

1250 East US HWY 36  
Tuscola, IL 61953



Telephone: (217) 253-4137  
FAX: (217) 253-3421

**Public Health**  
Prevent. Promote. Protect.

**Douglas County Health Department**

## Plan Review Application for New Food Establishment

Facility Information – Print Clearly:

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

**Floor plans, equipment specifications, menu and fee must be submitted to the Health Department to complete this application.**

Early submittal allows time for review and changes if any are needed. Construction and equipment layouts should be planned together. These basic requirements will help ensure that your food establishment will have equipment that will meet the needs of your establishment and meet current public health standards. The plan review fee is \$100.

Annual Permit fees are based on risk categories determined by your menu and operating procedures.

Applicant Information

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

For Office Use Only

☐ Application ☐ Floor Plans ☐ Spec Sheets ☐ Menu Date Received \_\_\_\_\_

Payment type \_\_\_\_\_ Approval Date \_\_\_\_\_ Permit Number \_\_\_\_\_

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## Food Preparation Review

Check categories of Time/Temperature Control for Safety Foods (TCS's) to be handled, prepared and served.

	CATEGORY	YES	NO
1	Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)		
2	Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)		
3	Cold Processed food (salads, sandwiches, vegetables)		
4	Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)		
5	Bakery goods (pies, custards, cream fillings & toppings)		
6	Other _____ _____ _____		

\*A generic HACCP plan for each category of food may be available from the regulatory authority for reference.

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

**FOOD SUPPLIES:**

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

**COLD STORAGE:**

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, 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. Does each refrigerator/freezer have a thermometer? YES / NO

Number of refrigeration units: \_\_\_\_\_

Number of freezer units: \_\_\_\_\_

4. Is there a bulk ice machine available? YES / NO

**THAWING FROZEN TCS FOOD:**

Please indicate by checking the appropriate boxes how frozen Time/Temperature Control for Safety Foods (TCS's) in each category will be thawed. 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 one inch = thick.

**COOKING:**

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF's? YES / NO

What type of temperature measuring device? \_\_\_\_\_

**MINIMUM COOKING TIME AND TEMPERATURES OF PRODUCT UTILIZING CONVECTION AND CONDUCTION HEATING EQUIPMENT:**

BEEF, PORK, VEAL and LAMB (chops, roasts, steaks)	<u>145°F (121)</u>
SOLID SEAFOOD PIECES	<u>145°F (15 Seconds)</u>
OTHER TCS FOODS	<u>145°F (15 Seconds)</u>
EGGS (Immediate Service)	<u>145°F (15 Seconds)</u>
EGGS (NOT for Immediate Service*)	<u>155°F (17 Seconds)</u>
PORK	<u>155°F (15 Seconds)</u>
COMMUNUTED MEATS/FISH	<u>155°F (17 Seconds)</u>
POULTRY, STUFFED MEATS, STUFFED FISH, ETC.	<u>165°F (Instantaneous)</u>
REHEATED TCS foods	<u>165°F (15 Seconds) (2 minute hold if microwave)</u>

1. List types of cooking equipment.

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**HOT/COLD HOLDING:**

1. How will hot TCS foods be maintained at 135°F (60°C) or above during holding for service?  
Indicate type and number of hot holding units.

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

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**COOLING:**

Please indicate by checking the appropriate boxes 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). Also, indicate where the cooling will take place.

Cooling Methods	Thick Meats	Thin Meats	Thin Soups/Gravy	Thick Soups/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.

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

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**PREPARATION:**

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

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

Method of training: \_\_\_\_\_

Name of employees and dates of completion: \_\_\_\_\_

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3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of 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

briefly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will employees have paid sick leave? YES / NO

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: YES / NO

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?

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

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.

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?

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#### **A. 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 ROOM				
DRESSING ROOMS				
GARBAGE & REFUSE STORAGE				
MOP SERVICE BASIN AREA				
WAREWASHING AREA				
WALK-IN REFRIGERATORS AND FREEZERS				

#### **B. INSECT AND RODENT CONTROL**

APPLICANT: 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 left open to the outside?			
3. Do all openable windows have a minimum #16 mesh screening?			
4. Placement of electrocution devices?			
5. Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?			
6. Is area around building clear of unnecessary brush, litter, boxes and other harborage?			
7. Will air curtains be used? If yes, where? _____			

### C. GARBAGE AND REFUSE

#### INSIDE

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

#### OUTSIDE

	YES	NO	N/A										
11. Will a dumpster be used? Number: _____ Size: _____ Frequency of pickup: _____ Contractor: _____													
12. Will a compactor be used? Number: _____ Size: _____ Frequency of pickup: _____ Contractor: _____													
13. Will garbage cans be stored outside?													
14. Describe surface and location where dumpster/compactor/cans are to be stored													
15. Describe location of grease storage receptacle													
16. Is there an area to store recycled containers? Describe _____													
<u>Indicate what materials are required to be recycled</u> <u>(please check applicable boxes below):</u> <table border="1" style="width: 100%;"> <tbody> <tr> <td>GLASS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>METAL</td> <td><input type="checkbox"/></td> </tr> <tr> <td>PAPER</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CARDBOARD</td> <td><input type="checkbox"/></td> </tr> <tr> <td>PLASTIC</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				GLASS	<input type="checkbox"/>	METAL	<input type="checkbox"/>	PAPER	<input type="checkbox"/>	CARDBOARD	<input type="checkbox"/>	PLASTIC	<input type="checkbox"/>
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METAL	<input type="checkbox"/>												
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CARDBOARD	<input type="checkbox"/>												
PLASTIC	<input type="checkbox"/>												
17. Is there any area to store returnable damaged goods?													



#### D. PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	*"P" TRAP	*VACUUM BREAKER	CONDENSATE PUMP
18. TOILETS						
19. URINALS						
20. DISHWASHER						
21. GARBAGE GRINDER						
22. ICE MACHINES						
23. ICE STORAGE BIN						
24. SINKS a. MOP b. JANITOR c. HANDWASH d. 3 COMPARTMENT e. 2 COMPARTMENT f. 1 COMPARTMENT g. WATER STATION						
25. STEAM TABLES						
26. DIPPER WELLS						
27. REFRIGERATION CONDENSATE/DRAIN LINES						
28. HOSE CONNECTION						
29. POTATO PEELER						
30. BEVERAGE DISPENSER w/ CARBONATOR						
31. OTHER_____						

\*TRAP: A fitting or device which provides 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, 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.

32. Are floor drains provided and easily cleanable, if so, indicate location:

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#### **E. WATER SUPPLY**

33. Is water supply PUBLIC \_\_\_\_\_ or PRIVATE \_\_\_\_\_?

34. If private, has source been approved? YES \_\_\_\_\_ NO \_\_\_\_\_ PENDING \_\_\_\_\_

35. Is ice made on PREMISES \_\_\_\_\_ or PURCHASED COMMERCIALY \_\_\_\_\_?

If made on premises, are specifications for the ice machine provided? YES \_\_\_\_\_ NO \_\_\_\_\_

Describe provision for ice scoop  
storage: \_\_\_\_\_

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Provide location of ice maker or bagging operation \_\_\_\_\_

#### **F. SEWAGE DISPOSAL**

36. Is building connected to a municipal sewer? YES \_\_\_\_\_ NO \_\_\_\_\_

37. If no, is private disposal system approved? YES \_\_\_\_\_ NO \_\_\_\_\_ PENDING \_\_\_\_\_

PLEASE ATTACH A COPY OF WRITTEN APPROVAL AND/OR PERMIT

38. Are grease traps provided? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, where? \_\_\_\_\_

Provide schedule for cleaning and maintenance \_\_\_\_\_

#### **G. DRESSING ROOMS**

39. Are dressing rooms provided? YES \_\_\_\_\_ NO \_\_\_\_\_

40. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) \_\_\_\_\_

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#### **H. GENERAL**

41. Are insecticides/rodenticides stored separately from cleaning and sanitizing agents?

YES \_\_\_\_\_ NO \_\_\_\_\_

Indicate location: \_\_\_\_\_

42. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES\_\_\_\_\_ NO\_\_\_\_\_

43. Are all containers of toxics including sanitizing spray bottles clearly labeled? YES\_\_\_\_\_ NO\_\_\_\_\_

44. Will linens be laundered on site? YES\_\_\_\_\_ NO\_\_\_\_\_

45. Is a laundry dryer available? YES\_\_\_\_\_ NO\_\_\_\_\_

46. Location of clean linen

storage \_\_\_\_\_  
\_\_\_\_\_

47. Location of dirty linen

storage \_\_\_\_\_

48. Are containers constructed of safe materials to store bulk food products? YES\_\_\_\_\_ NO\_\_\_\_\_

49. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQ FOOTAGE	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

#### **I. SINKS**

50. Is a mop sink present? YES\_\_\_\_\_ NO\_\_\_\_\_

51. If the menu dictates, is a food preparation sink present? YES\_\_\_\_\_ NO\_\_\_\_\_

#### **J. DISHWASHING FACILITIES**

52. Will sinks or a dishwasher be used for warewashing?

DISHWASHER \_\_\_\_\_

TWO COMPARTMENT SINK \_\_\_\_\_

THREE COMPARTMENT SINK \_\_\_\_\_

53. Dishwasher

Type of sanitization used:

Hot water (temp. provided) \_\_\_\_\_

Booster heater \_\_\_\_\_

Chemical type \_\_\_\_\_

Is ventilation provided? YES \_\_\_\_\_ NO \_\_\_\_\_

54. Do all dish machines have templates with operating instructions? YES \_\_\_\_\_ NO \_\_\_\_\_

55. Do all dish machines have temperature/pressure gauges s required that are accurately working?  
YES \_\_\_\_\_ NO \_\_\_\_\_

56. Is the hot water generator sufficient for the needs of the establishment? YES \_\_\_\_\_ NO \_\_\_\_\_

57. Does the largest pot and pan fit into each compartment of the pot sink? YES \_\_\_\_\_ NO \_\_\_\_\_

58. Are there drain boards on both ends of the pot sink? YES \_\_\_\_\_ NO \_\_\_\_\_

59. What type of sanitizer is used?

Chlorine	
Iodine	
Quaternary ammonium	
Hot water	
Other	

60. Are test papers and/or kits available for checking sanitizer concentration? YES \_\_\_\_\_ NO \_\_\_\_\_

61. How is the ventilation hood system cleaned?

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**K. HANDWASHING/TOILET FACILITIES**

62. Is there a handwashing sink in each food preparation and warewashing area? YES \_\_\_\_\_ NO \_\_\_\_\_

63. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES \_\_\_\_\_ NO \_\_\_\_\_

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

65. Is hand cleanser available at all handwashing sinks? YES \_\_\_\_\_ NO \_\_\_\_\_

66. Are hand drying facilities (paper towels, air blowers, etc) available at all handwashing sinks?  
YES \_\_\_\_\_ NO \_\_\_\_\_

67. Are covered waste receptacles available in each restroom? YES \_\_\_\_\_ NO \_\_\_\_\_

68. Is hot and cold running water under pressure available at each handwashing sink?

69. Are all toilet room doors self-closing? YES \_\_\_\_\_ NO \_\_\_\_\_

70. Are all toilet rooms equipped with adequate ventilation? YES \_\_\_\_\_ NO \_\_\_\_\_

71. Is a handwashing sign posted in each employee restroom?

**L. DRY GOODS STORAGE**

72. Is the projected frequency of deliveries specified? YES \_\_\_\_\_ NO \_\_\_\_\_

73. Is appropriate dry goods storage space provided for based upon menu, meals and frequency of deliveries? YES \_\_\_\_\_ NO \_\_\_\_\_

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

\_\_\_\_\_

75. Please specify the number and types of each of the following:

Slicers: \_\_\_\_\_

Cutting boards: \_\_\_\_\_

Can openers: \_\_\_\_\_

Mixers: \_\_\_\_\_

Floor mats: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

**M. WATER SUPPLY**

76. Is there a water treatment device? YES \_\_\_\_\_ NO \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

77. How are backflow prevention devices inspected and serviced?

\_\_\_\_\_

\_\_\_\_\_

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STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

Signature(s) \_\_\_\_\_

\_\_\_\_\_  
Owner(s) or responsible representative(s)

DATE: \_\_\_\_\_  
.....

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required—federal, state, or local regulatory authorities. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.