



*Whitley County Health Department
220 West Van Buren Street, Suite 111
Columbia City, Indiana 46725
Phone (260) 248-3121 – Fax (260) 248-3129*

Dear Sir or Madam:

Enclosed you will find the guidelines for building new establishments and the remodeling of existing retail food outlets; which outlines the procedure for acquiring an annual Whitley County permit.

Also enclosed is the Application for Plan Review and the Plan Review Form, these are to be submitted with your architectural plans, or sketch.

Please contact our office if you have questions pertaining to this procedure.

Sincerely,

Mary Ann McClusky
Environmental Health Specialist

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encs.

GUIDELINES FOR NEW OR REMODEL FOOD ESTABLISHMENTS

Note: Newly constructed Retail Food Establishments must obtain a valid food permit. In order to qualify for an annual food permit, the establishment must meet all current Food Code requirements and be in compliance with the Building and Zoning Department Codes. The procedure to obtain a proper permit is outlined below.

1. SUBMIT PLANS. A full set of plans must be submitted to this Department prior to construction of a new establishment or remodeling of an existing building. Failure to submit plans before construction commences may result in enforcement action. Work will not be allowed to resume until plans have been submitted. Plans to include room finishes, ventilation equipment, plumbing and electrical schedules.
2. SUMBIT MENU.
3. BEGIN BUILDING OR REMODELING. Once plans are submitted and approved and Building Permits are obtained, you may begin construction. We do recommend, however, that you pay special attention to the plan review once it is received (See #4 below.)
4. REVIEW THE FOOD ESTABLISHMENT PLAN REVIEW FORM. The Health Department will conduct a plan review of submitted plans and a copy of the review will be mailed to the contractor/owner listed on the Plan Application. Note: The plan review must be shared with all responsible parties involved in the project to ensure all requirements are met.
5. SCHEDULE A PRELIMINARY INSPECTION OF THE ESTABLISHMENT. Contact the inspector to conduct a courtesy visit anytime during the construction process, allowing at least one week for scheduling. (The inspection report will list any items that have yet to be addressed or corrected to bring the establishment into compliance with current Health Codes.) This visit is intended to advise the owner/operator of items that need to be brought into compliance.
6. SUMBIT A FOOD PERMIT APPLICATION AND PAY FEES. The operator of the food establishment, not the architect or contractor, must submit an application for a food permit and pay all applicable fees. The Health Department must receive the application and fees before a final approval inspection will be scheduled.
7. CONTACT THE BUILDING DEPARTMENT AND OBTAIN APPROVAL. Qualification for an annual food permit is contingent upon the establishment meeting Building Department Codes. Therefore, before a final approval inspection can be scheduled with the Health Department, approval must be obtained. Contact representatives from this department for an inspection of the establishment to ensure compliance.
8. SCHEDULE PRE-OPERATIONAL INSPECTION. Once all items discussed during the courtesy visit have been brought into compliance and the food permit application and fees have been submitted, a final inspection can be scheduled. Contact the inspector, allowing at least one week for scheduling. If all Health Code requirements are met, the establishment will be approved for an annual food establishment permit. Note: No food items may be brought into the retail food establishment until a valid food permit is obtained.

NOTE: PLAN REVIEW MUST BE COMPLETED BEFORE CONSTRUCTION BEGINS

**WHITLEY COUNTY DEPARTMENT OF HEALTH
FOOD PROTECTION PROGRAM
APPLICATION FOR PLAN REVIEW**

Please complete the following, as is applicable to the retail food establishment.

Owner/Corporation Information:

Name: _____
 Contact Person: _____
 Telephone Number: _____
 Mailing Address: _____

Engineer/Architect Information:

Name: _____
 Contact Person: _____
 Telephone Number: _____
 Mailing 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: _____
 Water Supply: Public Private Sewage Disposal: Public Private
 * If private, do you have approval from the appropriate regulatory authority? YES NO
 Intended opening date _____ Days of Operation: _____
 Hours of Operation: _____

Contents and Specifications for Facility and Operating Plans as required in Section 431 of (410 IAC 7-24:)

Additional Information:

Comment: _____

ATTENTION: Once the plans have been reviewed by the Health Department, you are free to pick them up.

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

 (Signature of Applicant)

 (Relationship to Project)

 (Date Signed)

2.

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Instructions for the Plan Review Questionnaire Form

The enclosed questionnaire was designed for the operator and/or architect to utilize in the plan review process. Please feel free to contact your local health department for further assistance when completing the questionnaire.

The questionnaire is designed in 2 parts. Part one is the Standard Sanitary Operating Procedures (SSOP's). This part should be completed by the owner/operator of the facility. SSOP's are procedures that will help your operation to be in compliance with the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24. The referenced section numbers at the end of each question will help you in answering the questionnaire.

The following bulleted items are the sections covered under part one:

- Food (will the food be received in a safe and sanitary manner)
- Food Preparation (limits/restricts the amount of pathogen growth in food)
- Hot and Cold Holding (keeps pathogens from growing in food)
- Sanitization (ensure the proper amount and application of sanitizer levels)
- Poisonous or Toxic Materials and Personal Care Items (covers the storage and use of these items)
- Miscellaneous (covers registration/permitting and food handling in the home)

Part two is the physical facility requirements. This part may need to be completed by the architect/contractor/engineer, since these requirements are more of a technical basis. The following bulleted items are the sections covered under part two:

- Warewashing/Dishwashing (covers the proper use and capacity of your equipment)
- Water Supply (is the water potable/drinkable)
- Waste Water/Sewage Disposal (is the sewage system in compliance)
- Plumbing (covers backflow, hot water capacity, hoses, and grease traps)
- Handwashing/Toilet Facilities (quantity, door closure, and ventilation)
- Room Finish Schedule (covers the interior of the kitchen and ensures that the materials are made to be smooth and easily cleanable)
- Personal Belongings (prevents contamination of food from employees)
- Equipment (requires all equipment materials be food-grade quality and approved for use in a commercial kitchen)
- Insect and Rodent Harborage (prevents insects and rodent activity)
- Reuse and Recyclables (covers the storage and disposal)
- Lighting (minimum amount of light needed to conduct operations)

The Plan Review Application Form must be completed and submitted with the accompanying questionnaire.



PLAN REVIEW QUESTIONNAIRE

State Form 50004 (R3/4-05)
Indiana State Department of Health
Food Protection Program

Please answer the following questions and return this form and the application to our office. If you have any questions please call (260)248-3121. This questionnaire is not designed as a complete list of requirements but should be used as a guideline only. The sanitation requirements noted in this document are specified under the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24. Please use this rule as it pertains to section numbers referenced at the end of each question.

Name of the facility and location: _____

Contact name and phone number: _____

It is recommended that you provide plans that are a maximum of 11 X 14 inches in size including the layout of the floor plan.

I have submitted plans/applications to the authorities listed below on the following dates:

Zoning _____	Plumbing _____	Septic _____
Planning _____	Electric _____	Fire _____
Building _____		

Number of seats: _____ Total square feet of the facility: _____

Number of floors on which operations are conducted: _____

Maximum meals to be served: (approximate number)	Breakfast _____	Lunch _____	Dinner _____
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Type of service: (check all that apply)	Sit down meals _____	Mobile vendor _____
	Take out _____	Other _____
	Caterer _____	

Whom (job title) will be your certified food handler? (Title 410 IAC 7-22) _____

How will employees be trained in food safety? (sect. 119) _____

The following procedures/questions should be considered before any further planning/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. Please indicate (by either checking or completing the answers) whether or not a section applies to your operation.

FOOD

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

2. What is the procedure for receiving food shipments? (sect. 166) Are temperatures checked and containers inspected for damage? _____

What is the anticipated frequency of food deliveries for: Frozen _____ Fresh _____ Dry _____

3. Is your facility required to have pasteurized products? (sect. 153) Yes ___ No ___

4. Do you intend to make low-acid or acidified foods and intend your products to be shelf stable? If so, have you passed the Better Process and Control School exam? (sect. 143) Yes ___ No ___ NA ___ *Please include a copy of the certification.*

5. Do you intend to make reduced oxygen packaged (ROP, def. 73) foods? (sect. 195) Yes ___ No ___
 If yes, please list out the ROP foods. _____

FOOD PREPARATION

6. If foods are prepared a day or more in advanced, please list them out. _____

7. 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)

8. Describe your date marking system (described under sect. 191) for potentially hazardous (defined under sect. 66) ready-to-eat foods (defined under sect. 72). (sect. 191)

9. Will all produce be washed prior to use? (sect. 175) Yes ___ No ___ NA ___
 If no, why? _____

10. 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)

11. Provide a list of the types of food that will need to be thawed before cooking. (sect. 199)

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

12. Provide a list of the types of food that will need to be cooled (eg. leftovers). (sects. 189, 190)

PROCESS	TYPES OF FOOD
Shallow pans under refrigeration	
Ice and water bath	
Reduced volume (quartering a large roast)	
Ice paddles	
Rapid chill devices (blast freezer)	
Other (describe)	

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

14. Will a buffet be served? Yes ___ No ___ NA ___ If yes, who will be responsible for ensuring that the buffet is protected from consumer contamination? (sect. 181)

HOT AND COLD HOLDING

15. Will "Time as a Public Health Control" (see sect. 193) be used for potentially hazardous food(s) (either hot or cold)? Yes ___ No ___ NA ___ *Note: These procedures must be submitted and approved before their use.*

16. Will raw animal food(s) will be offered to the public in an undercooked form (sushi, rare hamburgers, eggs over easy, made from scratch Caesar dressing, etc.)? Yes ___ No ___ NA ___ If so, please attach your consumer advisory statement. (sect. 196)

17. Whom (line cook, kitchen manager, etc.) 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)

18. 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)

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

SANITIZATION

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

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

22. Will the facility have test kits/papers on site for all types of chemical sanitizers? (sect. 291)
 Yes ___ No ___ NA ___

23. 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)

POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS

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

25. Will the facility use a hand sanitizer? (sect. 131) Yes ___ No ___ If so, what brand? _____

26. Will the facility ensure that insecticides and rodenticides are "Approved for Use in Food Establishments" and that they are applied in a safe manner? (sect. 119) _____

27. Will all spray bottles be clearly labeled? (sect. 438) Yes ___ No ___

28. Where will first aid supplies be stored? (sect. 421) _____

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 ___ NA ___

30. Has the facility registered or applied for a permit from the regulatory authority? (sect. 107) Yes ___ No ___

(The rest of this page was intentionally left blank)

The following list of questions should be generally completed by the architect/contractor/engineer.

WAREWASHING/DISHWASHING

31. Dishwashing methods (sect. 269) (check one or both): 3 Compartment Sink Dishmachine
32. If a 3 compartment sink is used, which sanitizing method will you use: Hot Water Chemical
33. If a dishmachine is used, which sanitizing method will you use: Hot Water Chemical
- If hot water, do you have a booster heater? Yes No NA
- If hot water, how will you ensure that the unit is sanitizing the utensils? (sects. 258, 303) _____
34. Does your chemical dishmachine have an alarm that indicates when more chemical sanitizer needs to be added? (sect. 281) Yes No
35. What type of alarm will be used to detect when the sanitizer is too low? Sound Visual
36. Can the largest piece of equipment be submerged into the 3 compartment sink or dishmachine? (sect. 233) Yes No NA
37. Does the facility plan to use alternative manual warewashing equipment? (sect. 233) Yes No NA
If yes, please submit your procedure for review.
38. Does your facility have enough drainboards/utensil racks/carts for the air drying of equipment and utensils for either the 3 compartment sink or the dishmachine? (sect. 289) Please describe below.

WATER SUPPLY

39. Is the water supply public () or private ()? If public, skip question #2.
40. If private, has the source been tested? (sect. 327) Yes No
If so, when was the last test _____ and did you send us a copy of the lab results? Yes No

WASTE WATER/SEWAGE DISPOSAL

41. Is the sewage disposal system public () or private ()? If public, skip question #2.
42. Has the waste treatment system been approved by the state or local septic inspector? (sect. 376) Yes No
Please provide a copy of the approval.

PLUMBING

43. Are hot and cold water fixtures provided at every sink? (sect. 330) Yes ___ No ___

44. If a water supply hose is to be used for potable water, is it made from food-grade materials? (sect. 364)
Yes ___ No ___

45. What is the recovery time, volume, and capacity of the hot water heater? (sect. 329) _____

46. The following technical information is needed on the proposed plumbing. This section is best completed by a licensed plumber, or engineer. (sect. 336)

Fixture	Water Supply					Sewage Disposal		
	AVB	PVB	VDC	HIB	Air Gap	Air Break	Air Gap	Direct Connect
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:								
Other:								
AVB=Atmospheric Vacuum Breaker				HIB=Hose Bib Vacuum Breaker				
PVB=Pressure Vacuum Breaker				VDC=Vented Double Check Valve				

47. Has contact been made to the municipality to determine if a grease trap is required? Yes ___ No ___ NA ___

48. What would be the frequency of cleaning for the grease trap? (sect. 378) _____

HANDWASHING/TOILET FACILITIES

49. Handwashing sinks are required in each food preparation and dishwashing area. (sect. 344)
How many handsinks will be provided? _____

50. Are all toilet room doors self-closing where applicable? (sect. 352) Yes ___ No ___

51. Are all toilet rooms equipped with adequate ventilation? (sect. 309) Yes ___ No ___

ROOM FINISH SCHEDULE (What the interior of the facility will look like.)

52. Please indicate which materials (i.e. quarry tile, stainless steel=SS, plastic cove molding, etc.) will be used in the following areas. (sect. 402)

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				
OTHER				

PERSONAL BELONGINGS

53. Are separate dressing rooms/lockers provided? (sect. 417) Yes ___ No ___ NA ___

54. Describe the storage location for employees' coats, purses, medicines and, lunches. (sects. 418, 422)

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

EQUIPMENT

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

57. Will the utensils and food storage containers be made from food-grade quality materials? (sect. 205) Yes ___ No ___

58. Will any pieces of used equipment be utilized? (sect. 106) Yes ___ No ___ NA ___

If so, please list equipment types: _____

59. Is the ventilation hood system sufficient for the needs of the facility? (sect. 307) Yes ___ No ___ NA ___

60. 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, hot food 135°F)? Yes ___ No ___ NA ___

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

62. Will each refrigeration unit have a thermometer? (sect. 256) Yes ___ No ___

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

INSECT AND RODENT HARBORAGE

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

65. Will screens be provided on any open windows/doors to the outside? (sect. 413) Yes ___ No ___

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

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

68. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions? (sect. 426) Yes ___ No ___

69. Do you plan to use a pest control service? Yes ___ No ___ Frequency _____ Company _____

REFUSE AND RECYCLABLES

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

71. Where will recyclables be stored prior to pick-up? _____

LIGHTING

72. What are the foot candles of light for the following areas? (sect. 411)

Food prep areas _____

Dishwashing areas _____

Dry storage areas _____

Restrooms and walk-in refrigeration units _____

NOTE TO NEW FOOD ESTABLISHMENTS; WHEN PRINTING NEW MENU

This warning must appear if you are intending to serve under cooked foods, particularly hamburger, and eggs. This does not include rare steaks or roasts.

Consumption of raw or undercooked animal food may pose a risk to your health; especially for young children and elderly adults.

NOTICE:

TO CURRENT AND FUTURE/OWNER OPERATORS OF RETAIL FOOD ESTABLISHMENTS IN WHITLEY COUNTY, IN., YOU MAY ACCESS THE INDIANA STATE DEPARTMENT OF HEALTH CODE (Title 410 IAC 7-24) AT THE FOLLOWING WEB SITE:

www.in.gov/isdh/regsvcs/foodprot/index.htm

Then click on Retail & Wholesale Laws, Rules & Regulations, and then click on 410 IAC 7-24. Then print 127 pages.