Iroquois County Public Health Department
1001 East Grant Street, Watseka, IL 60970
(815) 432-2483 Fax (815) 432-2198
info@co.iroquois.il.us

PLAN SUBMITTAL FOR FOOD ESTABLISHMENTS

Part 2 Section 8 of the Iroquois County Food Sanitation Ordinance, 2018, requires that: *When a food-service establishment or retail food store within Iroquois County is hereafter constructed or extensively remodeled, or when an existing structure is converted for use as a food-service establishment or retail food store, properly prepared plans and specifications for such construction, remodeling, or alteration, showing building layout, room arrangement, construction materials of food preparation and serving areas, and the location and type of fixed equipment, toilet facilities, plumbing and sewage disposal systems shall be submitted to the Board of Health for approval before such work is begun.*

In order to make this task easier, the Iroquois County Public Health Department has developed a data sheet which summarizes the minimum information necessary for the plan submittal of a food service establishment. Please complete all portions of the data sheet and ensure all items listed can be identified on the plan documents (drawings). The plans must be drawn to scale.

When all parts of the data sheet have been completed in detail and the information incorporated on the plan documents, you are ready for submittal to the Health Department.

The following items are to be submitted with the detailed plans:

(a) Completed Data Sheet

(b) Completed License Application

Please do not hesitate to contact this office if you have any questions.

Please enclose the following documents:

_____Proposed menu (including seasonal, off-site, and banquet menus)

_____Manufacturer specification sheets for each piece of equipment shown on the plan

_____Site plan showing location of business in building and location of building on site, including alleys, streets, and location of any outside equipment (dumpsters, well, septic system, if applicable)

_____Floor plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation.

_____ Equipment schedule

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.

1. Include proposed menu, seating capacity, and projected daily meal volume for food service operations.
2. Show the location and, when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
3. Clearly designate equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding temperature control for safety foods on the plan.
4. Label and locate each food preparation sink when the menu dictates to prevent contamination and cross-contamination of raw and ready-to-eat-foods.
5. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation.
6. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
7. On the plan, represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
8. Include and provide specifications for:
    a. Entrances, exits, loading/unloading areas and docks.
    b. Complete finish schedules for each room including floors, walls, ceilings, and coved juncture bases.
    c. Plumbing schedule, including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections.
    d. Lighting schedule with protectors.
        i. At least 110 lux (10-foot candles) at a distance of 75cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning.

ii. At least 220 lux (20-foot candles):

a. At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption.

b. Inside equipment such as reach-in and under-counter refrigerators.

c. At a distance of 75 cm (30 inches) above the floor in areas used for hand washing, ware washing, and equipment and utensil storage, and in toilet rooms

iii. At least 540 lux (50-foot candles) at surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

e. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).

f. Source of water supply and method of sewage disposal. Provide the location of the facilities and submit evidence that state and local regulations are complied with.

g. A color-coded flow chart demonstrating flow patterns for:

i. Food (receiving, storage, preparation, service)

ii. Food and dishes (portioning, transport, service)

iii. Dishes (clean, soiled, cleaning, storage)

iv. Utensils (storage, use, cleaning)

v. Trash and garbage (service area, holding, storage)

h. Ventilation schedule for each room.

i. A mop sink or curbed cleaning facility with facilities for hanging wet mops.

j. Garbage can wash area/facility.

k. Cabinets for storing toxic chemicals.

l. Dressing rooms, locker areas, employee rest areas, and/or coat rack.

m. Completed section 1

n. Site plan (plot plan)

Iroquois County Public Health Department

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Date: _____

Projected date for start of project: _____

Projected date for completion of project: _____

Project Type: ☐ New ☐ Remodel ☐ Conversion

Name of Establishment: _____

Category: ☐ Restaurant ☐ Mobile Unit ☐ Daycare ☐ School
☐ Retail Market ☐ Long-Term Care ☐ Bar/Tavern ☐ Other

Address: _____

Business Phone: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Owner Phone Home or Mobile: _____

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

☐ Building inspector: _____ ☐ Fire inspector: _____
☐ Plumbing inspector: _____ ☐ Other (Please Explain): _____

Hours of Operation:

☐ Mon_____ ☐ Tue_____ ☐ Wed_____ ☐ Thu_____
☐ Fri_____ ☐ Sat_____ ☐ Sun_____

Number of personnel per shift: _____ **Number of seats:** _____

Total square feet of facility: _____

Number of floors on which operations are conducted: _____

Expected Customers served during: Breakfast: _____
Lunch: _____
Dinner: _____

Type of service: ☐ Sit Down Meals ☐ Mobile Vendor ☐ Take out
(check all that apply) ☐ Caterer ☐ Other (Please Explain): _____

Temperature Control for Safety Foods Categories To Be Handled and Served

Check All That Apply:

1. Thin meats: (poultry, fresh eggs, hamburger, sliced meats, fillets)

   ☐ **Yes** ☐ **No**

2. Thick meats: (whole poultry roast, beef, whole turkey, chickens, hams)

   ☐ **Yes** ☐ **No**

3. Cold processed food: (Salads, sandwiches, vegetables)

   ☐ **Yes** ☐ **No**

4. Hot processed foods: (Soups, stews, rice/noodles, gravy, chowders, casseroles)

   ☐ **Yes** ☐ **No**

5. Bakery goods: (Pies, custards, cream fillings, toppings)

   ☐ **Yes** ☐ **No**

6. Other: _____

   ☐ **Yes** ☐ **No**

A generic HACCP (Hazard Analysis Critical Control Point) plan for each category of food may be available from the regulatory authority for reference

Food Establishment Operations and Equipment Questionnaire

Please Answer the Following Questions

Food Supplies:

1. What are the projected frequencies of deliveries for the following:

   Frozen Foods: _____

   Refrigerated Foods: _____

   Dry goods: _____

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

   Dry Storage: _____

   Refrigerated Storage: _____

   Frozen Storage: _____

3. How will dry goods be stored off the floor?

   _____

   _____

Cold Storage:

1. Is adequate and approved freezer and refrigeration available to store frozen foods and refrigerated foods at 41°F (5°C) and below? **YES □ NO □**

   Provide the method used to calculate cold storage requirements.

   _____

   _____

2. 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?

   _____

   _____

   _____

3. Is there a bulk ice machine available? **YES □ NO □**

Food Establishment Operations and Equipment Questionnaire

Please Answer the Following Questions

Thawing Frozen Temperature Control for Safety Food (TCS):

Please indicate how frozen temperature control for safety foods (TCS) in each category will be thawed by checking the appropriate boxes. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	Thick Frozen Foods*	Thin Frozen Foods*
Refrigeration	☐	☐
Running water less than 70°F (21°C)	☐	☐
Microwave (as part of cooking process)	☐	☐
Cooked from frozen state	☐	☐
Other (describe)	☐	☐
* Frozen foods: approximately one inch or less = thin, and more than an inch = thick.		

Cooking:

List types of cooking equipment: _____

_____

Hot/Cold Holding:

1. How will hot TCS Foods be maintained at 135°F (57°C) or above during holding for service? Indicate the type and number of hot holding units.

_____

_____

_____

Food Establishment Operations and Equipment Questionnaire

Please Answer the Following Questions

Hot/Cold Holding (Continued):

2. How will cold TCS Foods be maintained at 41°F (5°C) or below during holding for service? Indicate the type and number of cold holding units.

_____

_____

_____

Cooling:

Please indicate how TCS Foods will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours) by checking the appropriate boxes. Also, indicate where the cooling will take place.

Cooling Method	Thick Meats	Thin Meats	Thin Soup/Gravy	Thick Soup/Gravy	Rice/Noodles
Shallow pans	☐	☐	☐	☐	☐
Ice baths	☐	☐	☐	☐	☐
Reduce volume or size	☐	☐	☐	☐	☐
Rapid chill	☐	☐	☐	☐	☐
Other (describe)	☐	☐	☐	☐	☐

Reheating:

1. How will TCS Foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds? Indicate type and number of units used for reheating foods.

_____

_____

_____

Food Establishment Operations and Equipment Questionnaire

Please Answer the Following Questions

Reheating (Continued):

2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

_____

_____

_____

Preparation:

1. Please list categories of foods prepared more than 12 hours in advance of service.

_____

_____

2. Will food employees be trained in good food sanitation practices? **YES □ NO □**

Number of employees: _____

3. Will disposable gloves, utensils, or food grade paper be used to prevent contamination while handling ready-to-eat foods? **YES □ NO □**

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? **YES □ NO □**

Please describe: _____

_____

5. 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: _____

6. 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 41°F?

_____

Food Establishment Operations and Equipment Questionnaire

Please Answer the Following Questions

Preparation (Continued):

7. Will all produce be washed on-site prior to use? **YES □ NO □**

   Is there a planned location used for washing produce? **YES □ NO □**

   Describe: _____

   _____

   _____

   If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

   _____

   _____

   _____

8. Describe the procedure used for minimizing the length of time TCS Foods will be kept in the temperature danger zone (41° F – 135°F) during preparation.

   _____

   _____

   _____

9. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority. (Please attach HACCP plan.)

10. Will the facility be serving food to a highly susceptible population? **YES □ NO □**

    If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area? _____

    _____

    _____

Food Establishment Operations and Equipment Questionnaire

Please Answer the Following Questions

Finish Schedule:

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas:

	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Ware Washing Area				
Walk-in Refrigerators & Freezers				

Food Establishment Operations and Equipment Questionnaire

Please Answer the Following Questions

Insect and Rodent Control:

Please check appropriate boxes:

	YES	NO	N/A
1. Will all outside doors be self-closing and rodent proof?	☐	☐	☐
2. Are screen doors provided on all entrances open to the outside?	☐	☐	☐
3. Do all openable windows have a minimum #16 mesh screening?	☐	☐	☐
4. Is the placement of electrical devices identified on the plan?	☐	☐	☐
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	☐	☐	☐
6. Is area around building clear of unnecessary brush and other harborage?	☐	☐	☐
7. Will air curtains be used? If yes, where? _____	☐	☐	☐

Garbage and Refuse:

Please check appropriate boxes:

Inside:	YES	NO	N/A
1. Will refuse be stored inside? If so, where?_____	☐	☐	☐
2. Is there an area designated for garbage can or floor mat cleaning?	☐	☐	☐
Outside:			
3. Will a dumpster be used? Number _____ Size_____ Frequency of pickup _____ Contractor_____	☐	☐	☐
4. Will a compactor be used? Number: _____ Size: _____ Frequency of pick up: _____ Contractor _____	☐	☐	☐
5. Will garbage cans be stored outside?	☐	☐	☐

Food Establishment Operations and Equipment Questionnaire

Please Answer the Following Questions

Plumbing Connections:

	AIR GAP	AIR BREAK	INTEGRAL TRAP*	P-TRAP*	VACUUM BREAKER	CONDENSATE PUMP
Toilet	☐	☐	☐	☐	☐	☐
Urinals	☐	☐	☐	☐	☐	☐
Dishwasher	☐	☐	☐	☐	☐	☐
Garbage grinder	☐	☐	☐	☐	☐	☐
Ice Machines	☐	☐	☐	☐	☐	☐
Ice storage bin	☐	☐	☐	☐	☐	☐
Sinks						
Mop	☐	☐	☐	☐	☐	☐
Janitor	☐	☐	☐	☐	☐	☐
Hand wash	☐	☐	☐	☐	☐	☐
3 compartment	☐	☐	☐	☐	☐	☐
2 compartment	☐	☐	☐	☐	☐	☐
1 compartment	☐	☐	☐	☐	☐	☐
Water station	☐	☐	☐	☐	☐	☐
Steam tables	☐	☐	☐	☐	☐	☐
Dipper Wells	☐	☐	☐	☐	☐	☐
Condensate/ drain lines	☐	☐	☐	☐	☐	☐
Hose connection	☐	☐	☐	☐	☐	☐
Potato peeler	☐	☐	☐	☐	☐	☐
Beverage dispenser w/carbonator	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐

***TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A "P" trap is a fixture trap that provides a liquid seal in the shape of the letter "p". Full "S" traps are prohibited.

Food Establishment Operations and Equipment Questionnaire

Please Answer the Following Questions

Plumbing Connections (Continued):

Are floor drains provided and easily cleanable? If so, indicate location.

_____
_____
_____

Water Supply:

1. Type of Water Supply: **PUBLIC □** **PRIVATE □**

2. If private, has source been approved? **YES □** **NO □** **PENDING □**
Please attach copy of written approval and/or permit.

3. Ice to be used: **MADE ON PREMISES □** **PURCHASED COMMERCIALLY □**

If made on premises, is specification for the ice machine provided?
YES □ **NO □**

Describe provision for ice scoop storage: _____
_____

Provide location of icemaker or bagging operation: _____
_____

4. What is the capacity of the hot water generator?
_____

5. Is the hot water generator sufficient for the needs of the establishment? Provide calculations for necessary hot water. _____

6. Is there a water treatment device? **YES □** **NO □**

If yes, how will the device be inspected & serviced?
_____
_____

7. How are backflow prevention devices inspected & serviced?
_____
_____

Food Establishment Operations and Equipment Questionnaire

Please Answer the Following Questions

Sewage Disposal:

1. Is building connected to a municipal sewer? **YES □** **NO □**

2. If no, is private disposal system approved? **YES □** **NO □** **PENDING □**
Please attach copy of written approval and/or permit.

3. Are grease traps provided? **YES □** **NO □**
If so, where?

_____

Provide schedule for cleaning and maintenance

_____

_____

Dressing Rooms:

1. Are dressing rooms provided? **YES □** **NO □**

2. Describe storage facilities for employee personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

_____

_____

General:

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?
YES □ **NO □**

Indicate location: _____

2. Are all toxic chemicals for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas?
YES □ **NO □**

3. Will linens be laundered on site? **YES □** **NO □**
If yes, what will be laundered and where?

_____

_____

_____

If no, how will linens be cleaned?

_____

Food Establishment Operations and Equipment Questionnaire

Please Answer the Following Questions

General (Continued):

4. Is a laundry dryer available? **YES □** **NO □**

5. Location of clean linen storage:

_____

6. Location of dirty linen storage:

_____

7. Are containers constructed of safe materials to store bulk food products?
YES □ **NO □**

Indicate type:

_____

Ventilation:

1. Indicate all areas where exhaust hoods are installed:

Location	Filters and/or Extraction Devices	Square Feet	Fire Protection	Air Capacity CFM	Air Makeup CFM

Food Establishment Operations and Equipment Questionnaire

Please Answer the Following Questions

Ventilation (Continued):

2. How is each listed ventilation hood system cleaned?

_____

_____

Sinks:

1. Is a mop sink present? **YES** □ **NO** □

If no, please describe facility for cleaning of mops and other equipment:

_____

_____

_____

2. If the menu dictates, is a food preparation sink present? **YES** □ **NO** □

Dishwashing Facilities:

1. Will sinks or a dishwasher be used for ware washing? (Check all that apply)

Dishwasher ☐

Two compartment sink ☐

Three compartment sink ☐

2. Dishwasher

Type of sanitization used:

Hot water (temp. provided): _____

Booster heater: _____

Chemical type: _____

Is ventilation provided? **YES** □ **NO** □

3. Do all dish machines have templates with operating instructions?

YES □ **NO** □

4. Do all dish machines have temperature/pressure gauges as required that are accurately working? **YES** □ **NO** □

5. Does the largest pot and pan fit into each compartment of the pot sink?

YES □ **NO** □

If no, what is the procedure for manual cleaning and sanitizing?

_____

_____

Food Establishment Operations and Equipment Questionnaire

Please Answer the Following Questions

Dishwashing Facilities (Continued):

6. Are there drain boards on both ends of the pot sink?

YES □ **NO** □

7. What type of manual ware washing sanitizer is used?

Chlorine ☐
Iodine ☐
Quaternary ammonium ☐
Hot Water ☐
Other ☐

Handwashing/Toilet Facilities:

1. Is there a hand-washing sink in each food preparation and ware washing area?

YES □ **NO** □

2. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet? **YES** □ **NO** □

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? **YES** □ **NO** □

4. Is hand cleanser available at all hand-washing sinks?

YES □ **NO** □

5. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks? **YES** □ **NO** □

6. Are covered waste receptacles available in each restroom?

YES □ **NO** □

7. Is hot and cold running water under pressure available at each hand washing sink?

YES □ **NO** □

8. Are all toilet room doors self-closing? **YES** □ **NO** □

9. Are all toilet rooms equipped with adequate ventilation?

YES □ **NO** □

10. If required, is a hand washing sign posted in each employee restroom?

YES □ **NO** □

Small Equipment Requirements:

Please specify the number, location, and types of each of the following:

Slicers: _____
Cutting boards: _____
Can Openers: _____
Mixers: _____
Floor mats: _____
Other: _____