

KANE COUNTY HEALTH DEPARTMENT
FOOD SERVICE ESTABLISHMENT PLAN REVIEW

I. GENERAL INFORMATION

Establishment Name _____ **Phone** _____ **Fax** _____

Address _____ **Town** _____ **State** _____ **Zip** _____

Owner's Name _____ **Phone** _____ **Fax** _____

Address _____ **Town** _____ **State** _____ **Zip** _____

Architect _____ **Phone** _____ **Fax** _____

Address _____ **Town** _____ **State** _____ **Zip** _____

Contractor _____ **Phone** _____ **Fax** _____

Address _____ **Town** _____ **State** _____ **Zip** _____

Equipment Supplier _____ **Phone** _____ **Fax** _____

Address _____ **Town** _____ **State** _____ **Zip** _____

Progress Manager _____ **Phone** _____ **Fax** _____

****Parcel Identification Number** _____ **(required field) ****

(ex: 01-01-001-001)

Type of Menu _____
(copy of menu must be submitted)

Temporary Buffet Set-ups (banquets, salad bars, luncheons, etc.) YES [] NO []

* (Sneeze guards must be provided)

Catering? YES [] NO [] [] New Construction

Smoke-Free Required or

Seating Capacity _____ [] Remodel of existing permitted establishment (same owner)

Public restrooms provided? YES [] NO [] Men's [] Women's []

(If seating is provided, must have public restroom)

Signature of owner or authorized agent: _____

Date _____

- **ANY CHANGES IN PLANS OR ON THIS FORM MUST RECEIVE ADVANCE APPROVAL.**
- Page numbers in parenthesis correspond to those in the book entitled, **FOOD SERVICE CONSTRUCTION REQUIREMENTS**. (Obtainable from the Kane County Health Department, Environmental Health Program)

TYPE OF ESTABLISHMENT: RESTAURANT []
 DAYCARE []
 RETAIL FOOD STORE []
 CONVENIENCE STORE []
 OTHER [] _____

PLANS/APPLICATIONS HAVE BEEN OR WILL BE SUBMITTED TO THE FOLLOWING AUTHORITEIS.

<u>DEPARTMENT</u>	<u>DATE SUBMITTED</u>
_____ BUILDING DEPARTMENT	_____
_____ SANITARY DISTRICT	_____
_____ FIRE DEPARTMENT	_____
_____ OTHER (describe) _____	_____

TOTAL SQUARE FEET OF FACILITY: _____

KITCHEN PREPARATION AREA (sq. ft.) _____ , **DRY FOOD STORAGE (sq. ft.)** _____

NUMBER OF FLOORS ON WHICH OPERATIONS ARE CONDUCTED: _____

MAXIMUM NUMBER OF MEALS TO BE SERVED PER DAY (approximate number):

BREAKFAST _____
 LUNCH _____
 DINNER _____

TYPE OF SERVICE:

SIT DOWN MEALS []
 TAKE OUT []
 CATERER []
 MOBILE VENDOR []
 OTHER _____

PROJECTED START DATE OF CONSTRUCTION: _____

PROJECTED DATE OF PRE-OPENING INSPECTION (conducted after all equipment is installed, hot water has been turned on and all cold units are down to temperature (freezers must be at 0° F and refrigerators must be 41° F or below)): _____

PLEASE BE SURE TO INCLUDE THE FOLLOWING WHEN SUBMITTING YOUR PLANS:

- PROPOSED MENU (including seasonal, off site and banquet menus)
- MANUFACTURER SPECIFICATION (for each piece of equipment shown on plan)
- EQUIPMENT LAYOUT
- ELEVATION DRAWINGS
- PLUMBING LAYOUT (including waste vent diagram)
- KITCHEN EXHAUST VENTILATION PLANS
- APPROPRIATE PLAN REVIEW FEE
- SUBMIT ABOVE INFORMATION TO EITHER:

1750 Grandstand Pl., Suite 2
 Elgin, Illinois 60123
 (847) 608-2850

or

1240 Highland Avenue, Suite 5
 Aurora, Illinois 60506
 (630) 444-3040

*** PLANS ARE TO BE NO LARGER THAN 24" x 36" A SECOND SET TO BE 8 ½ x 11, AND BOTH SETS ARE TO BE LABELED WITH COMMON NAME OF EQUIPMENT AND CORRESPONDING EQUIPMENT LISTING NUMBER.**

*** A 72 hour notice must be given to the Kane County Health Department for scheduling inspections**

III. ROOM FINISH SCHEDULE

ROOM OR AREA	FLOOR	FLOOR COVE	WALLS	CEILING	REMARKS
FOOD PREPARATION					
COOKLINE			STAINLESS STEEL		
UTENSIL WASHING					
FOOD STORAGE					
WALK- IN REFRIGERATOR					Fluorescent strip lighting required
WALK – IN FREEZER					Fluorescent strip lighting required
JANITORIAL AREAS					
WAITRESS AREAS					
BAR					
RESTROOMS					
DRESSING & LOCKER ROOM					
BUFFET & SALAD BARS					
OTHER					

* 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 sheet is required for submittal

VI. PLUMBING CONNECTIONS

	AIR GAP	INTEGRAL TRAP	P TRAP	VACUUM BREAKER	CONDENSATE PUMP
TOILET					
URINAL					
DISHWASHER					
GARBAGE GRINDER					
ICE MACHINE					
ICE STORAGE BIN					
MOP SINK					
JANITOR SINK					
HANDSINK					
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)

VII. WATER SUPPLY

Is water supply public [] or private []?

If private, has source been approved? YES [] NO [] Pending []
(If yes, provide copy of lab report)

Is ice made on premises [] or purchased commercially []?

Is there a water treatment device? YES [] NO []

If yes, what type and how will the device be inspected and serviced? _____

How are backflow prevention devices inspected and serviced? _____

VIII. SEWAGE DISPOSAL

Is the building connected to a municipal sewer? YES [] NO []

If no, is private disposal system approved? YES [] NO [] PENDING []
(If yes provide copy of approval)

Grease Interceptor YES [] NO [] Location Indoor Recessed []
Outdoor []

Size of Grease Interceptor _____ gallons (volume of sink(s) x .50 = volume of grease interceptor)

Provide name of company that will clean and maintain. _____

IX. DISHWASHING FACILITIES AND SANITIZING EQUIPMENT

Water Heater Capacity _____ Gallons (40 Gallon minimum)

Water Heater recovery rate _____ GPH at _____ °F rise

Manual Dishwashing

Three compartment sink? YES [] Type of Sanitizer to be used (select one):
[] Chlorine
[] Iodine
[] Quaternary Ammonium
[] Other _____

Are chemical test kits available for checking sanitizer concentration? YES [] NO []

Does the largest pot and pan fit into each compartment of the pot sink? YES [] NO []

Volume of sink: Size of compartments ($\frac{\text{length}}{\text{length}} \times \frac{\text{width}}{\text{width}} \times \frac{\text{depth}}{\text{depth}} \times 3$) = _____ gallons
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Length of each integral drainboard _____ inches Total length of sink _____ inches

Mechanical Dish And/Or Glass Washing

Dishmachine manufacturer and model number _____
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 dishmachine _____ CFM's

[] **Chemical Sanitizing Machine?**

Dish machine demand of rinse water? _____ GPH's

Warning indicator on chemical dispenser provided? _____

Type of Sanitizer to be used (select one):

- [] Chlorine
- [] Iodine
- [] Quaternary Ammonium
- [] Other _____

Are chemical test kits available for checking sanitizer concentration? YES [] NO []

[] **Hot Water Sanitizing Machine?**

Dishmachine demand of rinse water _____ GPH @ 20 PSI Flow Pressure

Booster Heater manufacturer and model number _____

Located _____ ft. from dishwasher

Supply pipe insulated? YES [] NO []

Temperature gauge installed before booster heater? YES [] NO []

Pressure and temperature gauges installed on final rinse line? YES [] NO []

Pressure regulator installed on final rinse line? YES [] NO []

Are test kits available to check hot water sanitizing capability? YES [] NO []

All other types of sanitizing methods (steam or low pressure) must be described in writing and be supported with equipment manufacturer's specifications.

X. EMPLOYEES AREAS AND HANDWASHING FACILITIES

Projected number of food service employees per shift _____

Location of storage area for employee's personal belongings: _____

Number of hand washing sinks _____

Handwashing sink(s) supplied with: Dispensed towels [] Dispensed Soap []

Is there a handwashing sink in each food preparation and ware washing area? YES [] NO []

Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES [] NO []

Are covered waste receptacles available in each restroom? YES [] NO []

Is hot and cold running water under pressure available at each handwashing sink? YES [] NO []

Are all toilet room doors self-closing? YES [] NO []

Are all toilet rooms equipped with mechanical ventilation? YES [] NO []

*** 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**

XI. LIGHTING

[] YES [] N/A Adequate light provided in kitchen and utensil washing areas (minimum – 20 foot candles)

[] YES [] N/A Adequate light provided at bar and fountain glass washing sinks (minimum – 20 foot candles)

[] YES [] N/A Adequate light provided in food and utensil storage rooms, toilets and dressing room (minimum - 20 foot candles)

[] YES [] N/A Protective shielding provided for lighting fixtures over all preparation, display, food storage and utensil washing areas.

*** ALL WALK IN COOLERS AND WALK IN FREEZERS MUST HAVE FLUORESENT LIGHTING WITH VAPOR PROOF FIXTURES AND COLD TOLERANT BALLASTS.**

XII. MISCELLANEOUS

[] YES [] N/A Are insecticides/rodenticides used in facility?

[] YES [] N/A Are all containers of toxics including sanitizing spray bottles clearly labeled?

[] YES [] N/A Proper dispensers for single service items?

[] YES [] N/A Sneeze guard protection for proper food display?

[] YES [] N/A All exposed plumbing, electrical, gas & refrigeration lines are 6” off the floor and 1/2” away from walls?

[] YES [] N/A All openable windows are screened with 16 mesh/ inch screening?

[] YES [] N/A Carry out windows protected?

[] YES [] N/A Cold plates integral with ice bins?

[] YES [] N/A State certified food handler present based on establishment category?

XIII. STORAGE

[] YES [] N/A Are insecticides/ rodenticides stored separately from cleaning and sanitizing agents?

[] YES [] N/A Are all toxics for use on the premises or for retail sale (this includes personal medications), stored away from food preparation and storage areas?

[] YES [] N/A A separate room is provided for laundry operations?

[] YES [] N/A Will linens be laundered onsite? If yes, where? _____

[] YES [] N/A If washed onsite a laundry dryer is required.

Location of clean linen storage? _____

Location of dirty linen storage? _____

[] YES [] N/A Is a mop hanger provided over the mopsink?

[] YES [] N/A Is a clean dishware rack provided for air drying?

[] YES [] N/A Is a soiled dishware rack provided?

[] YES [] N/A Is a rack/drawer provided for cooking utensils?

[] YES [] N/A Is a separate room provided for liquor storage?

[] YES [] N/A Is a separate dry storage room provided?

[] YES [] N/A Is all shelving used in kitchen NSF approved?

[] YES [] N/A A minimum of 6" spacing is provided on all shelves with legs or casters are provided on shelving?

COMMENTS: .

XIV. GARBAGE AND REFUSE DISPOSAL

Please mark appropriate choice

COMPACTOR/REFUSE DISPOSAL COMPANY _____

WILL A GREASE BARREL BE USED YES [] NO [] N/A []

NUMBER _____ SIZE _____ FREQUENCY OF PICKUP _____

GREASE BARREL DISPOSAL COMPANY: _____

A. INSIDE	YES	NO	N/A
Do all containers have lids?	[]	[]	[]
Will refuse be stored inside?	[]	[]	[]
If so, where? _____			
Is there an area designated for garbage can or floor mat cleaning?	[]	[]	[]

B. OUTSIDE	YES	NO	N/A
Do all containers have lids?	[]	[]	[]
Will garbage cans be stored outside?	[]	[]	[]
Will a dumpster be used?	[]	[]	[]
Number _____ Size _____			
Frequency of pickup _____			
Will a compactor be used?	[]	[]	[]
Number _____ Size _____			
Frequency of pickup _____			

Is the surface and location where dumpster/compactor/garbage cans/grease barrel/recyclables are to be stored asphalt or concrete? YES [] NO []

What items are to be recycled: (select all that apply)

[] GLASS [] METAL [] PAPER [] CARDBOARD [] PLASTIC

Is there an area to store returnable damaged goods? YES [] NO [] If yes, where?

How is each listed ventilation hood system cleaned?

Who will clean your ventilation system?

EXHAUST FAN

Manufacturer _____ Model _____

MAKE-UP AIR

Entry point into kitchen _____

Forced Air [] YES [] N/A Tempered [] Untempered []

Gravity Fed Air [] YES [] N/A Tempered [] Untempered []

Method of insulating untempered air duct _____

EXHAUST SYSTEM DESIGN AND CONSTRUCTION

[] YES [] N/A Exposed joints and seams sealed

[] YES [] N/A No exposed horizontal piping in hood

[] YES [] N/A Sufficient exhaust take off ducts

[] YES [] N/A Proper height above floor and cooking surface

[] YES [] N/A Exhaust duct not within 10' of any air intakes

[] YES [] N/A UL Extractors Manufacturer

[] YES [] N/A Baffled Filters

[] YES [] N/A Water Wash System

(The use of fiberglass on the inside of duct surface is prohibited.)

FOOD PREPARATION REVIEW

I. CATAGORY

Will you be serving the following categories of foods?

[] YES [] NO Thin meats (less than 1 inch), poultry, fish, eggs (i.e. hamburger, sliced meats, fillets)

[] YES [] NO Thick meats (greater than 1 inch), whole poultry (i.e. roast beef, whole turkeys, whole chickens, hams)

[] YES [] NO Cold processed foods (salads, sandwiches, vegetables)

[] YES [] NO Hot processed foods (soups stews, rice/noodles, gravy chowders, casseroles)

[] YES [] NO Bakery goods (pies, custards, cream fillings and toppings)

[] YES [] NO Other (please describe) _____

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

II. FOOD SUPPLIES

Are all food supplies from inspected and approved sources? YES [] NO []

What are the projected frequencies of deliveries for frozen foods _____, refrigerated foods _____, and dry goods _____.

How many meals are to be served between deliveries? _____

Provide information on the amount of space (in cubic feet) allocated for:

Dry storage _____

Refrigerated storage _____

Frozen Storage _____

How will dry goods be stored off of the floor? _____

III. COLD STORAGE

Is adequate and approved freezer and refrigeration available to store frozen foods frozen and refrigerated foods at 41⁰ F and below? YES [] NO []

Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready to eat foods? YES [] NO []

If yes, how will cross contamination be prevented? _____

Does each refrigerator/freezer have a thermometer? YES [] NO []

Number of refrigeration units: _____

Number of freezer units: _____

IV. THAWING POTENTIALLY HAZARDOUS FOOD

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place

Frozen Foods: approximately 1 inch or less = thin, and more than an inch = thick

THAWING METHOD	THICK FROZEN FOODS	THIN FROZEN FOODS
Refrigeration		
Running water Less than 70 degree F		
Microwave (as part of cooking process)		
Cooked from frozen state		
Other (describe)		

V. PREPARATION

Please list all types of foods prepared more than 12 hours in advance of service.

Will food employees be trained in good food sanitation practices? YES [] NO []

Method of training?

Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready to eat foods? YES [] NO []

How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: _____

Concentration: _____

Test Kit Provided: YES [] NO []

Will ingredients for cold ready to eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/ or assembled? YES [] NO []

If not how will ready to eat foods be cooled to 41⁰ F?

Will all produce be washed on-site prior to use? YES [] NO []

Is there a planned location for washing produce? YES [] NO [] Describe: _____

VI. COOKING

Will food product thermometers be used to measure final cooking/ reheating temperatures of potentially hazardous foods? YES [] NO []

What type of temperature measuring device will be used? _____

List types of cooking equipment to be used:

VII. HOT/ COLD HOLDING

How will hot potentially hazardous foods be maintained at 140⁰ F or above during holding for service? Indicate type and number of hot holding units.

How will cold potentially hazardous foods be maintained at 41⁰ F or below during holding for service? Indicate type and number of cold holding units.

VIII. COOLING

Please indicate by checking the appropriate boxes how potentially hazardous foods will be cooled to 41⁰ F within 6 hours (140⁰ F to 70⁰ F in 2 hours and 70⁰ F to 41⁰ F within 4 hours).

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/GRAVY	THICK SOUPS/GRAVY	RICE/NOODLES
Shallow Pans					
Ice Baths					
Reduce volume or size					
Rapid Chill					

IX. REHEATING

How will potentially hazardous foods that are cooked, cooled and re heated for hot holding be reheated so that all parts of the food reach a temperature of at least 165⁰ F for 15 seconds. Indicate type and number of units used for reheating foods.