



**PLAN REVIEW APPLICATION FOR
REMOTE/CATERING RETAIL FOOD
ESTABLISHMENTS**
 Monroe County Health Department
 Food Protection Program
 119 West 7th St Bloomington, IN 47404

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

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| <u>Owner/Corporation Information:</u> |
| Name: _____ |
| Contact Person: _____ |
| Telephone Number: _____ |
| Mailing Address: _____ _____ |
| Email Address: _____ |

Establishment Information:

Name of New Remote/Catering Food Business: _____

Type of Retail establishment (caterer, meal prep, etc.): _____

Days/Times of operation: _____

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|---|
| <p><u>Please check items submitted for review:</u></p> <ol style="list-style-type: none"> Intended menu: (what do you intend to serve?) _____ Number of Full time employees (FTE)*: _____ Signed Commissary Agreement _____ Initial Plan Review Fee of \$165: _____ <p><i>(Remaining plan review fees, if applicable (based on the number of full time employees) will be due upon the completion of the preoperational inspection. All fees (including permit fees) must be paid in full prior to the start of operation.</i></p> |
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Signature of Applicant: _____ (Relationship to Project): _____ (Date Signed): _____

Initial Plan Review Fee \$165: _____ **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 and possibly delay construction.*

Monroe County Health Department – Food Protection Program
PLAN REVIEW QUESTIONNAIRE

1. Please answer the following questions to the best of your ability both thoroughly and thoughtfully.
2. If you have any questions regarding this application, please contact the foods division of the health department at, (812) 349-2896.
3. This questionnaire may not be full list of requirements for retail food establishments.
4. The sanitation requirements noted in this document are specified under the http://www.in.gov/isdh/files/410_iac_7-24.pdf. Please use the code as it pertains to the section numbers referenced at the end of each question.

I as the responsible party for this organization/application certify that I have submitted plans/applications to the authorities below on the following dates as required: (fill in date next to the office when filed, if an authority does not apply you may write n/a, however if it is discovered at any time during the plan review process that plans did indeed need to be submitted to said authority this department reserves the right to delay the moving forward of the permitting process until compliance is met with all parties.)

Monroe County Offices

Planning (812-349-3423) _____
Weights & Measures (812-349-2566) _____

City of Bloomington Offices:

City Utilities (812-349-3650) _____

Signature of Responsible party: _____

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):

*If any questions do not apply to your operation, please indicate with an N/A. **Do not leave the question blank***

FOOD:

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

2. What is the procedure for receiving food shipments? (sect. 166) How 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. Will your business have wholesale operations of any kind? Yes: _____ No: _____

6. Has your wholesale operation registered with ISDH? Yes: _____ No: _____

7. 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.)

8. Do you intend to make reduced oxygen packaged (ROP, def. 73) foods? (sect. 195) Yes: _____ No: _____

If yes, please list out the ROP foods. _____

9. How will your ROP items be packaged? _____

EQUIPMENT:

10. Will any new equipment be brought into the commissary kitchen for your businesses sole use? Yes ___ No ___

11. Will the utensils and food storage containers be made from food-grade quality materials? (sect. 205): Yes: ___ No: ___

12. Is the ventilation hood system sufficient for the needs of the facility? (sect. 307) Yes ___ No ___ NA ___

13. Will all of the equipment used for the storage of potentially hazardous foods be able to meet the minimum temperature requirements (frozen food 0°F, cold food 41°F, and hot food 135°F)? Yes: _____ No: _____ NA: _____

14. Please list equipment types for serving or transporting your food items. (sect. 187): _____

FOOD PREPARATION:

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

16. 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): _____

17. 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):

18. Where will all of your produce be washed prior to use? (Sect 175): _____

19. 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):

20. 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):

| TYPES OF FOOD | PROCESS |
|---------------|---------|
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21. What procedures will be in place to ensure that foods are reheated to 165°F or above? (sect. 188)

22. 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):

| TYPES OF FOOD | PROCESS |
|---------------|---------|
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HOT AND COLD HOLDING:

23. Will raw animal food(s) will be offered to the public in an undercooked form (sushi, rare hamburgers, eggs over easy, made from scratch Caesar dressing, etc.)? Yes: _____ No: _____ NA: _____

****If so, please attach your consumer advisory statement. (sect. 196)***

24. Who 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): (Line cook, kitchen manager, etc.)

25. 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):

26. 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:

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

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

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

30. 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):

POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS:

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

32. What system will you use for labeling all spray bottles? (sect. 438)

WAREWASHING/DISHWASHING

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

34. If a 3 compartment sink is used, which sanitizing method will you use: Hot Water ___ Chemical ___?

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

36a) If hot water, do you have a booster heater? Yes ___ No ___ N/A ___?

36b) If hot water, what method will you use to test the sanitizing of your utensils? (sect. 258,303)

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

Sound ____ Visual ____

38. Can the largest piece of equipment be submerged into the 3 compartment sink or dish machine? (sect. 233):

Yes: ____ No: ____ N/A: ____

39. Does the facility plan to use alternative manual ware washing equipment? (sect. 233) Yes: ____ No: ____ NA: ____

If yes, please submit your procedure for review.

40. 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 and indicate in your drawing.

PERSONAL BELONGINGS:

41. Are separate dressing rooms/lockers provided for staff use? (sect. 417): Yes ____ No ____ NA ____

42. Describe the storage location for employees' coats, purses, medicines, and lunches. (sects. 418, 422):

43. Where is the designated area for employees to eat, drink, and use tobacco? (sect. 136): _____

REFUSE AND RECYCLABLES:

44. Describe the surface (for refuse/recyclables) that the outside dumpster will be located on? (sect. 382)

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