

910 Route 54 East  
POB 518  
Clinton, IL 61727  
Phone: 217.935.3427  
Fax: 217.934.4037



1020 S. Market Street  
Monticello, IL 61856  
Phone: 217.762.7911  
Fax: 217.762.3422

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Food Establishment Plan Review Application

\_\_\_\_\_ New          \_\_\_\_\_ Remodel          \_\_\_\_\_ Conversion

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

Type of Establishment:    \_\_\_\_\_ Restaurant    \_\_\_\_\_ Retail Market  
   \_\_\_\_\_ Other \_\_\_\_\_

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

Phone Number of Establishment: \_\_\_\_\_

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

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

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

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

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

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

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

Meals to be served:                      Breakfast \_\_\_\_\_  
   Lunch            \_\_\_\_\_  
   Dinner          \_\_\_\_\_

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

Projected Date of Completion: \_\_\_\_\_

The following documents must be enclosed for the Plan Review Process to be started on the project:

\_\_\_\_\_ Proposed Menu

\_\_\_\_\_ Manufacturer Specification Sheets for Equipment

\_\_\_\_\_ Plan Drawing of establishment showing location of equipment, plumbing, electrical services and mechanical ventilation

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

## Review of Food Preparation Operations

Check categories of Potentially Hazardous Foods 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 foods (salads, sandwiches, vegetables)	( )	( )
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	( )	( )
5. Bakery goods (pies, custards, cream fillings)	( )	( )
6. Other (Please explain) _____ _____		

### Food Supplies

1. Will all food supplies be from inspected and approved sources? YES NO
2. Provide information on the amount of space allocated for:  
Frozen Foods: \_\_\_\_\_  
Refrigerated Foods: \_\_\_\_\_  
Dry Goods: \_\_\_\_\_
3. How will dry goods be stored off of the floor? \_\_\_\_\_

### Cold Storage

1. Will adequate and approved freezer and refrigeration available to store frozen foods frozen and refrigerated foods below 41°F? YES NO
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. Will each refrigerator/freezer have a thermometer? YES NO
4. Will refrigeration and freezer units be used or new? \_\_\_\_\_  
Note: used units are approvable but must be in very good condition, not rusted  
and with shelves that are not rusted.
5. Will there be a bulk ice making machine available? YES NO

### **Thawing frozen Potentially Hazardous Food**

Please note the appropriate methods for thawing potentially hazardous foods. More than one method may be used. Please check the primary method you will use.

Thawing Method	Thick Frozen Foods	Thin Frozen Foods
Refrigeration		
Running Water Less than 70°F		
Microwave (as part of the cooking process)		
Cook from frozen state		
Other (describe)		

Frozen Foods: Approximately one inch or less = thin; more than an inch = thick.

### **Cooking**

1. Will food product thermometers be used to measure final cooking/reheating temperatures? YES NO
2. What type of cooking equipment will be used in the establishment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Hot/Cold Holding**

1. How will hot potentially hazardous foods be maintained at 140°F or above during holding? Indicate type and number of hot holding units. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How will cold potentially hazardous foods be maintained at 41°F or below during holding? Indicate type and number of cold holding units. \_\_\_\_\_

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**Cooling**

Please indicate by checking the appropriate boxes how potentially hazardous foods will be cooled to 41°F within 6 hours (140°F to 70°F in 2 hours and 70°F to 41°F in an additional 4 hours).

Cooling Method	Thick Meats	Thin Meats	Thin Soups/Gravy	Thick Soups/Gravy	Rice/Noodles
Shallow Pans					
Ice Baths					
Reduced Volume or Size					
Rapid Chill					
Other (describe)					

**Reheating**

1. How will potentially hazardous 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. \_\_\_\_\_

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## **Finishing 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 Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Ware washing Area				
Walk-in Refrigerators and Freezers				

**Insect and Rodent Control**

- |   | YES | NO  | NA  |
|---|-----|-----|-----|
| 1. Will all outside doors be self-closing and rodent proof?   | ( ) | ( ) | ( ) |
| 2. Will screen doors be provided on all entrances left open to the outside?                             | ( ) | ( ) | ( ) |
| 3. Will the area around the building be clear of unnecessary brush, litter, boxes, and other harborage? | ( ) | ( ) | ( ) |
| 4. Will a professional pest control company be used?  | ( ) | ( ) | ( ) |

**Garbage and Refuse**

- |   |     |     |     |
|---|-----|-----|-----|
| 1. Will all inside containers have lids?  | ( ) | ( ) | ( ) |
| 2. Will refuse be stored inside?<br>If so, where? _____   | ( ) | ( ) | ( ) |
| 3. Will an outside dumpster be used?<br>Frequency of pickup _____<br>Contractor _____                               | ( ) | ( ) | ( ) |
| 4. Will garbage cans be stored outside?   | ( ) | ( ) | ( ) |
| 5. Describe the surface and location where dumpsters/garbage cans/grease storage receptacle are to be stored. _____ |     |     |     |

**Water Supply**

1. Will the water supply be public ( ) or private ( )?
2. Will ice be made on premises ( ) or purchased commercially ( )?  
If made on premise, are specifications for the ice machine provided? YES NO  
Describe provisions for storage of the ice scoop. \_\_\_\_\_  
\_\_\_\_\_
3. What will be the capacity of the hot water generator? \_\_\_\_\_
4. Will the hot water generator sufficient for the needs of the establishments?  
YES NO

**Sewage Disposal**

- 1. Will the building connected to a municipal sewer? YES NO
- 2. If no, is private disposal system approved? YES NO  
Please attach copy of approved permit.
- 3. Will grease traps be provided? YES NO  
If so, where \_\_\_\_\_

**Dressing Rooms**

- 1. Will dressing rooms provided? YES NO
- 2. Describe storage facilities for employees' personal belongings (i.e. coats, purses, umbrellas, etc.) \_\_\_\_\_

**General**

- 1. Will insecticides/rodenticides stored separately from cleaning and sanitizing agents?  
YES NO
- 2. Will 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
- 3. Will all containers of toxics including sanitizing spray bottles clearly labeled?  
YES NO
- 4. Will linens be laundered on site? YES NO  
If yes, is a laundry dryer available? YES NO

**Sinks**

- 1. Will a mop sink be installed? YES NO
- 2. Will there be a food preparation sink present? YES NO

**Dishwashing**

- 1. Will sinks or a dishwasher be used for ware washing?  
Dishwasher ( )  
Three compartment sink ( )

If dishwasher, what type:

Hot water (heat sanitizing) \_\_\_\_\_

Chemical sanitizing \_\_\_\_\_

Will exhaust hood be provided?      YES              NO

2. Will the largest pot and pan fit into each compartment of the three compartment sink or dishwasher?              YES              NO

If no, what is the procedure for manually cleaning and sanitizing? \_\_\_\_\_  
\_\_\_\_\_

3. Will there be drain boards on both ends of the three compartment sink? YES      NO

4. If 3 compartment sink, what type of sanitizer will be used?

Chlorine      (   )

Iodine      (   )

Quaternary ammonium      (   )

Hot water      (   )

Other      (   )

5. Will test papers and/or kits available for checking sanitizer concentrations?

YES              NO

### **Hand washing/Toilet Facilities**

1. Will there be a hand washing sink in each food preparation area and ware washing area?  
YES              NO

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

3. Will hand cleanser and hand drying devices be available at all hand washing sinks?  
YES              NO

4. Will covered waste receptacles available in each restroom? YES              NO

5. Will hot and cold running water under pressure be available at each hand washing sink?  
YES              NO

6. Will all toilet room doors self-closing?      YES              NO

7. Will 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 the DeWitt-Piatt Bi-County Health Department may nullify final approval.

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

Date: \_\_\_\_\_

\*\*\* Approval of these plans and specifications by the DeWitt-Piatt Bi-County Health Department does not indicate compliance with any other code, law or regulation that may be required. It further does not constitute endorsement of acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with local and state laws governing food service establishments.