



Elkhart County Health Department

**FOOD SERVICE PLAN REVIEW GUIDANCE PACKET**  
**ELKHART COUNTY HEALTH DEPARTMENT**  
4230 ELKHART ROAD GOSHEN, IN 46526  
574-971-4600 (574-971-4599 fax)



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

## **OPENING A FOOD SERVICE IN ELKHART COUNTY:**

### **INTRODUCTION**

This packet describes the general process for opening a food service in Elkhart County. Please review this guidance document and ask questions prior to your plans being presented for the first time. Communication between this office and you/your contractor prior to any building activity is beneficial and will save you time and money. Any construction activity prior to approval of plans is not acceptable and may require alteration of or removal of said items and require re-construction or replacement of fixtures or equipment in order to satisfy the requirements of the Food Service Code. We have tried to include all of the information you may need, however, this packet should not be considered to be all inclusive and you may need to contact other agencies for their requirements. For general information on how to open a business in the State of Indiana go to: <http://www.in.gov/sos/business/corps/guide.html>.

### **TIMING**

**THE LENGTH OF TIME THAT THIS PERMITTING PROCESS WILL TAKE DEPENDS ENTIRELY ON YOU!** Plans are required to be submitted for all new construction and remodeling of food service establishments and must be approved prior to the beginning of construction. Plans are reviewed in the order in which they are received. The starting date for the plan review process is the first day of complete plan submission. Taking approximately two weeks, this process is typically quite straightforward and can proceed without delay if all the necessary information is provided with the initial plan submittal. On occasion, it can take longer than expected if the submitted plans are incomplete or lack sufficient detail to be of any usefulness in regard to the plan review process. Time spent in proper preparation beforehand will save time and money as your opening approaches.

### **PRELIMINARY STEPS**

Typically, if you are considering starting a food service you have an idea or plan of what you want to sell and how you want to sell it. That information will play a large part in your decision making process for your business plan as well as your facility plan. Your menu and type of service will dictate how and what the plans will contain and look like. Once you have an idea about what and how you want to do, you will need a place to do it. When looking at putting your ideas into action there are things you need to think about that may not have occurred to you. When looking at a location for your food service there are several things to consider. Are you building a new structure from the ground up or are you going into an already built structure? You will need to check with the appropriate zoning department to make sure the proposed location is approved or zoned properly for your intended use. You may need to work with the zoning department to apply for any applicable zoning clearances or variances.

### **THE PERMITTING PROCESS**

1. Whether you are constructing new or remodeling a facility you will need to submit your floor plans with this completed packet to the Environmental Health division of the Elkhart County Health Dept along with the appropriate fee. The plans may be submitted in person or mailed to the attention of the Food Program Supervisor at the above address. Plan reviews are done on a first come-first serve basis.
2. If incomplete plans are submitted or additional information is required, a letter will be sent to you with the additional requirements that need to be immediately addressed before the plan review can proceed. **THE APPROVAL TIME-LINE WILL NOT START UNTIL DOCUMENTS ARE COMPLETE AND RECEIVED.**

3. Once complete plans have been submitted and the plans have been approved, a **Plan Approval Letter** will be sent to the mailing address on the application. This letter will contain any additional items that need to be corrected or addressed during construction.
4. At the same time that your plans are under review, you may want to determine any other permits you may need from the appropriate building and fire departments once your plans are approved. Here are some phone numbers for resources that may provide assistance as you get started:

**HELPFUL RESOURCES**

Elkhart County Health Department-Environmental Health	574-971-4600	
Elkhart County Zoning and Building Departments	574-971-4678	
Goshen City Zoning Department	574-534-3600	
Goshen City Building Department	574-534-1811	
Goshen City Fire Department	574-537-3827	
Goshen City Public Works and Utilities	574-533-9538	
Elkhart City Zoning and Building Departments	574-294-5471	
Elkhart City Fire Department	574-293-8931	
Elkhart City Public Works and Utilities	574-293-2572	
Nappanee City Zoning and Building Departments	574-773-2112	
Nappanee City Fire Department	574-773-4111	
Indiana Egg Board	765-494-8510	
Indiana Excise Police	219-872-6041 or 317-232-2430	
Indiana Revenue Service	574-291-8270 or 317-233-4015	
IDEM Drinking Water Branch	800-451-6027 or 317-308-3287	
Middlebury Township Fire Department	574-825-1484	

**\*\*I have submitted plans/applications to the authorities listed below on the following dates:**

Zoning \_\_\_\_\_ Plumbing \_\_\_\_\_ Septic \_\_\_\_\_ Building \_\_\_\_\_  
 Planning \_\_\_\_\_ Electric \_\_\_\_\_ Fire \_\_\_\_\_ Excise \_\_\_\_\_

**AFTER ALL PERMITS AND THE PLAN APPROVAL LETTER HAVE BEEN OBTAINED YOU MAY BEGIN CONSTRUCTION OR REMODELING.**

5. From this point it is crucial that you communicate regularly with the Health Department especially if you make any changes. The Food Program Supervisor may need to make several construction visits to ensure compliance. This helps to avoid any last minute surprises that may be costly to you or delay the opening of your establishment.
6. You will need to apply for the **Food Service License** and schedule a pre-opening inspection **at least two weeks prior to** the anticipated opening of your establishment. Your **Food Service License** application will be included when you receive your **Plan Approval Letter**. Complete this application, submit articles of incorporation, if applicable, and return to the Health Department with the appropriate fee. Make checks payable to the **Elkhart County Treasurer**. The pre-opening inspection should be scheduled early enough to provide adequate time to correct any violations prior to your opening inspection. No food shall be permitted on the premises until written permission is received.
7. You will need to schedule the opening inspection **at least forty-eight (48) business hours prior** to the anticipated opening of your establishment to avoid scheduling conflicts. At this time you will need to provide copies of all inspections and approvals from all necessary building, zoning, and fire department permits.
8. Once it is determined that your establishment is in 100% compliance with all requirements during the inspection, the Food Service License will be issued to you at the conclusion of the inspection. **If all items are not in compliance, another inspection will be required prior to opening.**

**LICENSE RENEWAL**

In the future, you will need to make sure your license is renewed by March 31 of each calendar year to avoid additional late fees. **Late fees are equal to two times the license fee. For example, a normal license fee of \$200 would then be \$600 (\$200 license fee and \$400 late fee).**

# FOOD SERVICE PLAN REVIEW CHECKLIST & APPLICATION FORM

To get started, please answer the following questions and return this completed application form with a to-scale layout of the floor plan (graph paper is adequate) including all equipment specifications, and appropriate fee to our office weekdays between 8 a.m. and 4 p.m. This packet is not designed as a complete list of requirements but should be used as a template only. Use this packet as a guide for what you need and where it should be. As you fill this out you may discover that there are items that you had not considered and now is the time to address them. You will need to add any extra items or procedures to the information you turn in that are relevant to your operation, for example: reduced oxygen packaging, cleaning in place, acidified foods, etc.

The sanitation requirements noted in this document are specified under the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24 available at [www.elkhartcountyhealth.org](http://www.elkhartcountyhealth.org) (click on Environmental Health Services then click on Food Service Sanitation to obtain these requirements). Please use this rule as it pertains to section numbers referenced at the end of each question. Plans are required to be approved prior to the start of construction per section 110 and content requirements are discussed in section 111.

**The following procedures/questions should be considered before any further planning or construction begins to ensure that special consideration is given to these standard sanitary operating procedures (SSOP's). This section should be completed by the operator. Please indicate (by either checking or completing the answers) whether or not a section applies to your operation. If the question does not apply to your food service simply mark N/A (not applicable). PLEASE DO NOT LEAVE IT BLANK or we will assume you didn't answer the question!**

## FOOD PLANNING

Knowledge of a functional flow process must be demonstrated indicating how food will be handled from the time it is received until it is served to the consumer. The flow plan should indicate the relationship of work areas to storage areas and traffic aisles, the sequence of preparation, the handling of soiled equipment and utensils, the separation of dirty areas from clean areas, and the methods used to prevent cross-contamination from raw food, cooked food or ready-to-eat food.

Proposed Days and Hours of Operation: \_\_\_\_\_

Number of seats: \_\_\_\_\_ Number of tables \_\_\_\_\_ Total square feet of the facility: \_\_\_\_\_

Number of floors on which operations are conducted and description: (example: 2/main floor and basement)

\_\_\_\_\_

Maximum meals to be served: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ (approximate number)

What type of operation will food service consist of: (Mark all that apply)

\_\_\_\_ Served Sit Down Meals    \_\_\_\_ Take Out    \_\_\_\_ Fast Food    \_\_\_\_ Tavern    \_\_\_\_ Supermarket  
\_\_\_\_ Convenience    \_\_\_\_ Convenience w/Deli    \_\_\_\_ Buffet    \_\_\_\_ Cafeteria/School  
\_\_\_\_ Mobile Vendor    \_\_\_\_ Catering\*    \_\_\_\_ Other

**\*Catering** is defined, per section 110, as “the preparation of food in an approved retail food establishment and may include the transportation of such food for service and consumption at some other site.” This definition **does not** include any onsite cooking or preparation, which would require a temporary license if in conjunction with an event or celebration. A 30-day notice is required for all temporary events (sections 98, 107). See temporary food service guidelines on our website (<http://www.elkhartcountyhealth.org>).

1. Provide a copy of your proposed menu (section 111). The kinds and types of foods you will be handling and serving will dictate the types and sizes of equipment you will be utilizing. It will also ensure that you will have all the necessary equipment and storage areas you will need for your operation.

Enclosed: Yes \_\_\_\_\_ No \_\_\_\_\_

2. Provide a list of all planned food vendors and copies of their licenses. (sect. 142) No food may be prepared in a private residence. Enclosed: Yes \_\_\_\_\_ No \_\_\_\_\_

3. What will the procedure for receiving food shipments be and how will deviations be addressed? (sect. 166) How are temperatures checked and containers inspected for damage? What will be done with food items that are received damaged or out of temperature?

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4. Will you be serving a highly susceptible population (very young, elderly or immune compromised) requiring your facility to serve pasteurized products? (sect. 153) Yes \_\_\_\_\_ No \_\_\_\_\_

What type(s) of populations will you be serving? \_\_\_\_\_

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5. Do you intend to make vacuum-sealed a.k.a. reduced oxygen packaged (ROP, def. 73) foods? (sect. 195)

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please list the ROP foods and provide a HACCP plan (sect. 115) for each ROP food item. **NOTE: Do NOT underestimate the amount of work it will take to develop a HACCP plan!**

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## **FOOD PREPARATION**

1. What will be the procedure to prevent employees from touching foods that are ready-to-eat and will not be cooked or heat-treated prior to service (such as, sushi, lettuce, lunchmeat, buns, etc.)? (sect. 171)

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2. Describe your date marking system (described in sect. 191) for potentially hazardous (defined in sect. 66) and ready-to-eat foods (defined in sect. 72). (sect. 191)

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3. Describe how and where all produce will be washed prior to use? (sect. 175)

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4. Describe how you will keep potentially hazardous foods out of the temperature danger zone (41°F-135°F) during preparation. (sect. 189)

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5. Provide a list of the types of food that will need to be thawed before cooking next to which method you will use to thaw them. (sect. 199)

PROCESS	TYPES OF FOOD
Refrigeration	
Running water less than 70°F	
Microwave as part of cooking process	
Cook from frozen	
Other (describe)	

6. Provide a list of the types of food that will need to be cooled next to the way you will be cooling them (e.g. leftovers). (sects. 189, 190)

COOLING PROCESS	TYPES OF FOOD
Shallow pans under refrigeration	
Ice and water bath	
Reduced volume i.e.: (quartering a large roast)	
Ice paddles	
Rapid chill device (blast freezer)	
Other (describe)	

7. The temperature and the amount of time it takes to reach the proper temperature must be monitored and recorded when cooling down food items. How will you check your cooling procedures and what actions will be taken to correct the temperature of the food if the procedure has not cooled the food properly? \_\_\_\_\_

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8. How will you make sure that foods are reheated to 165°F or above? (sect. 188)

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9. Will a buffet be served? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes what steps will be taken for ensuring that the buffet is protected from consumer contamination? (sect. 181)

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**HOT AND COLD HOLDING**

1. You must have a probe thermometer in the range of 0°F to 220°F that is accurate to ± 2°F. How will the thermometer be cleaned and sanitized between uses? \_\_\_\_\_
  
2. Will “Time as a Public Health Control” (sect. 193) be used for potentially hazardous food(s) (hot or cold)?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, make sure to enclose the “Time as a Public Health Control” procedure for approval.
  
3. Will raw animal food(s) be offered to the public in an undercooked form (sushi, rare hamburgers, eggs over easy, tostada de ceviche, made from scratch Caesar dressing, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, please attach a copy of your consumer advisory statement. (sect. 196)  
If tostada de ceviche, raw tuna steaks or sushi is served you must provide a letter of guarantee to ensure parasite destruction and provide procedures to preparing these items for approval with the plans (sect. 162).
  
4. Which staff members will be assigned the responsibility of taking food temperatures and at what steps will temperatures be taken (cooking and hot holding)? (sect. 119) What actions will be taken to correct the temperatures if temperatures are not correct when checked for the cooking and hot holding?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Describe how cross-contamination of raw meats and unwashed produce with ready-to-eat foods will be prevented in refrigeration unit(s) (sect. 173).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Describe the storage of different types of raw meat and seafood in the same refrigeration unit, and how cross-contamination will be prevented (sect. 173). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SANITIZATION**

1. What type of chemical sanitizer(s) and at what level of concentration will the facility use? (sect. 294)  
\_\_\_\_\_
  
2. The facility must have test kits/papers on site for all types of chemical sanitizers being used (sect. 291).  
Where will they be stored? \_\_\_\_\_
  
3. How will cooking equipment, cutting boards, counter tops and other food contact surfaces (such as large mixer bowls or stock pots) which cannot be submerged in a sink or put through a dishwasher be sanitized? (sect. 303) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What type of dishwashing methods will be used (sect. 269)?  
(check one or both): 3 Compartment Sink \_\_\_\_\_ Dish machine \_\_\_\_\_
5. Will you be using high temperature heat or chemical for sanitizing?  
Hot Water \_\_\_\_\_ or Chemical (describe what type) \_\_\_\_\_
6. If using hot water sanitizing, you must have a booster heater. What is the make and model of your booster heater? \_\_\_\_\_
7. When using hot water, how will you ensure that the dish machine is sanitizing the utensils at the proper temperature? (sects. 258, 303) \_\_\_\_\_
8. If using a chemical dish machine, you must have an alarm that indicates when more chemical sanitizer needs to be added (sect. 281). What type of alarm will be used to detect when the sanitizer is too low?  
Sound \_\_\_\_\_ Visual \_\_\_\_\_ What is the make and model? \_\_\_\_\_
9. Does your facility have enough drain boards/utensil racks/carts for the air-drying of equipment and utensils for either the 3-compartment sink or the dish machine? (sect. 289) Please describe below.  
\_\_\_\_\_  
\_\_\_\_\_

**WATER SUPPLY**

1. Is the water supply public (\_\_\_\_) or private well (\_\_\_\_)? If public, skip question #2.
2. If a private well, you may be required to register with the Indiana Department of Environmental Management (IDEM) drinking water branch at 800-451-6027 or 317-308-3287 to obtain a PWSID (Public Water Supply Identification Number) and test the water on a routine basis. Provide the PWSID# and proof that the water supply meets their safe drinking water standards. If your facility doesn't meet IDEM requirements for testing, you must meet the requirements set forth in sect. 327.  
Has the well water been tested? (sect. 327) Yes \_\_\_\_\_ No \_\_\_\_\_ A copy of all water tests will need to be submitted to our office upon completion.

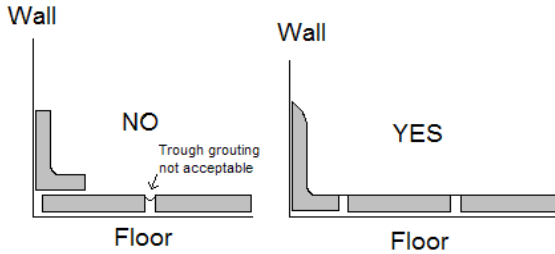
**WASTE WATER/SEWAGE DISPOSAL**

1. Is the sewage disposal system municipal (\_\_\_\_) or private septic system (\_\_\_\_)? If public, skip question #2.
2. Has the waste treatment/septic system been approved by the state or local health department for use with a food service facility? (sect. 376) Yes \_\_\_\_\_ No\* \_\_\_\_\_ *Please provide a copy of the approval with permit number.*  
\*If No\*, Contact the Septic Program Supervisor in our office at 574-971-4600 for details on how to obtain an approved septic system or permit information. **Please be aware that this can be a lengthy process and there is no guarantee that a system will be approved for use!**
3. Has contact been made with the municipality to determine if a grease trap is required?  
Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_
4. What will be the frequency for cleaning of the grease trap or septic tank? (sect. 378)  
\_\_\_\_\_  
\_\_\_\_\_

## ROOM FINISH SCHEDULE (What the interior of the facility will look like)

All surfaces must be smooth, durable, non-absorbent, easily cleanable, and preferably light in color. There shall be no void spaces on any wall, floor, or ceiling surfaces. Acoustical ceiling tile and carpeting is prohibited in all areas subject to moisture including, but not limited to, food preparation, service (including self service and salad bars/buffets), storage, display, dishwashing areas and in bars, restrooms, wait stations, and janitorial stations. Grouting between any floor tiles must provide a smooth, continuous surface and may not be tooled to create gaps or crevices, which will make cleaning difficult. Also, concave base coving must create a smooth juncture between the floor and walls and must be provided throughout the establishment (sect. 404). Do NOT install bull

### How to Guide: Base Coving and Grouting



nose style ceramic tile as coving or coving as seen in the diagram on the left as it creates a juncture that is hard to clean. The curvature at the bottom of the ceramic coving shall be level with the floor surface.

Also, please be aware that, per section 403, utility service lines and pipes may not be unnecessarily exposed. If exposed, they shall be installed so they do not obstruct or prevent cleaning of the floors, walls, or ceilings (should be able to get a rag between the pipe and the surrounding surfaces for cleaning),

and exposed horizontal utility service lines and pipes may not be installed on the floor. Also, it is important to ensure that all areas where service lines penetrate floors, walls, and ceilings, etc. (regardless if inside or outside) are adequately sealed with a permanent, rodent proof material such as grouting. Do not use expanding foam insulation to seal as rodents may easily chew through this material.

1. Please indicate which materials (i.e. quarry tile, stainless steel, plastic cove molding, etc.) and finish will be used in the following areas. (sect. 402)

AREA	FLOOR	COVING	WALL	CEILING
KITCHEN				
CONSUMER SELF SERVICE				
SERVING LINE				
BAR				
FOOD STORAGE				
OTHER STORAGE				
TOILET ROOMS				
GARBAGE STORAGE				
MOP/SERVICE SINK AREA				
DISHWASHING				
WALK-IN COOLER/FREEZER				
OTHER (DEFINE)				



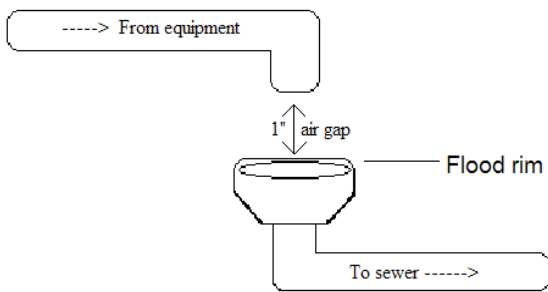
## **PLUMBING**

A minimum of one hand washing sink that is **easily accessible** to all employees shall be provided in each food preparation, service, dishwashing area and each toilet room. The total number of hand sinks required, however, is determined by a number of factors, including size of facility and employee accessibility. **All hand-washing sinks need to be located no more than a maximum of 25 feet walking distance from a workstation and have hot water reaching a minimum of 100 degrees Fahrenheit (sect. 342).** Each hand-washing sink shall be provided with hot water and cold water that is tempered by a mixing valve or combination faucet. Self-closing faucets, slow-closing faucets or metering faucets shall provide a flow of water for at least 15 seconds without the need to reactivate the faucet. Dispensable soap and hand drying facilities shall be provided at each hand-washing sink (sect. 346). Sanitary towels shall be provided in permanently installed dispensing devices at each hand-washing sink (sect. 347). If disposable towels are used, waste receptacles shall be near the hand-washing facilities. Female and unisex restrooms must have covered waste cans (sect. 351). All restrooms must have self closing doors and be provided with adequate ventilation (sect. 352).

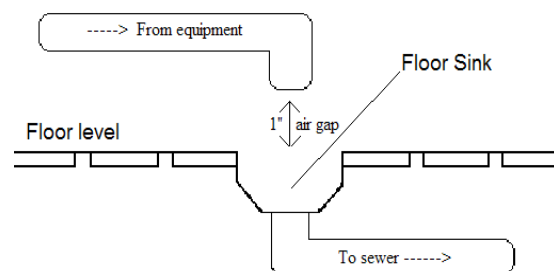
1. Hand washing sinks are required in each food preparation and dishwashing area. (sect. 344) How many hand sinks will be provided? \_\_\_\_\_ Indicate locations clearly on the plans.
2. Provide a copy of hand washing procedures describing when, where, & how to wash hands (sect 128 & 129).
3. What is the recovery time, volume, and capacity of the hot water heater? (sect. 329) Where will it be located? \_\_\_\_\_  
\_\_\_\_\_
4. At least one janitorial station shall be provided for the proper storage of maintenance equipment and cleaning supplies. The janitorial station should be conveniently located for maintenance of food service areas, but shall be separated from food preparation and food storage areas. Provide a mop rack over the janitorial sink for wet mops to drip-dry. Provide a broom rack to elevate items such as brooms and dustpans off the floor (sect. 425). Indicate this location on the floor plan.

The following technical information is needed on the proposed plumbing plan. This section is best completed by a licensed plumber, or engineer. (sect. 336) Equipment where food may be held (such as ice machines and bins, pop machines, food preparation sinks, a three bay sink used for food preparation, a wok, steam tables, dipper wells, steam kettle, walk in cooler and freezer condensers, and water softeners, etc.) is required to have an air gap on the drain line, such as in the following picture, to prevent sewage from accidentally backing up into the equipment and contaminating food or food contact surfaces. The water supply to these same types of equipment shall also be protected from backflow by the means of the appropriate vacuum breaker, check valve or air gap. Indicate all backflow prevention for all equipment with water supplies and waste lines on the plans.

## **AIR GAPS**



Receiving Drain



Floor Drain

## **EQUIPMENT**

Please note that all food service equipment shall be constructed to conform to NSF (National Sanitation Foundation) or similar standards regarding design, materials, workmanship, construction, and installation and be smooth, durable, non-absorbent and easily cleanable. All equipment shall be commercial quality and made of food-grade quality materials. Any used equipment shall be reconditioned to meet the same requirements.

**Provide one complete set of specifications that indicate the manufacturer and model number for all equipment used in the facility.** This includes all large and small pieces of equipment.

All large equipment shall be provided with casters (any size, but locking casters are recommended for safety) or 6-inch legs or shall be sealed to the floor and wall for ease of cleaning, including any bar areas. Equipment that is fixed because it is not easily movable shall be installed so that it is spaced to allow access for cleaning along the sides, behind, and above the equipment. Equipment on counters must be on 4-inch legs or be sealed to the countertop for ease of cleaning.

**The location of all equipment shall be clearly indicated on the plans so as to provide a clear picture of what the facility will look like when it is completed.**

Sneeze guards are required wherever food is exposed to potential contamination by consumers (sect. 179). It is recommended that sneeze guards are 14 inches high maximum from the top of the service counter to the bottom of the sneeze guard and 7 inches minimum from the edge of the service counter to the food. Provide design plans for sneeze guards or means of protection from contamination of food that is exposed to the customers.

## **HOOD VENTILATION SYSTEM**

Any equipment that produces heat, steam, smoke or grease must be provided with a hood ventilation system. This includes equipment such as stoves, ovens, steamers, pizza ovens, fat fryers, broilers, broasters, rotisserie ovens, high temperature dish machines, etc. If your establishment does not have any equipment that meets this definition continue to the next section and mark N/A on the following line. \_\_\_\_\_

**If your facility will use any such equipment please read and incorporate the following into your plans.**

1. All hood ventilation systems must meet Indiana Mechanical Code 675 IAC 18-1.2 (Sections 112-132) and be NSF approved, UL Sanitation Listed, or meet a similar construction standard. What standard(s) do/does the proposed ventilation system meet? \_\_\_\_\_
2. Hood specifications, dimensions, and proposed design criteria must be submitted, including a proposed balance sheet showing total air exhaust and total outside make-up air (show how these rates were calculated) and a to-scale drawing (top, side, and end view) showing equipment placement and internal workings of the hood. **OMISSION OF THIS INFORMATION WILL AUTOMATICALLY RESULT IN THE REJECTION OF THE PLANS.** All required information listed is enclosed. Yes\_\_\_\_\_ No\_\_\_\_\_
3. The hood system must overlap all equipment at least 6" and shall be adequate to prevent a negative pressure in the commercial cooking areas from exceeding two-hundredths (0.02) inches of water column. Indicate this overhang in your drawing.
4. The make-up air shall not reduce the temperature of the occupied space to less than sixty-five (65) degrees Fahrenheit at five (5) feet above the floor throughout the room (It must be "tempered"). How will this be accomplished? \_\_\_\_\_
5. Design criteria and model name and number must also be provided for the make-up air unit and roof vent that must be utilized for the ventilation system. The exhaust and make-up systems may not be mounted on

the roof less than ten (10) feet from one another. An interlock should also be provided between make-up air and kitchen exhaust to assure that make-up air is provided at all times when kitchen exhaust fan is running. Does the system have an interlock system? Yes \_\_\_\_ No \_\_\_\_ If no, why not? \_\_\_\_\_

VENTILATION SCHEDULE				
Source	Length	Width	CFM Exhaust	CFM Supply
Example: RTU - 1				1600
Example: hood # 1	6'-6"	5'-0"	1500	500

6. A ventilation system test report and balance sheet must be provided to us **PRIOR TO REQUEST FOR THE OPENING INSPECTION**. These are not proposed readings; these are actual readings that must be taken by your ventilation contractor once the following items are completed (to mimic "real life" scenario):
- A. All restaurant construction is complete.
  - B. Hood system, fire suppression, and heating/air conditioning systems are fully operational.
  - C. All cooking equipment and HVAC is properly installed **and running**.

**POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS**

1. All containers of toxics shall be clearly labeled with the contents including spray bottles (sect. 438). Indicate where poisonous or toxic materials will be stored (including ones for retail sale) to provide adequate separation from foods and equipment. (sect. 439)  
 \_\_\_\_\_  
 \_\_\_\_\_
2. How will the facility ensure that insecticides and rodenticides are "Approved for Use in Food Establishments" and that they are applied in a safe manner? (sect. 119) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Where will first aid supplies be stored? (sect. 421) \_\_\_\_\_
4. Describe the storage location for employees' coats, purses, medicines, and lunches. (sects. 418, 422)  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Where is the designated area for employees to eat, drink, and use tobacco? (sect. 136)  
 \_\_\_\_\_  
 \_\_\_\_\_

**INSECT AND RODENT HARBORAGE**

1. Indicate how all outer entrances will be made self-closing and rodent/insect proof? (sect. 413) \_\_\_\_\_  
\_\_\_\_\_
2. All windows that can be opened, except self-closing pass-through windows, shall have at least 16-mesh-per-square-inch screening. Will screens be provided on any open windows/doors to the outside? (sect. 413)  
Yes \_\_\_\_ No \_\_\_\_
3. Will air curtains be installed (mechanical or made from plastic); if so, where and on which outer openings? (sect. 413) \_\_\_\_\_  
\_\_\_\_\_
4. Will garage-style or loading bay doors be present? Yes \_\_\_\_ No \_\_\_\_ If Yes, how will they be protected against pest entry? \_\_\_\_\_  
\_\_\_\_\_
5. How will all pipes and electrical conduit chases be sealed (i.e. ventilation systems, exhaust and intake) and be protected? (sect. 414) \_\_\_\_\_  
\_\_\_\_\_
6. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions? (sect. 426) Yes \_\_\_\_ No \_\_\_\_
7. Do you plan to use a licensed pest control service? Yes \_\_\_\_ No \_\_\_\_ If Yes, which company? \_\_\_\_\_  
\_\_\_\_\_ and what is the frequency? \_\_\_\_\_  
If No, how do you propose to control pests? \_\_\_\_\_  
\_\_\_\_\_
8. Will there be any electrocution devices for flying pests? Yes \_\_\_\_ No \_\_\_\_ If Yes, where will they be located?  
\_\_\_\_\_  
\_\_\_\_\_

**REFUSE AND RECYCLABLES**

1. What type of refuse storage will be used? Compactor \_\_\_\_ Dumpster \_\_\_\_ Cans \_\_\_\_ Grease Barrel \_\_\_\_
2. Describe the surface that outside refuse storage will be located on (sect. 382) \_\_\_\_\_  
\_\_\_\_\_
3. Will any compactors, dumpsters, waste grease, or recycling containers be located inside?  
Yes \_\_\_\_ No \_\_\_\_ If Yes, show location on plans.
4. Will a dumpster enclosure be constructed? Yes \_\_\_\_ No \_\_\_\_  
If yes, what materials will be used to construct the dumpster enclosure (brick, wood, polyvinyl, etc.)?  
\_\_\_\_\_  
How will it be sealed or painted? (sect. 382) \_\_\_\_\_
5. What size is the dumpster and what is the frequency of trash pickup? \_\_\_\_\_
6. Where will recyclables be stored prior to pick-up? \_\_\_\_\_

7. Describe any area where distressed merchandise returned for credit to the vendor will be stored and indicate how it will be distinguished from other merchandise. \_\_\_\_\_  
\_\_\_\_\_

## **LIGHTING**

Lighting in walk-in units shall be placed so it is not obstructed by the normal storage of food on the shelves. Compliance with these lighting requirements usually requires at least two fixtures in walk-in refrigeration units. Low-temperature fluorescent lights are recommended. All light fixtures in food preparation, food display, food service, food storage, dishwashing and utensil storage areas shall be either recessed or enclosed to prevent breakage. Tempered or shatterproof, coated bulbs also are acceptable.

1. Indicate what type of lighting will be used and where each fixture will be located on the plans. You must have enough lighting to provide 70 foot-candles of light in all food prep, dishwashing, service and bar areas and 20 foot-candles in all remaining areas of the facility. (sect. 411)
2. How will all lighting in all food related areas as discussed be shielded? (sect. 410) \_\_\_\_\_  
\_\_\_\_\_

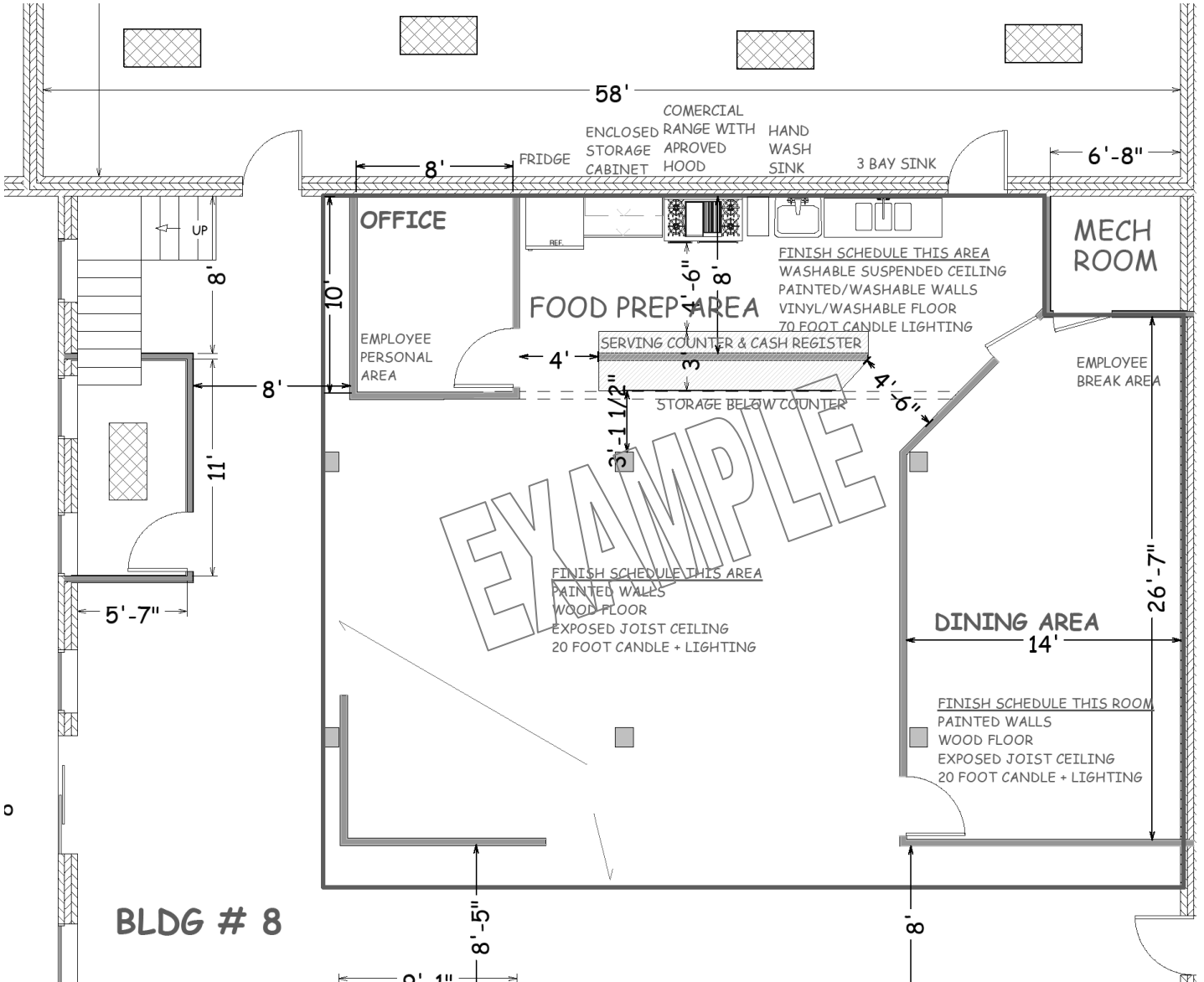
## **MISCELLANEOUS**

1. How will employees be trained in food safety? (sect. 119) \_\_\_\_\_  
\_\_\_\_\_
2. Provide a written policy with the plans that indicates how you will exclude or restrict food workers who are ill or have infected cuts or lesions (sect. 122).
3. No part of the retail food establishment may open directly into any part of any living or sleeping quarters. (sect. 423) Does this facility connect to any living or sleeping quarters? Yes \_\_\_ No \_\_\_ If Yes, how is it completely separated from the food service facility? \_\_\_\_\_  
\_\_\_\_\_
4. A copy of Indiana Food Establishment Sanitation Requirements 410 IAC 7-24 (sect. 107), Elkhart County Ordinance 2005-322, & Certification of Food Handler Requirements 410 IAC 7-22 must be located within the establishment. Will you use a computer for electronic access or have printed copy? \_\_\_\_\_
5. Any on-site laundry equipment shall be located away from all food, prep, storage, service, display and dishwashing areas. Indicate location on floor plans. Where will the clean and soiled linens be stored?  
Clean \_\_\_\_\_ Soiled \_\_\_\_\_ How and where will soiled linens be laundered?  
\_\_\_\_\_
6. Will your establishment sell self service, prepackaged food items? Yes \_\_\_ No \_\_\_ If Yes, provide examples of labeling with information including name of the product, name and address of manufacturer, net weight, and all ingredients in descending order of expected sales volume.

**YOU ARE NOW FINISHED WITH THE CHECKLIST!!!!** Please be aware that this checklist gives the Food Supervisor and the future restaurant owner **a place from which to start and will obviously not address every issue which will arise.** There will undoubtedly be plenty more questions on both sides and communication is critical for all involved. Approval of your plans and specifications by this Health Regulatory Authority does not indicate compliance with any other code, law or regulation (federal, state, or local) that may be required. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment).

# REQUIRED ATTACHMENTS

(Equipment Specifications & Floor plans)



**EXAMPLES OF FLOORPLANS AND SPECIFICATIONS**  
 Your floor plans should be a picture of what your facility will look like and be like a map for anyone who is unfamiliar with the facility. The equipment specification sheets can be obtained from the equipment manufacturer.

**REMEMBER: BEFORE YOU ARE FINISHED WITH THE PLAN SUBMISSION, YOU NEED TO FILL OUT THE FOLLOWING PLAN REVIEW APPLICATION AND THEN SUBMIT ALL OF THE INFORMATION INCLUDING ALL THE ATTACHMENTS AND THE FLOOR PLAN ALONG WITH THE APPROPRIATE FEE TO THE ELKHART COUNTY ENVIRONMENTAL HEALTH DIVISION.**

Specially Grooved Two-Sided Grill

**SPECIALTY GROOVED TWO-SIDED GRILL**  
Model CG14SPT

**Model and Specifications**

Model No.	Grid Surface	(A) Width (inches)	(B) Depth (inches)	(C) Closed (inches)	(D) Open (inches)	Voltage	Wattage	Amps	NEMA Plug	Approximate Weight Shipping (lbs.)	Installed (lbs.)
CG14SPT	Alum.	16 (40.6)	23-1/8 (58.7)	14-1/4 (36.3)	31-5/8 (80.3)	120V	2300	19.2	5-20P*	61 (30)	68 (30.9)
						120V	2300	19.2	5-20P**		
						200/240	230	1.0	CEE-7W1		

\* Unit must use a dedicated 20 AMP circuit.  
 \*\* Canadian requirements.

**Typical Specifications**  
 Two-sided grill is constructed with a stainless steel body and aluminum grooved platens. A counter balance hinge mechanism provides easy operation of both top platens. Grilling height between platens is up to 3" with counter balance system providing 3-4 pounds of pressure to the cooling product placed on bottom platen. Metal sheathed tubular elements and adjustable non-skid feet are standard. 120V unit has six foot power cord with NEMA 5-20 rated plug and 240V has a NEMA 6-15 plug. Units approved by UL, UL Sanitation to NSF Standard 4 and UL Canada Standards. Printed in the U.S.A.

Due to periodic changes in design, materials, procedures, policies and regulations, the specifications contained in this sheet are subject to change without notice. While Star Manufacturing reserves the right to modify specifications without notice, we are not responsible for errors or omissions in information provided or conclusions reached as a result of using the specifications. By using the information provided, the user assumes all risks in connection with such use.



Elkhart County Health Department

**FOOD SERVICE PLAN REVIEW APPLICATION**  
**ELKHART COUNTY HEALTH DEPARTMENT**  
4230 ELKHART ROAD GOSHEN, IN 46526  
574-971-4600 (574-971-4599 fax)



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

Name of establishment: \_\_\_\_\_ New Construction   
Remodel of Existing

Establishment Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Township \_\_\_\_\_ Establishment Phone ( ) \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Owner \_\_\_\_\_ Owner's Phone ( ) \_\_\_\_\_

Owner's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email/website \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact's Phone ( ) \_\_\_\_\_

Contact's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

Projected start and completion dates for construction: \_\_\_\_\_ thru \_\_\_\_\_

Who will be your certified food handler? (Title 410 IAC 7-22) \_\_\_\_\_

What position does s/he hold in your organization? \_\_\_\_\_

Provide a copy of the certification and state issued identification for this individual with the name of your establishment.

**STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.**

Signature(s) \_\_\_\_\_

\_\_\_\_\_  
owner(s) or responsible representative(s)

Date: \_\_\_\_\_

Fees: Plan review **prior to** start of construction: \$165.00  
Plan review **after** construction has been started: \$495.00

Please make all checks payable to **Elkhart County Treasurer**. Fees are NOT refundable. Payment of fee does not constitute approval of plans. Each submittal of revised plans will be charged an additional fee.