

## Egyptian Health Department Plan Review Submittal Cover Sheet For Food Service Establishments

Submit this form with the information included below. Incomplete plans will not be accepted until all required information is received. **Only completed plans will be processed and reviewed.**

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

Site Address: \_\_\_\_\_  
Street City Zip

Applicant/Contact Person for Plans: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Check if Item included	Item	Information Required
<input type="checkbox"/>	Plan Review Application	Application must be complete. Place a "NA" in the spaces that do not apply to your facility.
<input type="checkbox"/>	Plan Review Fee	\$150.00
<input type="checkbox"/>	Layout of Facility	Detailed drawing of the interior showing bathroom, kitchen, food prep, dry and refrigerated storage areas. Show all hand wash and mop sinks.
<input type="checkbox"/>	Menu and Food	List of food and beverage items to be prepared and served. Food preparation Flow Chart
<input type="checkbox"/>	Operating Procedures	Hours of operation Cleaning schedule Food Service Sanitation Manager(s)

<p><b>For Office Use Only:</b>  Date Received: _____  Reviewed by: _____ Date: _____  Approved: ____ Yes ____ No</p>
--

# RETAIL FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

To be completed and submitted to the Egyptian Health Department---Environmental Health

## FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

\_\_\_NEW \_\_\_REMODEL \_\_\_CONVERSION

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

Address: \_\_\_\_\_

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

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Title (owner, manager, architect, etc.): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Category: Retail/Grocery Market \_\_\_ Convenience Store \_\_\_ Restaurant \_\_\_

Projected Date for Start of Project: \_\_\_\_\_

Projected Date for Completion of Project: \_\_\_\_\_

I have submitted plans/applications to the following authorities:

\_\_\_Zoning

\_\_\_Plumbing

\_\_\_Planning

\_\_\_Electric

\_\_\_Building

\_\_\_Police

\_\_\_Fire

\_\_\_Other \_\_\_\_\_

Hours of Operation: Sun \_\_\_\_\_

Thurs \_\_\_\_\_

Mon \_\_\_\_\_

Fri \_\_\_\_\_

Tues \_\_\_\_\_

Sat \_\_\_\_\_

Wed \_\_\_\_\_

Total Square Feet of Facility: \_\_\_\_\_ Number of Floors \_\_\_\_\_ Number of Seats \_\_\_\_\_

Number of Staff: \_\_\_\_\_ Maximum per shift \_\_\_\_\_

\_\_\_\_\_ Floor Plan: simple drawing of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation

\_\_\_\_\_ Equipment schedule

AND/OR

\_\_\_\_\_ Copies of Blueprints and Manufacturer Specification sheets for plans & equipment

**FOOD PREPARATION REVIEW**

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

<b><u>CATEGORY*</u></b>	<b><u>(YES)</u></b>	<b><u>(NO)</u></b>
Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	( )	( )
Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	( )	( )
Cold processed foods (salads, sandwiches, vegetables)	( )	( )
Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	( )	( )
Bakery goods (pies, custards, cream fillings & toppings)	( )	( )
Other _____		

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

***PLEASE ANSWER THE FOLLOWING QUESTIONS***

**FOOD SUPPLIES:**

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

What are the projected frequencies of deliveries for Frozen foods \_\_\_\_\_,

Refrigerated foods \_\_\_\_\_, and Dry goods \_\_\_\_\_?

Provide information on the amount of space (in square feet) allocated for:

Dry storage \_\_\_\_\_, and (in cubic feet) for;

Refrigerated Storage \_\_\_\_\_, and Frozen storage \_\_\_\_\_.

How will dry goods be stored off the floor?

---

**COLD STORAGE:**

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.

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?

---

---

---

Does **each** refrigerator/freezer have a thermometer? YES( ) NO ( )

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

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

Will food employees be trained in good food sanitation practices? YES ( ) NO ( )

Food Sanitation Certificate Holder(s):

Name: \_\_\_\_\_ Certificate #/State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name: \_\_\_\_\_ Certificate #/State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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:

---



---

**FINISH SCHEDULE**

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

<b>Kitchen</b>	<b>FLOOR</b>	<b>COVING</b>	<b>WALLS</b>	<b>CEILING</b>
<b>Bar</b>				
<b>Food Storage</b>				
<b>Other Storage</b>				
<b>Toilet Rooms</b>				
<b>Dressing Rooms</b>				
<b>Garbage &amp; Refuse Storage</b>				
<b>Mop Service Basin Area</b>				
<b>Ware Washing Area</b>				
<b>Walk-in Refrigerators and Freezers</b>				

**INSECT AND RODENT CONTROL**

*APPLICANT: Please check appropriate boxes.*

	<b>YES</b>	<b>NO</b>	<b>NA</b>
<b>Will all outside doors be self-closing and rodent proof?</b>	( )	( )	( )
<b>Are screen doors provided on all entrances left open to the outside?</b>	( )	( )	( )
<b>Do all operable windows have a minimum #16 mesh screening?</b>	( )	( )	( )

Is the placement of electrocution devices identified on the plan?	( )	( )	( )
Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	( )	( )	( )
Is area around building clear of unnecessary brush, litter, boxes and other harborage?	( )	( )	( )
Will air curtains be used? If yes, where?	( )	( )	( )

---



---

	<b>YES</b>	<b>NO</b>	<b>NA</b>
--	------------	-----------	-----------

**C. GARBAGE AND REFUSE**

**Inside**

Do all containers have lids?	( )	( )	( )
Will refuse be stored inside?	( )	( )	( )
If so, where?			

---



---

Is there an area designated for garbage can or floor mat cleaning?	( )	( )	( )
--	-----	-----	-----

**Outside**

Will a dumpster be used?	( )	( )	( )
Number _____ Size _____			
Frequency of pickup _____			
Do all dumpsters have lids?	( )	( )	
Contractor _____			

Will a compactor be used?			
Number _____ Size _____	( )	( )	( )
Frequency of pick up _____			
Contractor _____			

Will garbage cans be stored outside?	( )	( )	( )
Describe surface and location where dumpster/compactor/garbage cans are to be stored			

---



---

Describe location of grease storage receptacle

---



---

Is there an area to store recycled containers? ( ) ( ) ( )

\_\_\_\_\_

Indicate what materials are required to be recycled;

- ( ) Glass ( ) Metal
- ( ) Paper ( ) Cardboard
- ( ) Plastic

Is there any area to store returnable damaged goods? ( ) ( ) ( )

Are floor drains provided & easily cleanable, if so, indicate location:

\_\_\_\_\_

**WATER SUPPLY**

Is water supply public ( ) or private ( )?

If private, has source been approved? YES ( ) NO ( ) PENDING ( )

Please attach copy of written approval and/or permit.

Is ice made on premises ( ) or purchased commercially ( )?

If made on premise, are specifications for the ice machine provided? YES ( ) NO ( )

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

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

What is the capacity of the hot water generator? \_\_\_\_\_

Is the hot water generator sufficient for the needs of the establishment? YES ( ) NO ( )

Is there a water treatment device? YES ( ) NO ( ) If yes, how will the device be inspected & serviced? \_\_\_\_\_

How are backflow prevention devices inspected & serviced?

\_\_\_\_\_

**SEWAGE DISPOSAL**

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

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

Please attach copy of written approval and/or permit.

Are grease traps provided? YES ( ) NO ( )

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

Provide schedule for cleaning & maintenance \_\_\_\_\_

### **DRESSING ROOMS**

Are dressing rooms provided? YES ( ) NO ( )

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

\_\_\_\_\_

\_\_\_\_\_

### **GENERAL**

Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?

YES ( ) NO ( )

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

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 ( )

Are all containers of toxics including sanitizing spray bottles clearly labeled?

YES ( ) NO ( )

### **SINKS**

Is a mop sink present? YES ( ) NO ( )

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

\_\_\_\_\_

Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES ( ) NO ( )

Is hand cleanser available at all hand washing sinks? YES ( ) NO ( )

Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks?

YES ( ) NO ( )

Are covered waste receptacles available in each restroom? YES ( ) NO ( )

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

YES ( ) NO ( )

Are all toilet room doors self-closing? YES ( ) NO ( )

Are all toilet rooms equipped with adequate ventilation? YES ( ) NO ( )

**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. 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.**

**Submit application to: Egyptian Health Department  
Environmental Health  
1412 US 45 N  
Eldorado, IL 62930**

**\*\*\*\*\*Staff Use Only \*\*\*\*\***

**Is information complete?**

- \* **Floor Plans** \_\_\_\_\_
- \* **Equipment List** \_\_\_\_\_
- \* **Plumbing Layout** \_\_\_\_\_
- \* **Electrical Plans** \_\_\_\_\_
- \* **Mechanical Layout** \_\_\_\_\_
- \* **Finish Schedule** \_\_\_\_\_