

## New Food Establishment Plan Review

 New

 Remodeled

 Conversion

Name of Establishment:														
Address:					City:									
Contact Person:					Establishment Phone									
Name of Owner:														
Owner Mailing Address:								Owner Phone						
<input type="checkbox"/> Initial Contact					<input type="checkbox"/> Fire Department Inspection									
<input type="checkbox"/> 4-Step Letter					<input type="checkbox"/> Building/Electrical Inspection									
<input type="checkbox"/> Plans/Plan Review Fee Submitted					<input type="checkbox"/> Plumbing Inspection Complete									
<input type="checkbox"/> Application and Fee Submitted					<input type="checkbox"/> Certified Food Service Manager									
<b>Type of Food Service</b>														
<input type="checkbox"/> Food Service			<input type="checkbox"/> Seasonal		<input type="checkbox"/> Catering		<input type="checkbox"/> Delivery		<input type="checkbox"/> Vending					
<input type="checkbox"/> Retail			<input type="checkbox"/> Take Out		<input type="checkbox"/> Other (list)									
<input type="checkbox"/> Menu			<input type="checkbox"/> HACCP Risk Assessment			<input type="checkbox"/> Seating Capacity								
Maximum meals to be served daily:					Breakfast		Lunch		Dinner					
Number of staff per shift:					Projected date for initiation of construction:									
					Projected date for completion:									
<b>Plan Review Inventory</b>														
<b>1. Finish Schedule</b>														
Room	S	U	NA	II		S	U	NA	II		S	U	NA	II
Kitchen/Prep														
Food/Dry Storage														
Dishwashing														
Restroom														
Mop/Utility														
Other														
<b>2. Dishwashing</b>				Sat.		Unsat.		N/A		Insuff. Info.				
<input type="checkbox"/> manual		<input type="checkbox"/> automatic .....		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
<input type="checkbox"/> chemical		<input type="checkbox"/> hot water												
Testing equipment .....				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
Procedural Flow														
Soiled dish collection .....				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
Soiled dish storage .....				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
W/R/S .....				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
Clean storage .....				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
<input type="checkbox"/> drain cart		<input type="checkbox"/> drain table												

<b>3. Water Supply</b>		Sat.	Unsat.	N/A	Insuff. Info.
<input type="checkbox"/> Municipal	<input type="checkbox"/> Private .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Steam Add.	<input type="checkbox"/> Non-Potable				
<b>4. Sewage Disposal</b>					
<input type="checkbox"/> Municipal	<input type="checkbox"/> Private .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Plumbing</b>					
Hot water adequate .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold water .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enclosed lines .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand sinks .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage disposal .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grease trap .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mop sink .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backflow prevention – soda .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor drains .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indirect waste .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backflow prevention – other .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Restrooms</b>					
Location .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number E ____/ P ____ .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lavatories .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand drying .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste receptacles/covered .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self closing doors .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Ventilation</b>					
Exhaust hoods .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrooms .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Lighting</b>					
20 footcandle areas .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 footcandle areas .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shields/end caps .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Garbage/Refuse Storage</b>					
Interior – number & covered .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete/asphalt pad .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insect/rodent proof .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Toxic Storage</b>					
Cleaners .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pesticides .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>11. Linen Storage</b>						
Clean .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soiled .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Laundry Facilities</b>			Sat.	Unsat.	N/A	Insuff. Info.
Washer .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dryer .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Locker Rooms</b> .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. Kitchen Layout</b>						
Equipment/size & type .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> counter mounted						
<input type="checkbox"/> floor mounted						
Aisle width (3') .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food contact surfaces approved material .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-food contact surfaces approved material .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-serve area – protection .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Refrigeration Equipment</b>						
Temperature gauge/thermometer .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> RIC		<input type="checkbox"/> WIC				
<input type="checkbox"/> RIF		<input type="checkbox"/> WIF				
<b>Utensil/Equipment Storage</b>						
Clean .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soiled .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Storage</b>						
Food .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6" off floor .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulk food storage .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single service .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensil/equipment .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. Food Preparation</b>						
Prep tables .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prep sinks .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate refrigeration .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate hot holding .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16. Special Operations</b>						
Self-service .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold bar .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot bar .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beverage .....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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## Plan Review Specifications

Information required to be provided on plans for new, remodeled, or converted food service facilities include the following:

1. A detailed plan that is diagrammed to scale.
2. Proposed menu, seating capacity, projected meal volume, number of staff per shift, and square footage of facility. Provide information on room size, aisle space, and placement of equipment.
3. Location and size of all food service equipment. Clearly label all equipment. Provide manufacturer's specifications for all food service equipment.
4. Clearly identify all heating, cooking, hot holding, cooling, freezing, and refrigeration units.
5. Identify location of all dedicated handwashing facilities in the food preparation area.
6. Separate food preparation sinks, mop sinks, and dishwash sinks shall be identified.
7. Secondary areas on the interior and exterior of the premises shall be represented on the plan. These areas include but are not limited to: dry storage areas; outside walk in-coolers; freezers; garbage rooms; enclosures or areas; restrooms; and areas other than the main kitchen where food is prepared.
8. Plan specifications shall also include:
  - a. Complete lighting, ventilation, electrical and plumbing schedules.
  - b. Finish schedules to include all wall surfaces, ceiling surfaces, floor surfaces, and coved floor-wall junctures.
  - c. Source of potable water and method of wastewater disposal.
  - d. Toxic chemical storage and cleaning equipment and supply storage.
  - e. Locker rooms and/or employee break areas.
  - f. Clean and soiled linen storage.
  - g. Receiving areas and refuse storage areas.
  - h. Restroom facilities for employees and the public
  - i. Suppliers

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