



**PLAN REVIEW APPLICATION PRE-PACKAGED ITEMS ONLY**

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

**Please complete the following, as is applicable to the Retail Food Establishment.**

<b><u>Owner/Corporation Information:</u></b>	<b><u>Engineer/Architect Information:</u></b>
Name: _____	Name: _____
Contact Person: _____	Contact Person: _____
Telephone #: _____	Telephone #: _____
Mailing Address: _____	Mailing Address: _____
Email Address: _____	Email Address: _____

**Establishment Information:**

(Check one) New Construction: \_\_\_\_\_ Existing/Remodel: \_\_\_\_\_

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 check items submitted for review:

1. Intended menu: (what do you intend to serve?) \_\_\_\_\_
2. Floor plan and kitchen layout noting equipment/sink placement: \_\_\_\_\_
3. Initial Plan Review Fee of \$100: \_\_\_\_\_ (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.

*\*The number of FTE employees is determined by taking all full and part-time employees, including owners and managers and totaling up all the hours worked in an average week and dividing this number by 40.*

(Signature of Applicant): \_\_\_\_\_ (Relationship to Project): \_\_\_\_\_ (Date Signed): \_\_\_\_\_

**Initial Plan Review Fee \$100:** \_\_\_\_\_ **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](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 Government Offices:**

Planning (812-349-3423) \_\_\_\_\_  
Building (812-349-2580) \_\_\_\_\_  
Weights & Measures (812-349-2566) \_\_\_\_\_

**City of Bloomington Offices:**

Fire (812-332-9763) \_\_\_\_\_  
City Utilities (812-349-3650) \_\_\_\_\_

Signature of Responsible party: \_\_\_\_\_

**FOOD:**

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

\_\_\_\_\_

\_\_\_\_\_

2. What is the anticipated frequency of food deliveries for: Frozen \_\_\_\_\_ Fresh \_\_\_\_\_ Dry \_\_\_\_\_?

**SANITIZATION:**

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

\_\_\_\_\_

4. What type of chemical sanitizer(s) will the facility use? (*sect. 294*) \_\_\_\_\_

5. Will the facility have test kits on site for all types of chemical sanitizers? (*sect. 291*) Yes \_\_\_\_\_ No \_\_\_\_\_

6. How will 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 ITEM**

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

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8. What system will you use for labeling all spray bottles?

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9. Where will first aid supplies be stored? (*sect. 421*)

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**WAREWASHING/DISHWASHING:** (*Please note, that as a prepackaged facility only, you may not be required to install a ware washing/dishwashing area. If your facility is choosing to do so, please fill out this area appropriately. The department may also require it depending on your operations.*)

10. Dishwashing methods (*sect. 269*) (*check one or both*): 3 Compartment Sink \_\_\_\_\_ Dish Machine \_\_\_\_\_

11. If a 3 compartment sink is used, which sanitizing method will you use? Hot Water \_\_\_\_\_ Chemical \_\_\_\_\_

12. If a dish machine is used, which sanitizing method will you use? Hot Water \_\_\_\_\_ Chemical \_\_\_\_\_

12a. If hot water, do you have a booster heater? Yes \_\_\_\_\_ No \_\_\_\_\_

12b. If hot water, what method will you use to test the sanitizing of your utensils? (*sect. 258 & 303*)

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13. What type of alarm will be used to detect when the sanitizer is too low on your dish machine or 3 compartment sink? (*sect. 281*) Sound \_\_\_\_\_ Visual \_\_\_\_\_

14. Can the largest piece of equipment be submerged into the 3 compartment sink or dish machine? (*sect. 233*)  
Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

15. Does the facility plan to use alternative manual ware washing equipment? (*sect. 233*) Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_  
***If yes, please submit your procedure for review.***

16. 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.

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**WATER SUPPLY:**

17. Is the water supply public? (\_\_\_\_\_) or private (\_\_\_\_\_)? If public, skip question #18.

17a. If private, has the source been tested? (*sect. 327*) Yes \_\_\_\_\_ No \_\_\_\_\_

17b. If yes, when was the last test \_\_\_\_\_ and did you send us a copy of the lab results? Yes \_\_\_\_\_ No \_\_\_\_\_  
***If Monroe County Health Department does not have a copy of your latest lab results please attach them to this application.***

**WASTE WATER/SEWAGE DISPOSAL:**

18. Is the sewage disposal system public (\_\_\_\_\_) or private (\_\_\_\_\_)? If public, skip question #19.

18a. If private, has the waste treatment system been approved by the state or local septic inspector? (*sect. 376*):  
Yes \_\_\_\_\_ No \_\_\_\_\_ ***Please provide Monroe County Health Department with a copy of the approval.***

19. Please indicate what would be the frequency of cleaning for the grease trap/interceptor? (sect. 378): \_\_\_\_\_

**PLUMBING:**

20. Are hot and cold water fixtures provided at every sink? (sect. 330): Yes \_\_\_\_\_ No \_\_\_\_\_

21. Is your water supply hose made from food grade material? (sect. 364): Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

22. What is the recovery time, volume, and capacity of the hot water heater? (sect. 329):  
\_\_\_\_\_

**HANDWASHING/TOILET FACILITIES:**

23. Handwashing sinks are required in each food preparation, service lines, & dishwashing area. (sect. 344):

23a. How many hand sinks will be provided? \_\_\_\_\_ (clearly indicate them on the plans you provide)

24. Are all toilet room doors self-closing where applicable? (sect. 352): Yes \_\_\_\_\_ No \_\_\_\_\_

25. Are all toilet rooms equipped with adequate ventilation? (sect. 309) Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSONAL BELONGINGS:**

26. Are separate dressing rooms/lockers provided for staff use? (sect. 417) Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

27. Describe the storage location for employees' coats, purses, medicines and lunches. (sect. 418 & 422)  
\_\_\_\_\_

28. Where is the designated area for employees to eat, drink, and use tobacco? (sect. 136) \_\_\_\_\_  
\_\_\_\_\_

**MISCELLANEOUS:**

29. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters? (sect. 423)  
Yes \_\_\_\_\_ No \_\_\_\_\_

**LIGHTING:**

30. What are the foot candles of light for the following areas? (sect. 411) Food prep areas \_\_\_\_\_ Dishwashing areas \_\_\_\_\_

Dry storage areas \_\_\_\_\_ Restrooms \_\_\_\_\_ Walk-in Refrigerator Units \_\_\_\_\_

**EQUIPMENT:**

31. Will all of the equipment meet the design and construction for the American National Standards Institute (ANSI) standards or meet section 205? Yes \_\_\_\_\_ No \_\_\_\_\_

32. Will the utensils and food storage containers be made from food-grade materials? (sect. 205) Yes \_\_\_\_\_ No \_\_\_\_\_

33. Will any pieces of used equipment be utilized? (sect. 106) Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

33a. If yes, please list equipment types, be sure to indicate used equipment on the plans provided:  
\_\_\_\_\_  
\_\_\_\_\_

34. Is the ventilation hood system sufficient for the needs of the facility? (sect. 307) Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

34a. Has the hood been approved by the Monroe County Building Department and the City of Bloomington Fire Department? Yes \_\_\_\_\_ No \_\_\_\_\_

35. 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 \_\_\_\_\_ N/A \_\_\_\_\_

36. What systems does your facility have in place to ensure consistent temperature monitoring and what corrective action measures do you have in place? \_\_\_\_\_

37. Please list equipment types for the hot and cold holding of foods; also during serving or transporting. (*sect. 187*)

\_\_\_\_\_

\_\_\_\_\_

38. What types of counter protective guards for food (*sneeze guards*) will be used for consumer self-service? (*sect. 179*)

\_\_\_\_\_

39. What type of thermometer will be utilized to check temperature of cold holding equipment? (*sect. 256*)

\_\_\_\_\_

**INSECT AND RODENT HARBORAGE:**

40. Will all outside doors be self-closing, when applicable, and rodent/insect proof? (*sect. 413*) Yes \_\_\_\_\_ No \_\_\_\_\_

41. Will screens be provided on any open windows/doors to the outside? (*sect. 413*) Yes \_\_\_\_\_ No \_\_\_\_\_

42. Will air curtains be installed (*made from either plastic or mechanical*); if so, where on outer openings? (*sect. 413*)

\_\_\_\_\_

43. Will all pipes and electrical conduit chases be sealed (*i.e. ventilation systems, exhaust and intake be protected*)? (*sect. 414*) Yes \_\_\_\_\_ No \_\_\_\_\_

44. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions? (*sect. 426*)  
Yes \_\_\_\_\_ No \_\_\_\_\_

45. Do you plan to use a licensed pest control service? Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_  
Company Name: \_\_\_\_\_

46. If your facility does not plan to utilize a licensed pest control operator, will the facility ensure that insecticides and rodenticides are "Approved for Use in Food Establishments" and that they are applied in a safe manner? Yes \_\_\_ No \_\_\_

46a. Please describe the storage location and application processes. (*sect. 119*)

\_\_\_\_\_

\_\_\_\_\_

**REFUSE AND RECYCLABLES:**

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

\_\_\_\_\_

48. Where will recyclables be stored prior to pick-up? \_\_\_\_\_

**ROOM FINISH SCHEDULE (What the interior of the facility will look like?):**

49. Please indicate which materials (*i.e. quarry tile = QT, stainless steel=SS, Fiberglass reinforced panels= FRP etc.*) will be used in the following areas. (*sect. 402*)

<b>AREA</b>	<b>FLOOR</b>	<b>COVING</b>	<b>WALL</b>	<b>CEILING</b>
KITCHEN				
CONSUMER SELF SERVICE				
SERVING LINE				
BAR				
FOOD STORAGE				
OTHER STORAGE				
TOILET ROOMS				
GARBAGE STORAGE				
MOP/SERVICE SINK AREA				
DISHWASHING				
OTHER				
OTHER				

*Revised 12/2020*