

**VIGO COUNTY HEALTH DEPARTMENT**

**Environmental Health division**

147 Oak Street • Terre Haute, Indiana 47807

Phone (812) 462-3281 • Fax (812) 234-1010

**PLAN REVIEW APPLICATION**

**$150.00 FEE – INCLUDES 2 PRE-OPENING INSPECTIONS**

**EACH ADDITIONAL PRE-OPENING INSPECTION $25/EACH**

**$75.00 fee-remodel**

Establishment Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address, City, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Establishment Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| OWNER  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zip \_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | LOCAL CONTACT  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zip \_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ARCHITECT  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zip \_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | GENERAL CONTRACTOR  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zip \_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Which of the above will serve as the primary contact? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of the above should all correspondence be mailed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed construction start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed opening date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Information**

**Hours of Operation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If Seasonal, circle months of operation: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec*

**These plans are for a:** \_\_\_ New establishment

\_\_\_ Remodeling

\_\_\_ Conversion

\_\_\_ Ownership Change

**Will part of the operation be outdoors (bar, dining, storage, cooking, etc.)?** \_\_\_Yes \_\_\_\_No

**If yes, explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Operation** (check all that apply)

**RESTAURANT RELATED**

\_\_\_\_ Sit down meals \_\_\_\_ Commissary \_\_\_\_ Buffet or Salad bar

\_\_\_\_ Cafeteria \_\_\_\_ Take out menu \_\_\_\_ Tableside/ display cooking

\_\_\_\_ Fast Food \_\_\_\_ Catering \_\_\_\_ Bar with food prep

\_\_\_\_ Mobile Vendor

**GROCERY RELATED**

\_\_\_\_ Grocery Store \_\_\_\_ Produce processing \_\_\_\_ Fresh Meat

\_\_\_\_ Seafood/fish \_\_\_\_ Bakery \_\_\_\_ Deli

\_\_\_\_ Produce \_\_\_\_ Self-service bulk items \_\_\_\_ Self-service baked goods

\_\_\_\_ Ice Production/packaging

**Food Manager Knowledge**

**Under 410 IAC 7-24 retail food establishments are required to have a person in charge during all hours of operation**.

**CHECK ALL THAT APPLY**

\_\_\_\_\_\_A designated person in charge that can demonstrate knowledge of: food borne disease prevention, application of food safety (HACCP) principles, and the requirements of the Food Code, will be available during all hours of operation (REQUIRED).

\_\_\_\_\_\_ A certified food handler will be provided for each food establishment.

**\_\_\_\_ Copy submitted**

\_\_\_\_\_ A written policy that excludes or restricts food workers who are ill or have infected cuts or lesions.

**\_\_\_\_ Copy submitted**

\_\_\_\_\_ Animal based food, such as meat, poultry, fish, shellfish or eggs served raw, or undercooked shall be marked and the customer shall be informed by an effective written consumer advisory of the significantly increased risk of consuming such foods. ***See section 196 of the 410 IAC 7-24.***

**\_\_\_\_\_ Copy of menu submitted with the consumer warning**

**FOOD PREPARATION REVIEW**

1. How will potentially hazardous food be thawed? (List foods that apply)

**Thawing Method Foods less than 1” thick Foods more than 1” thick**

|  |  |  |
| --- | --- | --- |
| Refrigeration |  |  |
| Running water (less than 70°F) |  |  |
| Microwave as part of cooking process |  |  |
| Cook from frozen |  |  |
| Other |  |  |

1. Will time be used for bacterial growth control, instead of hot or cold holding?

\_\_\_Yes \_\_\_No If yes, describe the method for each food.

Food Method

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| --- | --- |
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3. Cooling potentially hazardous food: List foods that will be cooled using each of the following methods. Foods must be cooled from 135°F to 70°F in 2 hours or less and within a total of 6 hours all potentially hazardous food shall be cooled from 135°F to 41°F or less.

1. Shallow pans in refrigerator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Ice baths:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Volume reduction (i.e. quartering a large roast):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Rapid chill devices (i.e. blast freezers):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Ice paddles:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. List the foods that will be prepared a day or more in advance of service or sale.

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5. How will employees avoid bare-hand contact with ready-to-eat foods? (check all that apply)

\_\_\_\_\_ Disposable gloves \_\_\_\_ Suitable utensils

\_\_\_\_\_ Deli tissue \_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Date Marking: When potentially hazardous food is ready-to-eat and will be kept under refrigeration for more than 24 hours after preparation or opening, a date marking system must be utilized that does not exceed 7 days.

* Will establishment have food items that must be date marked? \_\_\_\_Yes \_\_\_\_No

If yes, describe the date marking system that will be used.

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7. Catering: Complete if establishment will cater foods to another location.

* List menu items to be catered:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* How will hot food be held at proper temperature during transportation and at the remote serving location?

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* How will cold food be held at proper temperature during transportation and at the remote serving location?

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**DISHWASHING**

8. Dishwashing methods (check all that apply) \_\_\_\_ Dish machine \_\_\_\_ 3 bay sink

9. What is the largest item that will have to be washed in a sink? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. What sanitizing method will you use? (check all that apply) \_\_\_Hot water \_\_\_Chemical

If chemical what sanitizing chemical will you use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENERAL**

11. What type of mop sink will be provided (i.e. curbed floor drain, mop sink on legs, etc)?

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12. Are hot and cold-water fixtures provided at every sink? \_\_\_\_Yes \_\_\_\_\_No

13. Hand washing sinks are required in each food preparation, food dispensing, ware washing area, and toilet room. How many hand washing sinks will be provided? \_\_\_\_\_\_\_\_\_\_\_

14. Will employee dressing rooms/lockers be provided? \_\_\_\_ Yes \_\_\_\_No

If no, describe how personal belongings will be stored: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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15. Will all utensils and food storage containers be made from food-grade quality materials? \_\_\_\_ Yes \_\_\_\_\_No

16. Will each refrigeration unit have a thermometer? \_\_\_\_Yes \_\_\_\_No

17. Will a probe thermometer be provided to measure the internal temperature of food? \_\_\_\_\_Yes \_\_\_\_No

18. How will food on display be protected from consumer contamination? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WATER/ WASTE WATER/ SEWAGE DISPOSAL**

19. Is the water supply private? \_\_\_\_\_Yes \_\_\_\_No

If yes, Please contact IDEM Drinking Water Branch at 317-234-7430 for inspection and add the PWS ID Number below.

PWS ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. Will the sewage disposal be: \_\_\_Municipal \_\_\_\_Existing on-site \_\_\_\_New on-site

21. If an on-site sewage system is being used a copy of the septic drawing and permit is required. (Please attach)

22. If the establishment is on public sewage disposal, the Terre Haute Wastewater Utility Pretreatment department must be notified. An official from the Pretreatment department

must sign below for approval of grease traps and interceptors. Call 812-244-5511 for an appointment.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ROOM FINISH SCHEDULES**

Fill in materials to be used

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area** | **Floor** | **Coving\*** | **Wall** | **Ceiling** |
| 23. Preparation |  |  |  |  |
| 24. Cooking |  |  |  |  |
| 25. Dishwashing |  |  |  |  |
| 26. Food Storage |  |  |  |  |
| 27. Bar |  |  |  |  |
| **Area** | **Floor** | **Coving\*** | **Wall** | **Ceiling** |
| 28. Dining |  |  |  |  |
| 29. Employee restrooms |  |  |  |  |
| 30. Dressing rooms |  |  |  |  |
| 31. Walk-In Refrigerator |  |  |  |  |
| 32. Walk-In Freezer |  |  |  |  |
|  |  |  |  |  |

\*List the material that will be used to provide a smooth, rounded and cleanable surface where the floor and wall joins.

**INSECT AND RODENT CONTROL**

33. Will the facility have a drive-thru or walk-up window? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, describe how insects will be kept out (i.e. self-closer, air curtains, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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34. Will the outside doors be self-closing? \_\_\_\_Yes \_\_\_\_No

35. Are other openable windows screened? \_\_\_\_Yes \_\_\_\_No

36. Will garage-style or loading bay doors be present? \_\_\_\_\_Yes \_\_\_\_\_\_No

If yes, how will the loading doors be protected against vermin entry?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SOLID WASTE STORAGE**

37. What type of storage will be used? \_\_\_\_ Dumpster \_\_\_\_\_ Cans

38. What type of surface will be under the container? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

39. What is the minimum pick-up frequency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachments**

**Floor Plan Attached \_\_\_\_\_Yes**

Provide a detailed floor plan of the facility. Include the location and identification of all equipment and areas listed below. Also provide the location of any outside facilities, such as dumpster units, grease traps, walk-in coolers or freezers, etc…

Sinks- Wait Station(s)

a) Handwashing Toilet Facilities

b) Vegetable/Food Preparation Sinks Dry/Food Storage Area(s)

c) Utility/Mop Sink(s) Employee Break/Locker Area(s)

d) Dump Sink(s) Chemical Storage Area(s)

e) Warewashing Sink(s) Water Heater(s)

f) Other Bar Service Area(s)

Indoor/Outdoor Seating Areas Outdoor Cooking/Bar Area(s)

Ice Bin(s)/Ice machine(s) Grease Trap

**Menu Attached \_\_\_\_Yes**

**Request for inspection**

A pre-opening inspection will be conducted when the applicant is ready to operate. At inspection, you must demonstrate compliance with the retail food establishment requirements. Please contact the Vigo County Health Department Food division at 812-462-3281 at least 3 days in advance to arrange for the inspection.

I hereby agree that the above information is correct and that I will comply with all applicable Retail Food Establishment Rules and Regulations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Authorized Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Applicant Title Date

Approval of these plan and specifications by the Vigo County Health Department does not indicate compliance with any other code, law or regulation that may be required federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). **A pre-opening inspection of the establishment will be necessary to determine if it complies with local and state laws governing food establishments.**

**FOOD ESTABLISHMENT**

**PLAN REVIEW PROCESS**

New Food Establishment/Remodeling/Conversion

Operation Approval

Make appointment for pre-opening inspection

Revision to approved plans must be submitted

in writing and approved

CONSTRUCTION BEGINS

Plan Approval

Provide additional information as requested

Submit plans, menu, and SOP’s. Review conducted by the

Vigo County Health Department. Also, obtain approval for any on-site water supply or sewage disposal systems.

Obtain plan review application package.

Applicant contact the Vigo County Health Department

to conduct inspections.