

HAMILTON COUNTY HEALTH DEPARTMENT FOOD ESTABLISHMENT PLAN REVIEW

Please answer the following questions **completely** and submit along with the **required materials** as per the checklist on back of application form. If you have any questions, please call the Hamilton County Health Department at 317-776-8500.

Name of Facility _____

Name of Manager/Contact Person _____

Date questionnaire was completed _____

A. FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHFs) 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, chickens, hams)		
3. Cold processed foods (salads, sandwiches, vegetables)		
4. Hot processed foods (soups, stews, chowders, casseroles)		
5. Bakery goods (pies, custards, creams)		
6. Other (please list)		

B. FOOD SUPPLIES

1. Are all food supplies from inspected and approved sources? Yes/No
2. What is the procedure for receiving food shipments? Are temperatures checked and containers inspected for damage?

2. What happens to food shipments that are found to be unsatisfactory?

C. COLD STORAGE

1. Is adequate and approved freezer and refrigeration available to store frozen foods at 0°F or below and refrigerated foods at 41°F or below? 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. When storing raw meats in the same unit, in what order (vertically) will the meats be stored?

(chicken and eggs, pork, beef – in order from bottom to top; seafood should be stored separately)

4. Does each refrigeration unit have a thermometer? Yes/No

Number of refrigeration units: _____
Number of freezer units: _____

5. Are light shields or shatter resistant bulbs provided in each refrigeration/freezer unit? Yes/No
6. Is there a bulk ice machine available? Yes/No

What is the cleaning/sanitizing schedule for the ice machine(s)?

D. THAWING

Please indicate by checking the appropriate boxes how potentially hazardous food (PHFs) in each category will be thawed. More than one method may apply. Also indicate where thawing will take place.

	THICK MEATS	THIN MEATS	COLD FOODS	HOT FOODS	BAKED GOODS	OTHER
Refrigeration						
Running water less than 70°F						
Microwave as part of cooking						
Cooked Frozen						
Other (describe)						

E. COOKING

1. Will food product thermometers (0° - 212°F) be used to measure final cooking/reheating temperatures of PHFs? Yes/No
2. Describe each method of calibrating food product thermometers:
 - a. Cold water: _____
 - b. Boiling water: _____
3. List types of cooking equipment: _____

4. Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

Poultry and stuffed meats	165°F for 15 seconds
Ground beef and pork	155°F for 15 seconds
Pork, ham, sausage and bacon	155°F for 15 seconds
All other PHFs	145°F for 15 seconds
Seafood	145°F for 15 seconds
Eggs	145°F for 15 seconds
Beef Roasts	140°F for 12 minutes or 130°F for 121 minutes

F. HOT/COLD HOLDING

1. How will hot PHFs be maintained at 135°F and above during holding for service? Indicate type and number of hot holding units: _____

2. How will cold PHFs be maintained at 41°F and below during holding for service? Indicate type and number of cold holding units. _____

3. How will PHFs be reheated to 165°F or above? _____

G. COOLING

Please indicate (by checking the appropriate boxes) how PHFs will be cooled to 41°F within 4 hours. Also, indicate where the cooling will take place. (cooling charts available upon request)

	Thick Meats	Thin Meats	Cold Foods	Hot Foods	Baked Goods	Other
Shallow Pans						
Ice Bath						
Reduce Volume						
Rapid Chill						
Other (describe)						

H. PREPARATION

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

2. Will employees be trained in good food sanitation practices using a certified food service sanitation course? Yes/No

Name of course: _____

3. Will disposable gloves, utensils or food grade paper be used to minimize handling of ready-to-eat foods? Yes/No
4. Is there a rotation plan/dating system for prepared food? Yes/No
Please describe: _____

5. Will sanitizer spray bottles or buckets be used? Yes/No/Both
6. Will employees be instructed to wear aprons and hair restraints? Yes/No
7. Is there an established policy to exclude or restrict food workers who are sick or have Infected cuts or lesions? Yes/No

Please describe briefly: _____

*Please submit a copy of your **Employee Health Policy** as well.*

8. 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 in facility: Yes/No
9. How 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? _____

10. Will all produce be washed prior to use? Yes/No
Is there an approved location used for washing produce? Yes/No
Describe: _____

*****Note: The Hamilton County Health Department recommends that all new and remodeled facilities have a separate prep sink in addition to dishwashing and hand washing facilities. A separate meat prep sink is strongly recommended to prevent cross contamination but is not required.**

11. Describe the procedure used for minimizing the amount of time PHFs will be kept in the temperature danger zone (41°F-135°F) during preparation. _____

I. Insect and Rodent Harborage

1. Will all outside doors be self-closing and rodent/insect proof? Yes/No
2. Will garage doors or windows in dining areas be seasonally open to the outdoors? Yes/No
If yes, air curtains or screens will be required to protect from insect or rodent entry.
3. Are screen doors or air curtains provided on all entrances that are or will be open to the outside?
Yes/No Describe location and type: _____

4. Will all pipes and electrical conduit chases be sealed; ventilation systems, exhaust and intake protected? Yes/No
5. Is the area around the building clear of unnecessary brush, litter, boxes and other harborage? Yes/No
6. Is there a pest control service schedule? Yes/No
Frequency: _____
Company: _____

J. GARBAGE AND REFUSE

Inside:

1. Do all garbage containers have lids? Yes/No
2. Will refuse be stored inside? Yes/No
If so, where? _____
3. Is there an area designated for garbage can or floor mat cleaning? Yes/No

Outside:

1. Will dumpster be used? Yes/No
Number _____ Size _____
Frequency of pick-up _____
Does it have tight-fitting lids that are in good repair? Yes/No
2. Will garbage cans be stored outside? Yes/No
3. Describe surface and location where dumpster/compactor/cans are to be stored. _____

4. Describe surface and location of grease storage receptacle. _____

5. Is there an area to store recycled containers? Yes/No
Describe: _____

K. PLUMBING CONNECTIONS

Please provide the backflow and back siphon prevention method at all fixtures and equipment:
(i.e.: air gap, air break, vacuum breaker etc.)

Dishwasher _____ 3 compartment sink _____
Mop sink _____ Prep sink _____
Ice Machine _____ Ice bin _____
Soda fountain _____ Dipper well _____
Refrigeration/condensation lines _____

1. Are floor drains provided and easily cleanable? Yes/No
If so, indicate locations: _____

L. WATER SUPPLY

1. Is water supply public () or private ()?
2. If private, has the source been approved? Yes/No/Pending
3. Is ice made on premise () or purchased commercially ()?

M. SEWAGE DISPOSAL

1. Is building connected to a municipal sewer? Yes/No
2. If no, is private disposal system approved? Yes/No/Pending
3. Are grease traps provided? Yes/No
If yes, where? _____
Has utility company approved the size? Yes/No

N. DRESSING ROOMS

1. Are separate dressing rooms/lockers provided? Yes/No
2. Describe storage facilities for employees' personal belongings (i.e. purse, coats, boots, umbrellas, etc.): _____

O. GENERAL

1. Are insecticides/rodenticides stored separately from cleaning and sanitizing agents? Yes/No
Indicate location: _____
2. Are all toxics for use on premise and for retail sale (this includes personal medications) stored away from food preparation and storage areas? Yes/No
3. Are all containers of toxics including sanitizing spray bottles clearly labeled? Yes/No
4. Are laundry facilities located on premise? Yes/No
If yes, what will be laundered? _____

5. Location of clean linen storage: _____
6. Location of dirty linen storage: _____
7. Are food grade containers/bags being used to store bulk food products? Yes/No
Are containers labeled with the contents? Yes/No
8. Indicate all areas where exhaust hoods are installed: _____

Has state Fire Prevention and Building Safety Commission been notified for an inspection? Yes/No
9. Are sneeze guards provided at self-serve food units? Yes/No

P. LIGHTING

The following are the lighting requirements:

1. All food contact surfaces and utensil washing areas = 70 foot candles (≈ 1.13 Watts/3.3 ft)
2. All other surfaces and equipment = 20 foot candles (≈ 0.32 Watts/3.3ft)
3. Storage area, toilet rooms, hand washing areas, and dressing rooms = 20 foot candles at a distance of 30 inches from the floor (≈ 0.32 Watts/3.3ft)
4. All other areas, including dining areas during cleaning operations = 20 foot candles (≈ 0.32 Watts/3.3ft)

Q. MOP SINK

1. Is a separate mop sink present? Yes/No
If no, please describe facility for cleaning of mops and other equipment: _____

R. DISHWASHING FACILITIES

1. Will a 3 compartment sink () or a dishwasher () be used for dishwashing?
2. Dishwasher:
Type of sanitization used:
 - a. Hot water (temp. provided) _____
Booster heater _____
 - b. Chemical type _____

Is ventilation provided for hot water dishwasher? Yes/No
3. Do all dish machines have templates with operating instructions? Yes/No
4. Do all dish machines have temperature/pressure gauges as required that accurately work? Yes/No

5. Is the hot water generator sufficient for the needs of the establishment? Yes/No
6. Does the largest pot/pan fit into each compartment of the 3 compartment sink? Yes/No
7. Are there drain boards on both ends of the 3 compartment sink? Yes/No
8. What type of sanitizer is used?

Chlorine	()	50-100 ppm
Iodine	()	12.5 ppm
Quaternary ammonium	()	200 ppm
Other	()	
9. Are test papers and/or kits available for checking sanitizer concentration? Yes/No

S. HAND WASHING/TOILET FACILITIES

1. Is there a hand washing sink in each food preparation and dishwashing area? Yes/No
2. If being used, do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? Yes/No
3. Are soap dispensers (wall mounted or individual free standing pump dispensers) available at all hand washing sinks? Yes/No
4. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks? Yes/No
5. Are covered waste receptacles available in each restroom? Yes/No
6. Is hot and cold running water under pressure available at each hand washing sink? Yes/No
7. Are all toilet room doors self-closing? Yes/No
8. Are all toilet rooms equipped with adequate ventilation? Yes/No
9. Is a hand washing sign posted in each employee restroom? Yes/No

T. DRY GOODS STORAGE

1. What is the projected frequency of deliveries? _____

2. Are there appropriate dry goods storage spaces provided based upon menu, meals and frequency of deliveries? Yes/No
3. Are dry goods stored 6 inches off the floor? Yes/No

U. FINISH SCHEDULE

Applicant must indicate which materials (i.e. quarry tile, stainless steel, 4” plastic covered molding, etc.) will be used in the following areas. Ceiling tiles in food preparation areas, bar areas, storage rooms, dishwashing rooms, and restrooms must be smooth, easily-cleanable, and non-absorbent.

	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Dishwashing Area				
Other				