



www.kanehealth.com

1240 N. Highland Ave. Suite 5, Aurora IL 60506
Phone: (630) 444-3040 Fax: (630) 897-8123

2170 Point Blvd, Elgin IL 60123
Phone: (630) 444-3040 Fax: (847) 888-6458

Food Establishment Plan Review Packet

Plan review will not be conducted until payment is received

Basic Facility Information:

- ☐ New Building Construction and New Food Service License
- ☐ Remodel with an Existing Food Service License
- ☐ Change of Owner/ Opening with a Remodel
- ☐ Change of Owner/Opening without a Remodel
- ☐ Changing name of business (if checked, previous name was: _____)

Name of Facility: _____

Facility Address: _____ City: _____ State: _____ Zip: _____

Name of Owner: _____ Phone: _____

Owner's Address: _____ City: _____ State: _____ Zip: _____

Check Most Appropriate: ☐ Operator ☐ Contractor ☐ Architect ☐ Supplier

Other: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Progress Manager: _____ Phone: _____

Email Address: _____

Check Appropriate Service: ☐ City Water ☐ Well ☐ City Sewer ☐ Septic System

****Parcel Identification Number _____ (required field)**** (ex: 01-01-001-001)

Food Operation Information

Hours/Days of Operation

Sun: _____

Mon: _____

Tues: _____

Wed: _____

Thurs: _____

Fri: _____

Sat: _____

Restaurant Seating Capacity

of Indoor Seats: _____

of Outdoor Seats: _____

Square Feet of Facility _____

Type of Service

☐ On-Site Consumption

☐ Off-Site Consumption

☐ Catering

☐ Mobile Vendor

☐ Outdoor Grilling

☐ Other: _____

For Office Use Only

Date Received: _____ Amount Received: \$ _____

Cash: _____ Check # _____ Credit Card _____

Establishment # _____

Employees

Max per shift _____

Maximum meals to be served:

- ☐ Breakfast _____
☐ Lunch _____
☐ Dinner _____

Plans/Applications have been or will be submitted to the following authorities:

- ☐ Building Department _____ (Date) _____
☐ Sanitary Department _____ (Date) _____
☐ Fire Department _____ (Date) _____
☐ Other (Describe) _____

Temporary Buffet Set-ups? (banquets, salad bars, luncheons, etc.) (**Sneeze guards must be provided**) ☐ Yes ☐ NoAre all food supplies from inspected and approved sources? ☐ Yes ☐ No

Projected Start Date of Construction: _____

Projected Completion Date: _____

Number of floors on which operations are conducted: _____

The following documents must be submitted along with this application:

- ☐ Proposed menu or complete list of food and beverages to be offered (including seasonal, catering and banquet menus) – **Standard Operating Procedures or HACCP plans may be required.**
- ☐ Plans must be clearly drawn to scale (minimum 11 x 14 inches; maximum 24 x 36 inches in size), a second set of plans (8 X 11 Inches in size) and include these items below:
 - The floor plan must identify: food preparation, serving and seating areas, restrooms, office, employee change room, storage, ware washing, janitorial and trash area. Include location of any outside equipment or facilities (dumpsters, well, septic system-if applicable).
 - Provide equipment layout and specifications, clearly numbered and cross-keyed with the equipment list.
 - Elevation drawings
 - Identify handwashing, ware washing, and food preparation sinks.
 - Provide plumbing layout showing the sewer lines, cleanouts, floor drains, floor sinks, vents, grease trap or grease interceptor, hot and cold water lines, and direction of flow to sanitary sewer (include waste vent diagram).
 - Provide exhaust ventilation layout including location of hood and make-up air returns and ducts, if applicable.
 - Lighting plan, indicating the exact foot candles for each area as required by the 2017 FDA Food Code (§6-303.11).
 - Finish schedule showing floor, coved base, wall and ceilings for each area shown on the plans.
- ☐ Appropriate plan review fee. **Incomplete information on plan review packet will delay process.**
- ☐ **Any Changes in plans or on this form must receive advanced approval.**
- ☐ **For further information, including a copy of the “Food Service Design and Construction Handbook” please refer to: www.kanehealth.org , or contact us at (630) 444-3040**
- ☐ Submit above information to either:

1750 Grandstand Place Suite 2
Elgin, Illinois 60123

or

1240 Highland Avenue, Suite 5
Aurora, Illinois 60506

Signature of owner or authorized agent: _____

Date: _____

Regulatory Compliance Review List Food Preparation Procedures

The following is required for submittal. The plan review process cannot begin when submittals do not contain the necessary information.

Food Delivery

1. How often will frozen foods be delivered? ☐ Daily ☐ Weekly ☐ Other: _____
2. How often will refrigerated foods be delivered? ☐ Daily ☐ Weekly ☐ Other: _____
3. How often will dry foods or supplies be delivered? ☐ Daily ☐ Weekly ☐ Other: _____

Food Storage: Provide information on the amount of space (in cubic feet) allocated for the following (*Identify on plans where storage will be located*)

Dry Storage _____; Refrigerated Storage (41°F) _____; Frozen Storage _____; Utensil Storage _____

HACCP Activities: Processes that may require a variance and/or HACCP Plans (check all that apply)

- ☐ Not Applicable
- ☐ Juice packaged for retail sale;
- ☐ Custom processing of meat, poultry, or fish;
- ☐ Fermentation of kimchi, sausage, cheese, kombucha, tepache;
- ☐ Smoking of meat, poultry, or fish (does not apply to food smoked for flavor enhancement only);
- ☐ Curing of meat, poultry, or fish;
- ☐ Drying of meat, poultry, or fish;
- ☐ Reduced Oxygen Packaging (includes Reduced Oxygen Packaging (ROP), Modified Atmospheric Packaging (MAP), Cook-chill, etc.);
- ☐ Live Molluscan Shellfish life support system;
- ☐ Sprouting (alfalfa sprouts, mung bean sprouts, popcorn, etc.);
- ☐ Food additives (includes adding vinegar to sushi rice to prolong shelf life).

Category Type: Please check all the appropriate items which most closely describe the proposed facility

Category Type Low:

- ☐ Only time/temperature control for safety (TCS) foods commercially pre-packaged in an approved processing plant are available or served in the facility.
- ☐ Only limited preparation of non-time/temperature control for safety (TCS) foods and beverages, such as snack foods and carbonated beverages, occurs at the facility.
- ☐ Only beverages (alcoholic and non-alcoholic) are served at the facility.

Category Type Medium: means a food service facility where the facility meets one or more of these criteria:

- ☐ Hot or cold foods are held at required temperatures for no more than 12 hours and are restricted to same day service.
- ☐ Foods are prepared from raw ingredients, using only minimal assembly.
- ☐ Foods that require complex preparation (whether canned, frozen or fresh prepared) are obtained from approved processing plants, high risk foodservice establishments or retail food stores.

Category Type High: means a food service facility where the facility meets one or more of these criteria:

- ☐ Time/temperature control for safety (TCS) foods are cooled as part of the food handling operation at the facility.
- ☐ Time/temperature control for safety (TCS) foods are prepared hot or cold food and held hot or cold for more than 12 hours before serving.
- ☐ Time/temperature control for safety (TCS) foods cooked and cooled foods must be reheated.
- ☐ Complex preparation of foods or extensive handling of raw ingredients with hand contact for ready to-eat foods occurs as part of the food handling operations at the facility.

- ❑ Vacuum packaging, other forms of reduced oxygen packaging or other special processes that require a HACCP plan.
- ❑ Immunocompromised individuals such as the elderly, young children under age four and pregnant women are served, where these individuals compose the majority of the consuming population.

Time and Temperature Control for Safety Food

Using temperature controls minimizes the potential for harmful bacterial growth and toxin formation in TCS food. Temperature controls either keep food entirely out of the danger zone or pass food through the danger zone as quickly as possible.

Characteristics of TCS Foods

The definition of TCS food is based on the following characteristics of the food:

- pH, or acidity
- Water activity (aw)
- Interaction of pH and aw
- Heat treatment
- Packaging

Examples of TCS Foods

Food from animal origin that is raw, cooked or partially cooked, such as eggs, milk, meat or poultry. Food from plant origin that is cooked such as rice, potatoes and pasta. Food from plant origin such as raw seed sprouts, cut melons, cut tomatoes and cut leafy greens. Mixtures including cut tomatoes or garlic-in-oil, unless modified to prevent growth of disease-causing bacteria or formation of toxins.

Temperature Danger Zones

The temperature range in which disease-causing bacteria grow best in TCS food is called the temperature danger zone.

- The temperature danger zone is between 41°F and 135°F. TCS food must pass through the temperature danger zone as quickly as possible

Hot Holding

- Maintain hot time/temperature control safety food at 135°F above.

Cooling

- TCS food must be cooled from 135°F to 70°F within 2 hours and completely cooled to 41°F or below within 6 hours.
- TCS food prepared from ingredients at room temperature must be cooled to 41°F or below within 4 hours.

Reheating

- Reheat food rapidly, within 2 hours.
- TCS food made in-house and reheated for hot holding must reach an internal temperature of at least 165°F for 15 seconds.
- Keep hot food hot and cold food cold. Always use a thermometer to check internal food temperatures.

Temperature Controls

Using temperature controls minimizes the potential for harmful bacterial growth and toxin formation in TCS food. Temperature controls either keep food entirely out of the danger zone or pass food through the danger zone as quickly as possible.

Receiving

If food temperatures do not meet requirements or if TCS food shows evidence of previous temperature abuse, do not accept the food, or discard the products.

Cold Holding

- Maintain cold food at 41°F or below. Frozen food must remain frozen.

Thawing

- Thaw in the refrigerator, under running water or as part of the cooking process. Never thaw at room temperature.

This completed sheet required for submittal. The plan review process cannot begin when submittals do not contain the necessary information.

Instructions: Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

Process	Identify Food Items	Location and Equipment	Meets Criteria (EHP to circle and Initial)
Washing FDA Food Code §3-302.15			<input type="checkbox"/> Yes <input type="checkbox"/> No
Thawing FDA Food Code §3-501.13			<input type="checkbox"/> Yes <input type="checkbox"/> No
Cooking FDA Food Code §3-401			<input type="checkbox"/> Yes <input type="checkbox"/> No
Hot Holding Hot food maintained at 135°F			<input type="checkbox"/> Yes <input type="checkbox"/> No
Cooling Time/Temperature Control for Safety food will be cooled to 41°F within 6 hours;			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reheating Food Must be reheated to a temperature of 165° for 15 seconds within 2 hours			<input type="checkbox"/> Yes <input type="checkbox"/> No

This completed sheet is required for submittal. The plan review process cannot begin when submittals do not contain the necessary information.

[illegible]

Room Finish Schedule

Instructions: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (FRP), ceramic tile, 4" plastic coved molding, etc.). Indicate Not Applicable (NA) as appropriate. **FRP (Fiberglass Reinforced Panels) or Stainless Steel required behind splash areas. Specific brand names and colors for materials should be specified whenever possible to insure acceptability. This completed sheet required for submittal. The plan review process cannot begin when submittals do not contain the necessary information.**

Room or Area	Floor	Floor Cove	Walls	Ceiling	Meets Criteria (EHP to circle and initial)
Food Preparation					<input type="checkbox"/> Yes <input type="checkbox"/> No
Cookline			Stainless Steel		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ware Washing					<input type="checkbox"/> Yes <input type="checkbox"/> No
Dry Food Storage					<input type="checkbox"/> Yes <input type="checkbox"/> No
Walk- In Refrigerators (Fluorescent or LED strip lighting required)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Walk- In Freezers (Fluorescent or LED strip lighting required)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Janitorial Areas					<input type="checkbox"/> Yes <input type="checkbox"/> No
Waitress Area					<input type="checkbox"/> Yes <input type="checkbox"/> No
Bar					<input type="checkbox"/> Yes <input type="checkbox"/> No
Restrooms and Dressing Rooms					<input type="checkbox"/> Yes <input type="checkbox"/> No
Buffet and Salad Bars					<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify the finishes of cabinets, countertops and shelving;					

Plumbing Connections

The following is required for submittal. The plan review process cannot begin when submittals do not contain the necessary information.

	Air Gap	Integral Trap	P Trap	Vacuum Breaker	Condensate Pump
Toilet					
Urinal					
Ware Washing Machine					
Garbage Grinder					
Ice Machine					
Ice Storage Bin					
Mop Sink/Basin					
Janitor Sink					
Hand sink					
3 Comp					
2 Comp					
Prep Sink					
Steam Tables					
Dipper Wells					
Condensate Lines					
Hose Connection					
Beverage Dispenser w/ Carbonator					

TRAP: A fitting or device which provide a liquid seal to prevent the emission of sewer gases without material affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture (i.e. P trap, Full S traps are prohibited)

Physical Facilities

Instructions: Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

The following is required for submittal. The plan review process cannot begin when submittals do not contain the necessary information.

Topic	Minimum Criteria	Meets Criteria (EHP to check and Initial
Plumbing	<p>Food Prep Sink</p> <ul style="list-style-type: none"> Identify food prep location _____ Prep sink Dimensions: Length _____ Width _____ Depth _____ $\text{Length} \times \text{Width} \times \text{Depth} = \text{Gallons}$ _____ <u>231</u> <p>Janitorial Sink</p> <ul style="list-style-type: none"> Janitorial sink type: <input type="checkbox"/> Laundry Tub <input type="checkbox"/> Floor Basin Location _____ Is a mop hanger provided over the mop sink? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <p>Garbage Grinder</p> <ul style="list-style-type: none"> Will a garbage grinder be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Garbage grinder location(s) _____ Garbage Grinder if installed, must be directly connected with a floor drain relief. Items to be discharge through grease trap are: three-compartment sinks, food prep sinks, mop sinks, and floor drains located within the kitchen. Gutters or other methods of protecting food in preparation and storage areas from overhead sewer lines are to be provided. Must meet all applicable requirements of Local or State Plumbing Code 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hand Washing Facilities	<ul style="list-style-type: none"> Identify number of the handwashing sinks in food preparation and ware washing areas: <input type="checkbox"/> Food Preparation: _____ Ware washing Area: _____ Number of handwashing sinks: _____ Handwashing sink(s) supplied with: <input type="checkbox"/> Dispensed Towels <input type="checkbox"/> Dispensed Soap Is there a sign indicating employees must wash hands at all hand sinks employees areas allowed to use? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a handwashing sink in each food preparation and ware washing area? <input type="checkbox"/> Yes <input type="checkbox"/> No Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? <input type="checkbox"/> Yes <input type="checkbox"/> No 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Ware Washing Facilities	<p>Water Heater</p> <ul style="list-style-type: none"> Water Heater Capacity _____ Gallons (40 Gallon Minimum) Water Heater recovery rate _____ GPH at _____ °F rise Tank less water heaters shall be installed and used in accordance with the manufacturer's recommendations How many tankless water heaters will be used? _____ GPM _____ <p>Manual Ware Washing</p> <ul style="list-style-type: none"> Identify the length, width, and depth of the compartments of the 3-compartment sink: _____ Will the largest pot/ pan fit into each compartment of the 3-compartment sink? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If No, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments? _____ Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space: _____ What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water Are chemical test kits available for checking sanitizer concentration? <input type="checkbox"/> Yes <input type="checkbox"/> No List 3 compartment sink water temperature: _____ <p>Volume of sink</p> <ul style="list-style-type: none"> Size of compartments ($\frac{\text{length}}{\text{length}} \times \frac{\text{width}}{\text{width}} \times \frac{\text{depth}}{\text{depth}} \times 3) = \frac{\text{gallons}}{\text{gallons}}$ 231 <p>Length of each integral drainboard _____ inches Total length of sink _____ inches</p> <p>Mechanical Ware Washing</p> <ul style="list-style-type: none"> Identify the make and model of the mechanical dishwasher: _____ What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water Will ventilation be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Length of soiled dish table _____ ft. Soiled dish table draining into _____ Length of clean dish table _____ ft. Location of clean utensil storage _____ Mechanical Ventilation provided at dish machine _____ CFM's <p>Chemical Ware Washing Machine</p> <ul style="list-style-type: none"> Ware washing machine demand of rinse water? _____ GPH's 	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<ul style="list-style-type: none"> Warning indicator on chemical dispenser provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Sanitizer to be used: _____ Are chemical test kits available for checking sanitizer concentration? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Hot Water Ware Washing Machine</p> <ul style="list-style-type: none"> Ware washing machine demand of rinse water _____ GPH @ 20 PSI Flow Pressure Booster Heater manufacturer and model number _____ <ul style="list-style-type: none"> <input type="checkbox"/> Located _____ ft. from ware washing machine <input type="checkbox"/> Supply pipe insulated? _____ <input type="checkbox"/> Temperature gauge installed before booster heater? _____ Pressure and temperature gauges installed on final rinse line? _____ Are test kits available to check hot water sanitizing capability? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>All other types of sanitizing methods (steam or low pressure) must be described in writing and be supported with equipment manufacturer's specifications.</p> <p>Storage</p> <ul style="list-style-type: none"> Is a clean dishware rack provided for air drying? <input type="checkbox"/> Yes <input type="checkbox"/> No Is a soiled dishware rack provided? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<p>Water Supply</p>	<ul style="list-style-type: none"> Check appropriate of water supply type: <ul style="list-style-type: none"> <input type="checkbox"/> Community Water System (CWS): A public water system that supplies water to the same population year-round. <input type="checkbox"/> Non-Transient Non-Community Water System (NTNCWS): A public water system that regularly supplies water to at least 25 of the same people at least six months per year. Some examples are schools, factories, office buildings, and hospitals which have their own water systems. Where is the water well located? _____ <input type="checkbox"/> Transient Non-Community Water System (TNCWS): A public water system that provides water in a place such as a gas station or campground where people do not remain for long periods of time. Where is the water well located? _____ If Non-Transient or Transient, has source been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach copy of written approval and/or permit and most recent total coliform and or chemistry samples.) Is there a water treatment device? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type and how will the device be inspected and serviced? _____ 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

	<ul style="list-style-type: none"> Is ice made on premises or purchased commercially? <input type="checkbox"/> Made on-site <input type="checkbox"/> Purchased Will there be an ice bagging operation? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
Backflow Prevention	<ul style="list-style-type: none"> Will all potable water sources be protected for backflow? <input type="checkbox"/> Yes <input type="checkbox"/> No Are all floor drains identified on the submit floor plan? <input type="checkbox"/> Yes <input type="checkbox"/> No How are backflow prevention devices inspected and serviced? _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sewage Disposal	<ul style="list-style-type: none"> Is the sewage system public, Non-Transient or Transient? <input type="checkbox"/> Public <input type="checkbox"/> Private If private, has the sewage system been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach copy of written approval and/or permit. Will grease traps/interceptors be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Indoor Recessed or <input type="checkbox"/> Outdoor(Identify location on plan.) Size of Grease Interceptor _____ gallons (Volume of sink (s) x .50 =volume of grease interceptor) Provide name of company that will clean and maintain _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Toilet Facilities	<ul style="list-style-type: none"> Will public restrooms provided? <i>(If seating is provided, facility must provide public restroom)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Identify locations and number of toilet facilities: _____ Hot and cold water provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Are covered waste receptacles available in each restroom? <input type="checkbox"/> Yes <input type="checkbox"/> No Is hot and cold running water under pressure available at each handwashing sink? <input type="checkbox"/> Yes <input type="checkbox"/> No Are all toilet room doors self-closing? <input type="checkbox"/> Yes <input type="checkbox"/> No Are all toilet rooms equipped with mechanical ventilation? <input type="checkbox"/> Yes <input type="checkbox"/> No List hand sink temperatures: _____ <p>The Equitable Restrooms Act (410 ILCS 35/), which takes effect on January 1, 2020, mandates that all single-occupancy restrooms “in a place of public accommodation or public building” to be identified as “all-gender and designated for use by no more than one person at a time or for family or assisted use...” and “[e]ach single-occupancy restroom shall be outfitted with exterior signage that marks the single-occupancy restroom as a restroom and does not indicate any specific gender.”</p> <p>ANY SELF-CLOSING, OR METERING FAUCET SHALL BE DESIGNED TO PROVIDE A FLOW OF WATER FOR AT LEAST 15 SECONDS WITHOUT THE NEED TO REACTIVATE THE FAUCET</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dressing/Locker Rooms	<ul style="list-style-type: none"> Will dressing rooms be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Location of personal belongings _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<ul style="list-style-type: none"> Describe storage facilities for employee personal belongings _____ 	
Linens	<ul style="list-style-type: none"> Will linens be laundered on site? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <ul style="list-style-type: none"> If yes, what will be laundered and where? _____ If no, how and where will linens be cleaned? _____ Is a separate room provided for laundry operations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Identify location of clean and dirty linen storage: _____ How often will linens be delivered and picked up? _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Poisonous or Toxic/Cleaning Storage	<ul style="list-style-type: none"> Identify the location and storage of poisonous or toxic materials Where will cleaning and sanitizing solutions be stored at workstations? _____ Are all toxics for use on the premises or for retail sale (this includes personal medication), stored away from food preparation and storage areas? <input type="checkbox"/> Yes <input type="checkbox"/> No How will these items be separated from food and food-contact surfaces? _____ Are all containers of toxics including sanitizing spray bottles clearly labeled? <input type="checkbox"/> Yes <input type="checkbox"/> No 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pest Control	<ul style="list-style-type: none"> Are insecticides/rodenticides used in facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Are insecticides/rodenticides stored separately from cleaning and sanitizing agents? <input type="checkbox"/> Yes <input type="checkbox"/> No Will all outside doors be self-closing and rodent proof? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Will screens be provided on all entrances left open to the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Will all openable windows have a minimum #16 mesh screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Will insect control devices be used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Will air curtains be used? If yes, where? _____ Ventilation systems exhaust and intakes protected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Is area around building clear of unnecessary brush, litter, boxes and other harborage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <p>Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refuse, Recyclables, and Returnable	<ul style="list-style-type: none"> Compactor/Refuse Disposal Company _____ Will there be an area to store recyclables? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> If yes, where _____ Will there be an area to store returnable damaged goods? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> If yes, where _____ Will a grease container be used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<ul style="list-style-type: none"> Grease Container Disposal Company _____ <input type="checkbox"/> Number _____ Size _____ Frequency of Pick up _____ Identify locations of grease storage containers: _____ <p>Inside</p> <ul style="list-style-type: none"> Will refuse/garbage be stored inside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where _____ Do all containers have lids? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Identify how and where garbage cans and floor mats will be cleaned? _____ <p>Outside</p> <ul style="list-style-type: none"> Do all containers have lids? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Will a dumpster or a compactor be used? <input type="checkbox"/> Dumpster <input type="checkbox"/> Compactor <input type="checkbox"/> Frequency of pick up? _____ <input type="checkbox"/> Number _____ <input type="checkbox"/> Size _____ Is the surface and location where dumpster/compactor/garbage cans/grease barrel/recyclables are to be stored asphalt or concrete? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
Lighting FDA §3-302.15	<ul style="list-style-type: none"> Adequate light provided in kitchen and utensil washing areas (minimum – 20-foot candles) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Adequate light provided at bar and fountain glass washing sinks (minimum – 20-foot candles) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Adequate light provided in food and utensil storage rooms, toilets and dressing room (minimum - 20-foot candles) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Protective shielding provided for lighting fixtures over all preparation, display, food storage and utensil washing areas. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <p>ALL WALK IN COOLERS AND WALK IN FREEZERS MUST HAVE FLUORESENT LIGHTING WITH VAPOR PROOF FIXTURES AND COLD TOLERANT BALLASTS</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Storage	<ul style="list-style-type: none"> Is all shelving used in kitchen NSF approved? <input type="checkbox"/> Yes <input type="checkbox"/> No Is a rack/drawer provided for cooking utensils? <input type="checkbox"/> Yes <input type="checkbox"/> No Is a separate dry storage room provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Is a separate room provided for liquor storage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA A minimum of 6" spacing is provided on all shelves with legs or casters are provided on shelving? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Miscellaneous	<ul style="list-style-type: none"> Will proper dispensers for single service items be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No 	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<ul style="list-style-type: none"> • Are sneeze guard's provided for proper food display? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Is all exposed plumbing, electrical, gas & refrigeration lines 6" off the floor and ½" away from walls? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA 	
Equipment Ventilation	<p>Exhaust Fan Manufacturer _____ Model _____</p> <p>Make-Up Air</p> <ul style="list-style-type: none"> • Entry point into kitchen _____ • Forced Air? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Tempered <input type="checkbox"/> Untempered • Gravity Fed Air? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Tempered <input type="checkbox"/> Untempered • Method of insulating untampered air duct _____ <p>Exhaust System Design and Construction</p> <ul style="list-style-type: none"> • Exposed joints and seams sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • No exposed horizontal piping in hood? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Sufficient exhaust take off ducts? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Proper height above floor and cooking surfaces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Exhaust duct not within 10' of any air intakes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • UL extractors manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Baffled filters? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Water wash system? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <p>Kane County Health Department approval will be subject to ventilation specifications meeting all applicable requirements of the appropriate building department. (The use of fiberglass on the inside of duct surface is prohibited)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Equipment Ventilation

Mechanical Engineer _____ **Phone** _____ **Fax** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Indicate all areas where exhaust hoods are installed

LOCATION OF EXHAUST HOOD	TOTAL LENGTH OF HOOD	TOTAL LENGTH OF FILTER BANK	NUMBER OF FILTERS	DUCT VELOCITY (FPM)	FIRE PROTECTION (TYPE)	TOTAL AIR ESHAUSTED (CFM)	TOTAL MAKEUP AIR (CFM)

How is each listed ventilation hood system cleaned? _____

Who will clean your ventilation system? _____
