



**PLAN REVIEW APPLICATION FOR REMOTE/CATERING  
RETAIL FOOD ESTABLISHMENTS**  
 Monroe County Health Department  
 Food Protection Program  
 119 W. 7th Street Bloomington, IN 47404  
 812-349-2543

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

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

**Establishment Information:**

Name of Remote/Catering Retail Food Establishment: _____ _____
Type of Retail Food Establishment (Carter, Meal Prep, etc.): _____
Commissary Name: _____
Commissary 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:**

<p>Please check items submitted for review:</p> <ol style="list-style-type: none"> <li>1. Intended menu: (what do you intend to serve?) _____</li> <li>2. Floor plan and kitchen layout noting equipment/sink placement: _____</li> <li>3. Initial Plan Review Fee of \$165: _____ (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.</li> </ol> <p><i>*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.</i></p>
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(Signature of Applicant): \_\_\_\_\_ (Relationship to Project): \_\_\_\_\_ (Date Signed): \_\_\_\_\_

**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.\**

**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: \_\_\_\_\_

***Be advised, the following procedures/questions should be considered before any further planning or construction begins (or continues) to ensure that special consideration is given to these standard sanitary operating procedures (SSOP's). This section should be completed by the operator. If any questions do not apply to your operation, please indicate with an N/A. Do not leave the question blank.***

**FOOD SAFETY EDUCATION:**

1. Who will be your Certified Food Manager and what is their title? (Title 410 IAC 7-22)

\_\_\_\_\_

2. How will all employees be trained in proper food safety? (sect. 119)

\_\_\_\_\_

\_\_\_\_\_

**FOOD:**

3. Please provide a list of all planned food vendors. (sect. 142)

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

5. What is the anticipated frequency of food deliveries for: Frozen \_\_\_\_\_ Fresh \_\_\_\_\_ Dry \_\_\_\_\_?
6. Is your facility required to have pasteurized products? (sect. 153) Yes \_\_\_\_\_ No \_\_\_\_\_
- 6a. If yes, please list unpasteurized items \_\_\_\_\_
7. Will your business have wholesale operations of any kind? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- 7a. If yes, has your wholesale operation registered with ISDH? Yes: \_\_\_\_\_ No: \_\_\_\_\_
8. Do you intend to make low-acid or acidified foods and intend your products to be shelf stable? Yes \_\_\_ No \_\_\_ N/A \_\_\_
- 7a. If so, have you passed the Better Process and Control School exam? (sect. 143) Yes \_\_\_\_\_ No \_\_\_\_\_  
***If yes, please include a copy of the certification.***
9. Do you intend to make reduced oxygen packaged (ROP, def. 73) foods? (sect. 195) Yes \_\_\_\_\_ No \_\_\_\_\_
- 9a. If yes, please list out the ROP foods. \_\_\_\_\_
- 9a. How will your ROP items be packaged? \_\_\_\_\_

**FOOD PREPARATION:**

9. If foods are prepared a day or more in advance, please list them.  
 \_\_\_\_\_
10. 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)  
 \_\_\_\_\_
11. Describe your date marking system for potentially hazardous and ready-to-eat foods. (sect. 191)  
 \_\_\_\_\_
12. Where will all of your produce be washed prior to use? (sect. 175) \_\_\_\_\_
13. 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)  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Will “Time as a Public Health Control” be used for potentially hazardous food(s) either hot or cold? (sect. 193)  
 Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ ***If yes, these procedures must be submitted and approved by Monroe County Health Department before their use inside your Retail Food Establishment.***
15. Will raw animal food(s) be offered to the public in an undercooked form? (sect. 196) Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_  
***If yes, you must attach your consumer advisory statement for Monroe County Health Department to review.***
16. 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.)  
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17. 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)

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

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19. 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)

<u>TYPES OF FOOD</u>	<u>PROCESS</u>

20. 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)

<u>TYPES OF FOOD</u>	<u>PROCESS</u>

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

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**SANITIZATION:**

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

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

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

25. 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)

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

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

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

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**WAREWASHING/DISHWASHING:**

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

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

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

30a. If hot water, do you have a booster heater? Yes \_\_\_\_\_ No \_\_\_\_\_

30b. If hot water, what method will you use to test the sanitizing of your utensils? (*sect. 258 & 303*)

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31. 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 \_\_\_\_\_

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

33. 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.***

34. 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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**PERSONAL BELONGINGS:**

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

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

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

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**EQUIPMENT:**

38. Will any new equipment be brought into the commissary kitchen for your businesses sole use? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

41a. If yes, please list equipment types, be sure to indicate used equipment on the plans provided:

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

42a. Has the hood been approved by the Monroe County Building Department and the City of Bloomington Fire Department? Yes \_\_\_\_\_ No \_\_\_\_\_

43. 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 \_\_\_\_\_

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

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

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

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**REFUSE AND RECYCLABLES:**

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

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

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