

Clinton County Health Department

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APPLICATION FOR FOOD SERVICE ESTABLISHMENT CONSTRUCTION PLAN REVIEW

(\$75.00 Fee)

Payment of the application fee is required when submitting this completed, signed and dated application, construction plans and required information to the Health Dept.

DATE: _____

___NEW CONSTRUCTION ___REMODEL ___CONVERSION

Name of Establishment: _____, Telephone: (____)_____

Address: _____

Type: Restaurant () Retail Food Store () Tavern () Daycare () Other _____

Name of Owner: _____

Owner's Address: _____

Telephone: Owner (____)_____

If different from above:

Applicant's Name: _____

Title: (Manager, Contractor, Architect, etc.) _____

Mailing Address: _____

Telephone: (____)_____

Hours of Operation:

Sun _____

Thurs _____

Mon _____

Fri _____

Tues _____

Sat _____

Wed _____

Licensed Plumbing Contractor: _____

Proposed Date for Start of Project: _____

Proposed Date for Completion of Project: _____

Proposed Opening Date of Operation: _____

Seating capacity: _____ Total Square Feet of Facility: _____

Number of Staff required (Maximum per shift) _____

Maximum Meals to be served: Breakfast: _____
(Approximate number) Lunch: _____
Dinner: _____

Type of Service: Sit Down _____
(Check all that apply) Take Out _____
Caterer _____
Mobile Unit _____
Deli _____
Other _____

Enclose the following documents:

- Proposed Menu – Used to determine Risk Category and Permit Fee
(include seasonal, off-site and banquet menus if applicable)
- Site Plan showing location of business in building; location of building on site
including alleys, streets; and location of any outside equipment (dumpsters, well,
septic system - if applicable)
- Building Plan drawn to scale of food establishment showing location of
equipment, plumbing fixtures, electrical services, and mechanical ventilation
- Equipment schedule
- Manufacturer Specification sheets or brochures for each piece of equipment
shown on the plan

Note: Mobil Food Units are also required to describe how gray water from the unit's holding tank will be disposed of. A letter of approval from a Sanitary Public Sewer District is required. Potable water sources and food grade hoses are also required.

OFFICE USE ONLY

Date Fee Paid (\$75) _____	Check # _____	By _____	
Plan Review Approval Date _____	By _____	Date Approval Letter Mailed _____	
Date(s) of Construction Inspections _____	By _____		
Date of Plumbing Inspection _____	By _____		
Date of Pre-operational Inspection _____	By _____		
Determined Food Permit Risk Category	I _____	II _____	III _____

PLAN REVIEW CHECKLIST

Complete this checklist. Some of the following may not apply to all proposed Food Service Establishments.

A. INSECT AND RODENT CONTROL

APPLICANT: Please check appropriate boxes

- | | YES | NO | NA |
|---|------------|-----------|-----------|
| 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. Is area around building clear of unnecessary brush, litter, boxes and other harborage? | () | () | () |

B. GARBAGE AND REFUSE

- | | | | |
|---|-----|-----|-----|
| 5. Do all containers have lids? | () | () | () |
| 6. Will a dumpster be used?
Number_____ Size_____ | () | () | () |
| Frequency of Pickup_____ | | | |
| 7. Type of surface where dumpster/containers & grease container are to be stored?
Concrete Pad () or Poured Asphalt Pad () | | | |
| 8. Describe location of dumpster/containers & grease storage container: | | | |
| <hr/> | | | |
| 9. Name, address, and telephone number, of Grease Hauler & Solid Waste Hauler: | | | |
| <hr/> | | | |

C. WATER SUPPLY

10. Is water supply public () or private ()?
11. If private, has source been approved? YES () NO () PENDING ()
12. Is an ice machine provided () or is ice purchased commercially ()?

Specifications for the ice machine provided? YES () NO ()

Describe provision for ice scoop storage: _____

Provide location of ice maker or bagging operation: _____

D. SEWAGE DISPOSAL

13. Is building connected to a municipal sewer? YES () NO ()

14. If no, is private disposal system approved? YES () NO () PENDING ()

15. Are grease traps provided? YES () NO () If yes, where is it located?

Provide schedule for cleaning and maintenance _____

E. GENERAL

16. Describe storage facilities for employee's personal belongings (i.e., purses, coats, cell phones, umbrellas, boots, etc.) _____

17. Are insecticides / rodenticides stored separately from cleaning & sanitizing agents, and approved for use in a food service establishment? YES () NO ()

Indicate location: _____

18. Are all toxins for use on the premises or for retail sale (this includes personal medications) stored away from food preparation and storage areas?
YES () NO ()

19. Are all containers of toxins including sanitizing spray bottles clearly labeled?
YES () NO ()

20. Will linens be laundered on site? YES () NO ()
If yes, what will be laundered and where? _____
If no, how will linens be cleaned? _____

21. Is a laundry dryer available? YES () NO ()

22. Location of clean linen storage: _____

23. Location of dirty linen storage: _____

24. Are containers constructed of safe materials to store bulk food products?
YES () NO ()

Indicate type: _____

F. FINISH SCHEDULE

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

	FLOOR	COVING/ BASEBOARDS	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Break Area				
Garbage Storage				
Mop Sink Area				
Warewashing Area				
Walk-in Cooler/Freezer				
Aisles (Retail Store)				
Serving Counter				
Dining Room				

List additional construction materials not described in above chart:

G. VENTILATION

Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS/ EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECT.	AIR CAPAC. CFM	AIR MAKEUP CFM

25. How will the ventilation hood system be cleaned and how often? _____

H. SINKS

26. Is a mop sink present (required)? YES () NO ()
 How are mops and brooms stored? _____
27. If the menu dictates, is a food preparation sink present? YES () NO ()

I. DISHWASHING FACILITIES

28. Type of facility to be used for dish washing?
 Three compartment sink (Required) ()
 Dish machine (Optional) ()
29. Dish Machine:
 Type of sanitization used:
 Hot water (Final rinse temperature) ____ (Wash water temperature) ____
 Booster heater YES () NO ()
 Chemical type _____ (Wash water temperature) ____
 Is ventilation provided? YES () NO ()
30. Do all dish machines have templates with operating instructions?
 YES () NO ()
31. Do all dish machines have temperature/pressure gauges as required?
 YES () NO ()
32. Is the hot water generator sufficient for the needs of the establishment?
 YES () NO ()
33. Does the largest pot or pan fit into each compartment of the 3 compartment sink?
 YES () NO ()
34. Drain boards are provided on both ends of the 3 compartment sink as required?
 YES () NO ()

J. SANITIZERS USED AND TESTING METHODS

35. What type of sanitizer is used?
 Chlorine () Hot water ()
 Iodine () Other ()
 Quaternary Ammonium ()
36. Are test papers and/or kits available for checking sanitizer concentration?
 YES () NO ()
- Is there a method to check the final rinse temperature of a hot water sanitization dish machine (if used)?
 YES () NO ()

K. HANDWASHING / TOILET FACILITIES

37. Is there a handwashing sink in each food preparation and dish washing area?
 Number required will be determined by equipment location. YES () NO ()
38. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?
 YES () NO ()
39. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?
 YES () NO ()

- 40. Hand cleanser is available **only** at all handwashing sinks? YES () NO ()
- 41. Hand drying facilities (paper towels, air dryers, etc.) are available **only** at all handwashing sinks? YES () NO ()
- 42. Are covered waste receptacles available in each restroom? YES () NO ()
- 43. Hot and cold running water under pressure available at each handwashing sink? YES () NO ()
- 44. Are all toilet room doors self-closing? YES () NO ()
- 45. Are all toilet rooms equipped with adequate ventilation? YES () NO ()

L. EQUIPMENT

- 46. Will equipment be on wheels and have quick disconnect gas lines for mobility and convenience of cleaning? YES () NO ()

M. DRY GOODS STORAGE

- 47. Is appropriate dry goods storage space provided for based upon menu, meals and frequency of deliveries? YES () NO ()
- 48. How will dry goods be stored at least 6" off the floor? _____

N. FOOD PREPARATION REVIEW

- 49. Are all food supplies from inspected and approved sources? YES () NO ()
- 50. Is adequate and approved freezer and refrigeration space available to store frozen foods and refrigerated foods at the proper temperatures? YES () NO ()
- 51. Does each refrigerator/freezer have a thermometer? YES () NO ()
Number of refrigeration units ____ Number of freezer units ____

O. LIGHTING

- 52. Are all light fixtures in food preparation, food/equipment storage, and dish washing areas provided with protective shielding. YES () NO ()
- 53. At least 20 foot candles of light are provided at all food preparation surfaces, dish washing areas, utensil and equipment storage areas, and in lavatory and toilet areas. YES () NO ()
- 54. At least 10 foot candles of light are provided in walk-in refrigerating units, dry food storage areas, and in all other areas. YES () NO ()

P. EMPLOYEE TRAINING AND HEALTH

55. Will food employees be provided the required Food Handlers Training, and be on file in the establishment? YES () NO ()

Method of training: _____

56. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES () NO ()

57. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts or lesions? YES () NO ()

Please describe briefly and provide copy: _____

Q. MANAGER CERTIFICATION

58. The required number of Certified Food Service Managers based on the Risk Category of the establishment will possess the Illinois Food Service Sanitation Certificate prior to the opening of the establishment. All Certificates will be posted or on file in the establishment. YES () NO ()

STATEMENT: I hereby certify that the preceding information, attached construction plans and accompanying documents are correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

Date: _____

Signature(s) _____

Owner(s) or Responsible Representatives

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