):

6. Please describe your date marking system and/or food rotation for prepared foods:

7. Will all produce be washed prior to use? YES NO
- a. Where is the approved location for washing produce? _____
- b. Describe the process:

The Hamilton County Health Department recommends that all new and remodeled facilities have a separate prep sink in addition to dishwashing sinks (3-compartment). A separate prep sink for raw meat is strongly recommended, but not required.

8. Describe the process used to minimize the amount of time PHFs will be kept in the temperature danger zone (41°F to 135°F) during preparation:

J. EMPLOYEE HEALTH

1. What is the established policy to exclude or restrict food workers who are ill or have infected cuts or lesions? _____

Please submit a copy of your Employee Health Policy as required.

2. Will employees be instructed to wear effective hair and beard restraints and to wear clean aprons?
 YES NO

K. INSECT AND RODENT HARBORAGE

1. Will all outside doors be self-closing and be rodent and insect proof? YES NO
2. Will garage doors or windows in dining areas be open to the outdoors when the seasons allow?
 YES NO
- a. If yes, air curtains or screens will be required to prevent insect and rodent entry and must be provided on the floor plans. Please describe the method:

3. Will screen doors or air curtains be provided on all entrances that will be open to the outside? (back kitchen, doors delivery doors etc.) YES NO
- a. If yes, please describe location and type: _____
4. Will all pipes and electrical conduit chases be sealed; ventilation systems, exhaust and intake protected?
 YES NO

5. Is the area around the building clear of unnecessary litter, brush, boxes, or any other harborage?

YES NO

6. Please describe the pest control schedule: _____

a. Pest control frequency: _____

b. Pest control company name: _____

L. GARBAGE AND REFUSE

Inside Facility:

1. Will garbage containers have lids when not in use? YES NO

a. If yes, describe how hand contamination will be prevented:

2. Will refuse be stored inside? YES NO

a. If yes, where? _____

3. Where is the designated area for garbage can and floor mat cleaning?

Outside Facility:

1. Will dumpsters be used? YES NO Number: _____ Size: _____

a. Frequency of pick-up: _____

b. Are the lids tight-fitting and in good repair? YES NO

2. Describe the outdoor location and surface where garbage cans/dumpsters will be stored:

3. Describe the surface and location of the grease storage receptacle:

4. Is there an area to store recycled containers? YES NO

a. If yes, describe location: _____

M. PLUMBING

Please check the correct backflow and/or back siphon prevention method for the following fixtures:

	Air Break	Air Gap	Vacuum Breaker	Other (describe)
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Mop Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Ice Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Soda Fountain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
3-compartment Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Prep Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Ice Bin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Dipper Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Refrigeration/Condensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

1. Are floor drains provided and easily cleanable? YES NO

a. If yes, indicate locations: _____

2. Is a separate mop sink provided? YES NO

N. WATER SUPPLY

1. Indicate water supply source: Public Private Water Well

a. If private water well, has the source been approved by IDEM? YES NO Pending

b. If approved what is the PWSID number? _____

2. Indicate source for ice: Made on premise Purchased

O. SEWAGE DISPOSAL

1. Is building connected to municipal sewer? YES NO

a. If no, has the private onsite system been approved by IDOH? YES NO Pending

2. Are grease traps provided? YES NO

a. If yes, where are they located? _____

b. Has the utility/municipality approved the size? YES NO

P. EMPLOYEE AREAS/DRESSING ROOMS

1. Are separate dressing rooms/lockers provided for employees? YES NO

a. If no, describe storage facilities for employees' personal belongings:

Q. GENERAL

1. Will insecticides/rodenticides be stored separately from cleaning and sanitizing agents?

YES NO

a. Please indicate location: _____

2. Will all toxic agents used on the premise (including personal medications) and for retail sale be stored away from food preparation and storage areas? YES NO

3. Will all containers of toxic agents, including sanitizer spray bottles, be clearly labeled?

YES NO

4. Will laundry facilities be located on the premise? YES NO

a. If yes, indicate what will be laundered: _____

b. Please indicate location of clean linen storage: _____

c. Please indicate location of soiled linen storage: _____

5. Will food grade containers and/or bags be used for storing bulk food products? YES NO

6. Will all containers be labeled with contents? YES NO

7. Please indicate all areas where exhaust vents will be located: _____

a. Has state and/or local Fire Marshal been notified for inspection? YES NO

8. Will sneeze guards be provided at all self-serve food units? YES NO N/A

9. Will the facility have any outside storage or refrigeration units? YES NO

a. If yes, indicate location: _____

R. DISHWASHING/SANITIZING

1. Will a 3-compartment sink be utilized for dishwashing? YES NO

a. Will the largest pot/pan fit into each compartment? YES NO

b. Will drainboards be provided on both ends of the 3-compartment sink? YES NO

c. What type of sanitizer will be used at the 3-compartment sink?

Chlorine Iodine Quaternary Ammonia Other: _____

2. Will a commercial dish machine be utilized for dishwashing? YES NO
 - a. What type of sanitization will be used for the dish machine? Hot Water Chemical
 - b. Provide water temperature: _____ **OR** chemical type: _____
 - c. Will ventilation be provided for high temperature dish machines? YES NO
 - d. Will all dish machines have templates with operating instructions? YES NO
 - e. Will all dish machines have accurate working temperature/pressure gauges as required?
 YES NO
3. Is the hot water generator sufficient for all water needs of the facility? YES NO
4. What type of sanitizer(s) will be used in the facility for buckets, spray bottles or clean in place equipment?
 Chlorine Iodine Quaternary Ammonia Other: _____
5. Will test kits be available for all sanitizers? YES NO
6. Will sanitizer spray bottles be used in the facility? YES NO
7. Will sanitizer buckets be used in the facility? YES NO
8. How will equipment such as cutting boards, cooking equipment, counter tops and other food contact surfaces that cannot be placed in a dish washer or 3-compartment sink be cleaned and sanitized?

S. HAND WASHING/TOILET FACILITIES

1. Will hand sinks be available in each food preparation and dishwashing area? YES NO
2. If utilized, will self-closing metering faucets provide a flow of hot water for at least 15 seconds without the need to reactivate? YES NO
3. Will soap dispensers be available at all hand washing sinks? YES NO
4. Will hand drying facilities (paper towels or hand dryers) be available at all hand washing sinks?
 YES NO
5. Will hot and cold running water under pressure be available at all hand washing sinks? YES NO
6. Will hand washing signs be posted in each employee restroom? YES NO
7. Will all toilet room doors have self-closing devices? YES NO
8. Will all toilet rooms be equipped with adequate ventilation? YES NO
9. Will covered waste receptacles be available in each restroom? YES NO

T. DRY GOODS STORAGE

1. What is the projected frequency of food deliveries? _____
2. Will adequate storage space be provided for dry goods based upon menu, meals, and frequency of deliveries? YES NO
3. Will all dry goods be stored at least 6 inches off the floor? YES NO

U. FINISH SCHEDULE

Please indicate which materials will be used for the following areas. Example: plastic coving, quarry tile, FRP, stainless steel, paint, etc. Ceiling tiles in food preparation areas, bar areas, storage rooms, dishwashing rooms and restrooms must be smooth, easily cleanable, and non-absorbent.

	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage/Refuse				
Mop Basin Area				
Dishwashing				