

WABASH COUNTY HEALTH DEPARTMENT  
89 W. HILL ST.  
WABASH IN. 46992  
260-563-0661 EXT. 249

## Instructions for the Plan Review Questionnaire Form

The enclosed questionnaire was designed for the operator and/or architect to utilize in the plan review process. Please feel free to contact your local health department for further assistance when completing the questionnaire.

The questionnaire is designed in 2 parts. Part one is the Standard Sanitary Operating Procedures (SSOP's). This part should be completed by the owner/operator of the facility. SSOP's are procedures that will help your operation to be in compliance with the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24. The referenced section numbers at the end of each question will help you in answering the questionnaire. The following bulleted items are the sections covered under part one:

- Food (will the food be received in a safe and sanitary manner)
- Food Preparation (limits/restricts the amount of pathogen growth in food)
- Hot and Cold Holding (keeps pathogens from growing in food)
- Sanitization (ensure the proper amount and application of sanitizer levels)
- Poisonous or Toxic Materials and Personal Care Items (covers the storage and use of these items)
- Miscellaneous (covers registration/permitting and food handling in the home)

Part two is the physical facility requirements. This part may need to be completed by the architect/contractor/engineer, since these requirements are more of a technical basis. The following bulleted items are the sections covered under part two:

- Warewashing/Dishwashing (covers the proper use and capacity of your equipment)
- Water Supply (is the water potable/drinkable)
- Waste Water/Sewage Disposal (is the sewage system in compliance)
- Plumbing (covers backflow, hot water capacity, hoses, and grease traps)
- Handwashing/Toilet Facilities (quantity, door closure, and ventilation)
- Room Finish Schedule (covers the interior of the kitchen and ensures that the materials are made to be smooth and easily cleanable)
- Personal Belongings (prevents contamination of food from employees)
- Equipment (requires all equipment materials be food-grade quality and approved for use in a commercial kitchen)
- Insect and Rodent Harborage (prevents insects and rodent activity)
- Reuse and Recyclables (covers the storage and disposal)
- Lighting (minimum amount of light needed to conduct operations)

The Plan Review Application Form must be completed and submitted with the accompanying questionnaire



**PLAN REVIEW QUESTIONNAIRE**

State Form 50004 (R3/4-05)  
Indiana State Department of Health  
Food Protection Program

WABASH CO. HEALTH DEPT.  
89 W. HILL STREET  
WABASH, IN 46992  
260-563-0661 EXT. 249

Please answer the following questions and return this form and the application to our office. If you have any questions please call (317) 233-7360. This questionnaire is not designed as a complete list of requirements but should be used as a guideline only. The sanitation requirements noted in this document are specified under the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24. Please use this rule as it pertains to section numbers referenced at the end of each question.

Name of the facility and location: \_\_\_\_\_

Contact name and phone number: \_\_\_\_\_

It is recommended that you provide plans that are a maximum of 11 X 14 inches in size including the layout of the floor plan.

I have submitted plans/applications to the authorities listed below on the following dates:

Zoning \_\_\_\_\_ Plumbing \_\_\_\_\_ Septic \_\_\_\_\_  
Planning \_\_\_\_\_ Electric \_\_\_\_\_ Fire \_\_\_\_\_  
Building \_\_\_\_\_

Number of seats: \_\_\_\_\_ Total square feet of the facility: \_\_\_\_\_

Number of floors on which operations are conducted: \_\_\_\_\_

Maximum meals to be served: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_  
(approximate number)

Type of service: Sit down meals \_\_\_\_\_ Mobile vendor \_\_\_\_\_  
(check all that apply) Take out \_\_\_\_\_ Other \_\_\_\_\_  
Caterer \_\_\_\_\_

Whom (job title) will be your certified food handler? (Title 410 IAC 7-22) \_\_\_\_\_

How will employees be trained in food safety? (sect. 119) \_\_\_\_\_

The following procedures/questions should be considered before any further planning/construction begins or continues to ensure that special consideration is given to these standard sanitary operating procedures (SSOP's). This section should be completed by the operator. Please indicate (by either checking or completing the answers) whether or not a section applies to your operation.

**FOOD**

1. Please provide a list of all planned food vendors. (sect. 142) \_\_\_\_\_

2. What is the procedure for receiving food shipments? (sect. 166) Are temperatures checked and containers inspected for damage? \_\_\_\_\_

What is the anticipated frequency of food deliveries for: Frozen \_\_\_\_\_ Fresh \_\_\_\_\_ Dry \_\_\_\_\_

3. Is your facility required to have pasteurized products? (sect. 153) Yes \_\_\_ No \_\_\_

4. Do you intend to make low-acid or acidified foods and intend your products to be shelf stable? If so, have you passed the Better Process and Control School exam? (sect. 143) Yes \_\_\_ No \_\_\_ NA \_\_\_ *Please include a copy of the certification.*

5. Do you intend to make reduced oxygen packaged (ROP, def. 73) foods? (sect. 195) Yes \_\_\_ No \_\_\_  
If yes, please list out the ROP foods. \_\_\_\_\_

**FOOD PREPARATION**

6. If foods are prepared a day or more in advanced, please list them out. \_\_\_\_\_

7. What will be your procedure to prevent employees from touching foods that are ready-to-eat and will not be cooked or heat treated (such as, sushi, lettuce, buns, etc.)? (sect. 171)

8. Describe your date marking system (described under sect. 191) for potentially hazardous (defined under sect. 66) ready-to-eat foods (defined under sect. 72). (sect. 191)

9. Will all produce be washed prior to use? (sect. 175) Yes \_\_\_ No \_\_\_ NA \_\_\_  
If no, why? \_\_\_\_\_

10. Describe the procedure to minimize the amount of time potentially hazardous foods will be kept in the temperature danger zone (41°F-135°F) during preparation. (sect. 189)

11. Provide a list of the types of food that will need to be thawed before cooking. (sect. 199)

PROCESS	TYPES OF FOOD
Refrigeration	
Running water less than 70°F	
Microwave as part of the cooking process	
Cook from frozen	
Other (describe)	

12. Provide a list of the types of food that will need to be cooled (eg. leftovers). (sects. 189, 190)

PROCESS	TYPES OF FOOD
Shallow pans under refrigeration	
Ice and water bath	
Reduced volume (quartering a large roast)	
Ice paddles	
Rapid chill devices (blast freezer)	
Other (describe)	

13. What procedures will be in place to ensure that foods are reheated to 165°F or above? (sect. 188)

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14. Will a buffet be served? Yes \_\_\_ No \_\_\_ NA \_\_\_ If yes, who will be responsible for ensuring that the buffet is protected from consumer contamination? (sect. 181) \_\_\_\_\_

**HOT AND COLD HOLDING**

15. Will "Time as a Public Health Control" (see sect. 193) be used for potentially hazardous food(s) (either hot or cold)? Yes \_\_\_ No \_\_\_ NA \_\_\_ *Note: These procedures must be submitted and approved before their use.*

16. Will raw animal food(s) will be offered to the public in an undercooked form (sushi, rare hamburgers, eggs over easy, made from scratch Caesar dressing, etc.)? Yes \_\_\_ No \_\_\_ NA \_\_\_ If so, please attach your consumer advisory statement. (sect. 196)

17. Whom (line cook, kitchen manager, etc.) will be assigned the responsibility of taking food temperatures and at what steps will temperatures be taken (cooking, cooling, reheating, and hot holding)? (sect. 119)

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18. Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in a refrigeration unit(s) (i.e. walk in coolers, under the counter coolers). (sect. 173)

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19. Describe the storage of different types of raw meat and seafood in the same unit, and how cross-contamination will be prevented. (sect. 173)

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**SANITIZATION**

20. Who will be assigned the responsibility of ensuring the correct amount of sanitizer will be used? (sect. 119)

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21. What type of chemical sanitizer(s) will the facility use? (sect. 294) \_\_\_\_\_

22. Will the facility have test kits/papers on site for all types of chemical sanitizers? (sect. 291)  
 Yes \_\_\_ No \_\_\_ NA \_\_\_

23. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in a sink or put through a dishwasher be sanitized? (sect. 303)

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**POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS**

24. Where will poisonous or toxic materials be stored (including the ones for retail sale)? (sect. 439)

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25. Will the facility use a hand sanitizer? (sect. 131) Yes \_\_\_ No \_\_\_ If so, what brand? \_\_\_\_\_

26. Will the facility ensure that insecticides and rodenticides are "Approved for Use in Food Establishments" and that they are applied in a safe manner? (sect. 119) \_\_\_\_\_

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27. Will all spray bottles be clearly labeled? (sect. 438) Yes \_\_\_ No \_\_\_

28. Where will first aid supplies be stored? (sect. 421) \_\_\_\_\_

**MISCELLANEOUS**

29. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters? (sect. 423) Yes \_\_\_ No \_\_\_ NA \_\_\_

30. Has the facility registered or applied for a permit from the regulatory authority? (sect. 107) Yes \_\_\_ No \_\_\_

(The rest of this page was intentionally left blank)

The following list of questions should be generally completed by the architect/contractor/engineer.

**WAREWASHING/DISHWASHING**

31. Dishwashing methods (sect. 269) (check one or both): 3 Compartment Sink  Dishmachine

32. If a 3 compartment sink is used, which sanitizing method will you use: Hot Water  Chemical

33. If a dishmachine is used, which sanitizing method will you use: Hot Water  Chemical

If hot water, do you have a booster heater? Yes  No  NA

If hot water, how will you ensure that the unit is sanitizing the utensils? (sects. 258, 303) \_\_\_\_\_

34. Does your chemical dishmachine have an alarm that indicates when more chemical sanitizer needs to be added? (sect. 281) Yes  No

35. What type of alarm will be used to detect when the sanitizer is too low? Sound  Visual

36. Can the largest piece of equipment be submerged into the 3 compartment sink or dishmachine? (sect. 270)  
Yes  No  NA

37. Does the facility plan to use alternative manual warewashing equipment? (sect. 270) Yes  No  NA   
*If yes, please submit your procedure for review.*

38. Does your facility have enough drainboards/utensil racks/carts for the air drying of equipment and utensils for either the 3 compartment sink or the dishmachine? (sect. 289) Please describe below.

\_\_\_\_\_  
\_\_\_\_\_

**WATER SUPPLY**

39. Is the water supply public ( ) or private ( )? If public, skip question #2.

40. If private, has the source been tested? (sect. 327) Yes  No   
If so, when was the last test \_\_\_\_\_ and did you send us a copy of the lab results? Yes  No

**WASTE WATER/SEWAGE DISPOSAL**

41. Is the sewage disposal system public ( ) or private ( )? If public, skip question #2.

42. Has the waste treatment system been approved by the state or local septic inspector? (sect. 376) Yes  No   
*Please provide a copy of the approval.*

**PLUMBING**

43. Are hot and cold water fixtures provided at every sink? (sect. 330) Yes \_\_\_ No \_\_\_
44. If a water supply hose is to be used for potable water, is it made from food-grade materials? (sect. 364)  
Yes \_\_\_ No \_\_\_
45. What is the recovery time, volume, and capacity of the hot water heater? (sect. 329) \_\_\_\_\_

46. The following technical information is needed on the proposed plumbing. This section is best completed by a licensed plumber, or engineer. (sect. 336)

Fixture	Water Supply					Sewage Disposal		
	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Dishwasher								
Ice Machine(s)								
Mop/Service Sink								
3 Compartment Sink								
2 Compartment Sink								
1 Compartment Sink								
Hand Sink(s)								
Dipper Well								
Hose Connections								
Asian Wok/Stove								
Toilet(s)								
Kettle(s)								
Thermalizer								
Overhead Spray Hose								
Other Spray Hose(s)								
Other:								
Other:								
AVB=Atmospheric Vacuum Breaker				HB=Hose Bib Vacuum Breaker				
PVB=Pressure Vacuum Breaker				VDC=Vented Double Check Valve				

47. Has contact been made to the municipality to determine if a grease trap is required? Yes \_\_\_ No \_\_\_ NA \_\_\_
48. What would be the frequency of cleaning for the grease trap? (sect. 378) \_\_\_\_\_

**HANDWASHING/TOILET FACILITIES**

49. Handwashing sinks are required in each food preparation and dishwashing area. (sect. 344)  
How many handsinks will be provided? \_\_\_\_\_
50. Are all toilet room doors self-closing where applicable? (sect. 352) Yes \_\_\_ No \_\_\_
51. Are all toilet rooms equipped with adequate ventilation? (sect. 309) Yes \_\_\_ No \_\_\_

**ROOM FINISH SCHEDULE (What the interior of the facility will look like.)**

52. Please indicate which materials (i.e. quarry tile, stainless steel=SS, plastic cove molding, etc.) will be used in the following areas. (sect. 402)

AREA	FLOOR	COVING	WALL	CEILING
KITCHEN				
CONSUMER SELF SERVICE				
SERVING LINE				
BAR				
FOOD STORAGE				
OTHER STORAGE				
TOILET ROOMS				
GARBAGE STORAGE				
MOP/SERVICE SINK AREA				
DISHWASHING				
OTHER				
OTHER				

**PERSONAL BELONGINGS**

53. Are separate dressing rooms/lockers provided? (sect. 417) Yes \_\_\_ No \_\_\_ NA \_\_\_

54. Describe the storage location for employees' coats, purses, medicines and, lunches. (sects. 418, 422)

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55. Where is the designated area for employees to eat, drink, and use tobacco? (sect. 136) \_\_\_\_\_

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**EQUIPMENT**

56. Will all of the equipment meet the design and construction for the American National Standards Institute (ANSI) standards or meet section 205? Yes \_\_\_ No \_\_\_

57. Will the utensils and food storage containers be made from food-grade quality materials? (sect. 205) Yes \_\_\_ No \_\_\_

58. Will any pieces of used equipment be utilized? (sect. 106) Yes \_\_\_ No \_\_\_ NA \_\_\_

If so, please list equipment types: \_\_\_\_\_

59. Is the ventilation hood system sufficient for the needs of the facility? (sect. 307) Yes \_\_\_ No \_\_\_ NA \_\_\_

60. Will all of the equipment used for the storage of potentially hazardous foods be able to meet the minimum temperature requirements (frozen food 0°F, cold food 41°F, hot food 135°F)? Yes \_\_\_ No \_\_\_ NA \_\_\_

61. Please list equipment types for the hot and cold holding of foods; also during serving or transporting. (sect. 187)

\_\_\_\_\_  
\_\_\_\_\_

62. Will each refrigeration unit have a thermometer? (sect. 256) Yes \_\_\_ No \_\_\_

63. What types of counter protective guards for food (sneeze guards) will be used for consumer self-service? (sect. 179)

\_\_\_\_\_

**INSECT AND RODENT HARBORAGE**

64. Will all outside doors be self-closing, when applicable, and rodent/insect proof? (sect. 413) Yes \_\_\_ No \_\_\_

65. Will screens be provided on any open windows/doors to the outside? (sect. 413) Yes \_\_\_ No \_\_\_

66. Will air curtains be installed (made from either plastic or mechanical); if so, where on outer openings? (sect. 413)

\_\_\_\_\_

67. Will all pipes and electrical conduit chases be sealed (i.e. ventilation systems, exhaust and intake be protected)? (sect. 414) Yes \_\_\_ No \_\_\_

68. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions? (sect. 426) Yes \_\_\_ No \_\_\_

69. Do you plan to use a pest control service? Yes \_\_\_ No \_\_\_ Frequency \_\_\_\_\_ Company \_\_\_\_\_

**REFUSE AND RECYCLABLES**

70. Describe the surface (for refuse/recyclables) that the outside dumpster will be located on? (sect. 382)

\_\_\_\_\_

71. Where will recyclables be stored prior to pick-up? \_\_\_\_\_

**LIGHTING**

72. What are the foot candles of light for the following areas? (sect. 411)

Food prep areas \_\_\_\_\_

Dishwashing areas \_\_\_\_\_

Dry storage areas \_\_\_\_\_

Restrooms and walk-in refrigeration units \_\_\_\_\_