



Change of Ownership (NO CONSTRUCTION)

Monroe County Health Department
Food Protection Program
119 West 7th Street Bloomington, IN 47404
812-349-2543

Be advised: A change of owner application with no construction is defined as no physical construction, movement of equipment or installation of equipment. There should also be no significant change of menu or operation. It is strictly the turning over of an operation AS IS to the new owner.

Please complete the following, as is applicable to the retail food establishment.

Owner/Corporation Information:

Name: _____

Contact Person: _____

Mailing Address: _____

Owner Telephone #: _____

Owner Email Address: _____

Facility Information:

Establishment Name: _____

Contact Person: _____ Title: _____

Establishment Telephone #: _____ Contact Person Telephone #: _____

Establishment Mailing Address: _____

Establishment Street Address: _____

Establishment Email Address: _____

Hours of Operation: _____ Days of Operation: _____

Contents and Specifications for Facility and Operating Plans as required in Section 110 of 410 IAC 7-24:

Please ensure the following items are submitted for review (initial once complete):

1. Facility Menu _____
2. Facility layout (this may be a rough drawing of kitchen and service areas just for the purpose of updating your food file) _____
3. Change of Ownership Application Fee (\$75) _____

Signature of Applicant: _____ Date: _____

Relationship to Facility: _____

Plan Review fee \$75 _____ Receipt # _____ Staff Initials _____ Date _____

Note: If all the required information is not submitted to the regulatory authority, it may delay the review process of your plans

ESTABLISHMENT INFORMATION:

Number of seats: _____ Total square feet of the facility: _____

Number of floors on which operations are conducted: _____

Maximum meals to be served (*approximate number*): Total: _____ Breakfast: _____ Lunch: _____ Dinner: _____

Type of service (*Check all that apply*): Sit down meals: _____ Other: _____ Take out: _____ Caterer: _____

Who will be your certified food protection manager and what is their title? (Title 410 IAC 7-22)

How will employees be trained in food safety? (Section 119):

FOOD:

1. Please provide a list of all planned food vendors. (*sect. 142*): _____

2. What is the procedure for receiving food shipments? (*sect. 166*) Are temperatures checked and containers inspected for damage?

3. What is the anticipated frequency of food deliveries for: Frozen _____ Fresh _____ Dry _____?

4. Is your facility required to have pasteurized products? (*sect. 153*) Yes ___ No ___

5. Do you intend to make low-acid or acidified foods and intend your products to be shelf stable? If so, have you passed the Better Process and Control School exam? (*sect. 143*) Yes ___ No ___ NA ___ (*Please include a copy of the certification.*)

6. Do you intend to make reduced oxygen packaged (*ROP, def. 73*) foods? (*sect. 195*) Yes ___ No ___

6a) If yes, please list out the ROP foods. _____

FOOD PREPARATION:

7. If foods are prepared a day or more in advanced, please list them out. _____

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

9. Describe your date marking system (*described under sect. 191*) for potentially hazardous (*defined under sect. 66*) ready-to-eat foods (*defined under sect. 72*). (*sect. 191*)

10. Where will all your produce be washed prior to use? (*sect. 175*) _____

11. Describe the procedure to minimize the amount of time potentially hazardous foods will be kept in the temperature danger zone (41°F-135°F) during preparation. (sect. 189) _____

12. Provide a list of the types of food that will need to be thawed before cooking and the process that will be used to thaw the food. (E.g. frozen meat) (sect. 199)

PROCESS	TYPES OF FOOD

13. Provide a list of the types of food that will need to be cooled and the process that will be used to cool each of these foods. (E.g. leftovers). (sects. 189, 190)

PROCESS	TYPES OF FOOD

14. What procedures will be in place to ensure that foods are reheated to 165°F or above? (sect. 188):

15. Will a buffet be served? Yes ___ No ___ NA ___ If yes, who will be responsible for ensuring that the buffet is protected from consumer contamination? (sect. 181): _____

HOT AND COLD HOLDING:

16. Will "Time as a Public Health Control" (see sect. 193): be used for potentially hazardous food(s) (either hot or cold)? (Note: These procedures must be submitted and approved before their use.) Yes _____ No _____ NA _____

17. Will raw animal food(s) will be offered to the public in an undercooked form? (If **yes**, you must attach your consumer advisory statement.) (sect. 196) Yes _____ No _____ NA _____

18. Who (*line cook, kitchen manager, etc.*) will be assigned the responsibility of taking food temperatures, and at what steps will temperatures be taken (*cooking, cooling, reheating, and hot holding*)? (*sect. 119*)

19. Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in a refrigeration unit(s) (*I.e. walk in coolers, under the counter coolers*). (*sect.173*):

20. Describe the storage of different types of raw meat and seafood in the same unit, and how cross-contamination will be prevented. (*sect. 173*)

SANITIZATION:

21. Who will be assigned the responsibility of ensuring the correct amount of sanitizer will be used? (*sect. 119*):

22. What type of chemical sanitizer(s) will the facility use? (*sect. 294*):

23. Will the facility have test kits/papers on site for all types of chemical sanitizers? (*sect. 291*) Yes ___ No ___ NA ___

24. 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? (*sect. 303*)

WAREWASHING/DISHWASHING:

25. Dishwashing methods (*sect. 269*) (*check one or both*): 3 Compartment Sink ___ Dish machine ___

26. If a dish machine is utilized, which sanitizing method will you use: Hot Water ___ Chemical ___?

26a) If hot water, do you have a booster heater? Yes ___ No ___ NA ___

26b) If hot water, what method with you use to test the sanitizing of your utensils? (*sect. 258,303*):

27. What type of alarm will be used to detect when the sanitizer is too low on your dish machine? (*sect. 281*):

Sound ___ Visual ___

28. Can the largest piece of equipment be submerged into the 3 compartment sink/dish machine? (*sect. 233*)

Yes ___ No ___ NA ___

29. 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, be sure they are indicated in the plans.

POISONOUS OR TOXIC MATERIALS:

30. Where will poisonous or toxic materials be stored (*including the ones for retail sale*)? (*sect. 439*):

32. Do you plan to use a licensed pest control service? Yes _____ No _____ Frequency _____

32a) Company _____

33. If your facility does not plan to utilize a licensed pest control operator, 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? Please describe the storage location and application processes. (*sect. 119*):

34. How will all spray bottles be clearly labeled? (*sect. 438*): _____

35. Where will first aid supplies be stored? (*sect. 421*): _____