



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
\$125.00 FEE – INCLUDES 2 PRE-OPENING INSPECTIONS
EACH ADDITIONAL PRE-OPENING INSPECTION \$25/EACH

Establishment Name: _____

Address, City, Zip: _____

Establishment Phone: _____

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).

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.

A. Shallow pans in refrigerator: _____

B. Ice baths: _____

C. Volume reduction (i.e. quartering a large roast): _____

D. Rapid chill devices (i.e. blast freezers): _____

E. Ice paddles: _____

F. Other: _____

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

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.

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

- List menu items to be catered:

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

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

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)?

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: _____

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, has the source been tested? ____ Yes ____ No
When was the last test_____ A copy of lab results is required.

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.)

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?

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-

- a) Handwashing
- b) Vegetable/Food Preparation Sinks
- c) Utility/Mop Sink(s)
- d) Dump Sink(s)
- e) Warewashing Sink(s)
- f) Other

Indoor/Outdoor Seating Areas

Ice Bin(s)/Ice machine(s)

Wait Station(s)

Toilet Facilities

Dry/Food Storage Area(s)

Employee Break/Locker Area(s)

Chemical Storage Area(s)

Water Heater(s)

Bar Service Area(s)

Outdoor Cooking/Bar Area(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

Obtain plan review application package.
Applicant contact the Vigo County Health Department
to conduct inspections.

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.

Provide additional information as requested

Plan Approval

CONSTRUCTION BEGINS

Revision to approved plans must be submitted
in writing and approved

Make appointment for pre-opening inspection

Operation Approval