

# **Morgan County Health Department**

180 S. Main St., Ste. 252, Martinsville, IN 46151

Phone: 765-342-6621

Fax: 765-342-1062

## **Food Establishment Plan Review Packet**

To prospective food establishment owner:

This application is required to be submitted, along with all accompanying required paperwork, prior to beginning renovation or construction of a new Food Establishment. Please feel free to call our office with any questions. If you are acquiring an established business, please call the Health Department to determine which items will be required for submittal prior to a pre-opening inspection. Please note that **Food Establishment Permits are not transferable** between locations or owners.

Items Required for Submittal:

- Complete menu listing any and all proposed food items
- List of distributors and suppliers
- Copy of an approved Foodhandlers Certificate
- Set of properly completed plans and specifications
- Plan Review Application

We recommend that construction or renovation of the establishment begins only after plan approval has been gained from the Health Department. Allowing time for the plan review (max 30 days) may save a great deal of time and trouble, as required changes may be expensive and/or time-consuming.

Once construction or renovation is completed, and before opening, you must call the Morgan County Health Department to schedule a pre-opening inspection (please allow one week notice for appointment). Once approval has been gained for opening, you must obtain your Food Establishment Permit from the Health Department.

Should you have any questions, please contact the Morgan County Health Department at 765-342-6621.

**Plan Review Application for Food Establishment**

Morgan County Health Department  
180 S. Main St., Ste. 252, Martinsville, IN 46151  
765-342-6621, Fax 765-342-1062

Please answer all questions completely to avoid delays. If something is not applicable to your place of business, mark N/A.

Business Name: \_\_\_\_\_

Establishment Name/DBA: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Phone/Fax/Email: \_\_\_\_\_

\_\_\_\_\_

Owner Name & Address: \_\_\_\_\_

Owner Phone/Fax/Email: \_\_\_\_\_

\_\_\_\_\_

Name & Phone Number of Contact Person for Plan Review Questions: \_\_\_\_\_

\_\_\_\_\_

Projected start date: \_\_\_\_\_ Projected completion date: \_\_\_\_\_

Checklist for Submittals:

\_\_\_\_\_ Copy of intended menu

\_\_\_\_\_ Blue prints (proposed layout, mechanical schematics, construction materials, finishing schedule, list of equipment)

\_\_\_\_\_ List of distributors/suppliers and phone numbers for each

\_\_\_\_\_ Copy of Certified Foodhandler Certificate

\_\_\_\_\_ Completed Plan Review Application for Morgan County

Dates of plan submittals to various other departments:

Waste water disposal: \_\_\_\_\_ Planning/Building: \_\_\_\_\_ Fire Dept: \_\_\_\_\_

Name and Title of Certified Foodhandler and Date of Certificate Expiration (410 IAC 7-22):

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*Note: All Section numbers below refer to 410 IAC 7-24, ISDH Retail Food Establishment Sanitation Requirements.*

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

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*The following questions refer to food handling and food safety practices in your establishment. Please answer all questions completely to avoid delays. If something is not applicable to your place of business, mark N/A.*

**Food Sources:**

Will there be any home-prepared, home-canned, or donated food items? (Section 142)

Yes \_\_\_\_\_ No \_\_\_\_\_

What is the procedure for receiving food shipments? (temperatures checked and containers inspected) (Section 166) \_\_\_\_\_

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How often will you be receiving shipments of the following:

Fresh \_\_\_\_\_ Frozen \_\_\_\_\_ Dry \_\_\_\_\_

Is your facility required to have pasteurized products? (Section 153) Yes \_\_\_\_\_ No \_\_\_\_\_

Do you intend to make low-acid or acidified foods and intend your products to be shelf-stable?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, have you passed the Better Process and Control School Exam? (Section 143)

Yes\* \_\_\_\_\_ No \_\_\_\_\_

*\*Include a copy of the certification*

Do you intend to make "Reduced Oxygen Packaged (ROP)" foods? (Sections 73, 195)

Yes\* \_\_\_\_\_ No \_\_\_\_\_ \*If yes, list the ROP foods: \_\_\_\_\_

**Food Preparation:**

What foods will you prepare more than a day in advance? List the foods: \_\_\_\_\_

\_\_\_\_\_

What procedures will be used to avoid bare-hand food contact with ready-to-eat foods?

(Section 171) \_\_\_\_\_

\_\_\_\_\_

What type of date-marking system will be in place for ready-to-eat potentially hazardous foods?

(Section 191) \_\_\_\_\_

\_\_\_\_\_

What procedures will be used to ensure that potentially hazardous foods spend as little time as possible in the temperature danger zone (41-135° F) during preparation?

\_\_\_\_\_

\_\_\_\_\_

What types of foods will need to be thawed prior to cooking? List them in the chart below with the thawing process that will be used. (Section 199)

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

What types of food will need to be cooled? List them in the chart below with the cooling method that will be used. (Section 189, 190)

PROCESS	TYPES OF FOOD
Shallow pans under refrigeration	
Ice water bath	
Reduced volume (sectioning roasts)	
Ice paddles	
Rapid chill devices (blast freezer)	
Other (describe)	

Will all produce be washed prior to cutting or use? (Section 175) Yes \_\_\_\_\_ No\* \_\_\_\_\_

\*If no, why? \_\_\_\_\_

How will you ensure that foods are reheated to 165° F? (Section 188) \_\_\_\_\_

Will you have a buffet? Yes\* \_\_\_\_\_ No \_\_\_\_\_ \*If yes, who is responsible for ensuring that the buffet is protected from consumer contamination? (Section 181) \_\_\_\_\_

Is all food prepared and cooked within the facility? (grilling and/or smoking outdoors) (Section 203) Yes \_\_\_\_\_ No \_\_\_\_\_

**Hot and Cold Holding:**

Will “Time as a Public Health Control” be used for potentially hazardous hot or cold foods? (Section 193) Yes\* \_\_\_\_\_ No \_\_\_\_\_ \*These procedures must be submitted and approved before use.

Will raw animal foods be offered to the public in an undercooked form? (sushi, rare hamburgers, eggs over easy, classic Caesar dressing) Yes\* \_\_\_\_\_ No \_\_\_\_\_  
\*If yes, attach your consumer advisory statement. (Section 196)

Who will be responsible for taking food temperatures and when will they be taken? (cooking, cooling, reheating, etc.) (Section 119) \_\_\_\_\_

How will you prevent cross-contamination between raw and ready-to-eat foods in refrigeration units? (Section 173) \_\_\_\_\_

How would you store different types of raw meats and seafood in the same unit to prevent cross-contamination? (Section 173) \_\_\_\_\_

**Food and Utensil Storage**

Will food and food-contact items be stored in a protected manner, (at least six inches above the floor, away from splash, dust or contamination, and away from unshielded plumbing)? (Sections 177 & 239) Yes \_\_\_\_\_ No \_\_\_\_\_

**Sanitizing**

Who will ensure proper sanitizer levels and use? (Section 119) \_\_\_\_\_

What type of chemical sanitizer(s)\* will the establishment use? (Section 294) \_\_\_\_\_

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*\*Note: Chlorine or quaternary ammonium must include manufacturer's directions for concentration on food contact surfaces.*

Will the establishment have test kits for all types of chemical sanitizers? (Section 291)  
Yes \_\_\_\_\_ No \_\_\_\_\_

How will cooking equipment, countertops, cutting boards and other food contact surfaces that cannot be submerged in a sink or put through a dishwasher be sanitized? (Section 303)

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**Poisonous or Toxic Materials and Personal Care Items**

Where will poisonous or toxic materials be stored (including those for retail sale)? (Section 439)

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Will the employees use a hand sanitizer? (Section 131) Yes\* \_\_\_\_\_ No \_\_\_\_\_

\*If yes, name: \_\_\_\_\_

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? (Section 119)

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Will all spray bottles be clearly labeled? (Section 438) Yes \_\_\_\_\_ No \_\_\_\_\_

Where will first aid supplies be stored? (Section 421) \_\_\_\_\_

**Miscellaneous**

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

How will linens be laundered? (Section 423) \_\_\_\_\_

Do you have a written employee health policy? (Section 120-123) Yes\* \_\_\_\_\_ No \_\_\_\_\_  
\*Provide a copy of this policy.

**Warewashing/Dishwashing**

Dishwashing methods (Section 269) Three-compartment sink \_\_\_\_\_ Dish machine \_\_\_\_\_

Sanitizing method for three-compartment sink: Hot water \_\_\_\_\_ Chemical \_\_\_\_\_

Sanitizing method for dish machine: Hot water \_\_\_\_\_ Chemical \_\_\_\_\_  
(Sections 258 & 303)

Can the largest piece of equipment be submerged in the three-compartment sink? (Section 270)  
Yes \_\_\_\_\_ No \_\_\_\_\_

Does the facility plan to use alternative manual warewashing equipment? (Section 270)  
Yes \_\_\_\_\_ No \_\_\_\_\_ \*If yes, submit your procedure for review.

Does your facility have enough drainboards/utensil racks/carts for the air drying of equipment  
and utensils for the three-compartment sink and/or dish machine? (Section 289)

Yes \_\_\_\_\_ No \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_

**Water Supply**

Is the water supply public \_\_\_\_\_ or private\* \_\_\_\_\_?

\*Has the private water source been tested? (Section 327) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when was the last test? \_\_\_\_\_ Provide a copy of the test results.

Have you completed the Indiana Dept. of Environmental Management Drinking Water  
Branch's "New System Questionnaire"? Yes \_\_\_\_\_ No \_\_\_\_\_  
(<https://secure.in.gov/idem/5157.htm>) or 317-234-7435.

**Waste Water/Sewage Disposal**

Is the sewage disposal system public \_\_\_\_\_ or private\* \_\_\_\_\_?

\*If private, has the waste water treatment system been approved by the Indiana State Dept. of Health or the Morgan Co. Health Dept.? (Section 376) Yes\* \_\_\_\_\_ No \_\_\_\_\_

\*Include a copy of the approval.

**Plumbing**

Are hot and cold water fixtures provided at every sink? (Section 342) Yes \_\_\_\_\_ No \_\_\_\_\_

If a water supply hose is to be used for potable water, is it made from food-grade materials? (Section 364) Yes \_\_\_\_\_ No \_\_\_\_\_

Is a grease trap required? (Contact the Building Inspector for the county or city/town where your establishment will be built.) Yes\* \_\_\_\_\_ No \_\_\_\_\_

\*If yes, is the grease trap located where it is easily accessible for cleaning? (Section 378) Yes \_\_\_\_\_ No \_\_\_\_\_

Proposed plumbing information:

FIXTURE	WATER SUPPLY		SEWAGE DISPOSAL	
	Backsiphonage Prevention Device	Air Gap	Direct Drain	Indirect Drain
Dishwasher				
Ice machine(s)				
Mop/Service sink				
3-compartment sink				
2-compartment sink				
1-compartment sink				
Hand sink(s)				
Dipper Well				
Hose Connections				
Asian Wok/Stove				
Toilet(s)				
Kettle(s)				
Thermalizer				
Overhead spray hose				
Other spray hose(s)				
Other:				

**Handwashing/Toilet Facilities**

Handwashing sinks are required in each food preparation, food dispensing, warewashing area, and toilet room. How many handwashing sinks will be provided? (Section 344) \_\_\_\_\_

Are all toilet room doors self-closing where applicable? (Section 352) Yes \_\_\_\_\_ No \_\_\_\_\_

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

Is a covered receptacle provided for employee restrooms? (Section 351) Yes \_\_\_\_\_ No \_\_\_\_\_

**Room Finish Schedule**

Indicate the types of materials that will be used in the following areas:

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				
Other				

**Personal Belongings**

Are dressing rooms or lockers provided for employees? (Section 417) Yes \_\_\_\_\_ No \_\_\_\_\_

Describe the storage location for employees' coats, purses, medicines and personal foods.

(Section 418, 419, 422) \_\_\_\_\_

\_\_\_\_\_

Where is the designated area for employees to eat and drink? (Section 136) \_\_\_\_\_

\_\_\_\_\_

**Equipment**

Will all of the equipment meet the design and construction standards (durable, corrosion-resistant, nonabsorbent, smooth, easily cleanable)? (Section 205) Yes \_\_\_\_\_ No \_\_\_\_\_

Will all utensils and food storage containers be made from food-grade quality materials? (Section 205) Yes \_\_\_\_\_ No \_\_\_\_\_

Will any pieces of used equipment be utilized? (Section 106) Yes \_\_\_\_\_ No \_\_\_\_\_

Will you have a ventilation hood system?(Section 307) Yes \_\_\_\_\_ No \_\_\_\_\_

Will all of the equipment used for the storage of potentially hazardous foods meet the minimum temperature requirements (freezers 0°F, refrigerators ≤41°F, hot holding ≥135°F)? (Sections 187, 197) Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a sufficient amount of space in the equipment for the hot and cold holding of foods, and during service and transport? (Section 259) Yes \_\_\_\_\_ No \_\_\_\_\_

Will each piece of hot or cold holding equipment used for potentially hazardous foods have a thermometer? (Section 256) Yes \_\_\_\_\_ No \_\_\_\_\_

Will a probe thermometer be provided to measure the internal temperature of food? (Section 257) Yes \_\_\_\_\_ No \_\_\_\_\_

How will food on display be protected from consumer contamination? (Section 179) \_\_\_\_\_

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**Pest Control**

Will all exterior doors be self-closing, when applicable, and rodent/insect proof? (Section 413) Yes \_\_\_\_\_ No \_\_\_\_\_

Will screens be provided on all open windows/doors to the outside? (Section 413) Yes \_\_\_\_\_ No \_\_\_\_\_

If air curtains will be used, describe placement: (Section 413) \_\_\_\_\_

Will all pipes and electrical conduit chases be sealed (including ventilation and plumbing systems)? (Section 403, 414) Yes \_\_\_\_\_ No \_\_\_\_\_

Is the area around the building free of unnecessary debris, brush and other harborage conditions? (Section 426) Yes \_\_\_\_\_ No \_\_\_\_\_

Do you plan to use a pest control service? Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_

Company \_\_\_\_\_

**Refuse and Recyclables**

Describe the surface where the outside dumpster(s) will be located. (Section 382) \_\_\_\_\_

**Statement: I hereby certify that the above information is correct and I fully understand that any deviation from the above without permission from the Morgan County Health Department may nullify final approval.**

Signature(s)

Date

\_\_\_\_\_  
Owner/Operator (printed)

\_\_\_\_\_  
Owner/Operator (signature)

*Approval of these plans by the Morgan County Health Department does not indicate approval by or compliance with any other code, law or registration that may be required by federal, state or local entities. Further, approval of these plans by the Morgan County Health Department does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment will be required to determine whether it complies with local and state codes governing food establishments.*

**Office Use Only**

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

Reviewer: \_\_\_\_\_