



Public Health
Prevent. Promote. Protect.

Knox County Health Department

Knox County Health Department
1361 West Fremont Street, Galesburg, IL 61401
(309) 344-2224 Fax (309) 344-5049 www.knoxcountyhealth.org

FOOD SERVICE ESTABLISHMENT PLAN REVIEW FORM

1. INFORMATION

A full set of plans, the equipment list (including method of equipment installation), the menu and the plan review must be submitted.

Any changes in plans or on this form must receive advance approval.

ESTABLISHMENT NAME: _____

Address: _____ City: _____ Zip: _____

OWNER: _____ Phone: _____

Address: _____ Fax: _____

City: _____ Zip: _____

PROJECT CONTACT: _____ Phone: _____

Address: _____ Fax: _____

City: _____ Zip: _____

ARCHITECT: _____ Phone: _____

Address: _____ Fax: _____

City: _____ Zip: _____

CONTRACTOR: _____ Phone: _____

Address: _____ Fax: _____

City: _____ Zip: _____

EQUIPMENT SUPPLIER: _____ Phone: _____

Address: _____ Fax: _____

City: _____ Zip: _____

SIGNATURE OF OWNER OR AUTHORIZED AGENT:

DATE:



Type of Menu: _____

Catering? Yes _____ No _____

Seating Capacity: _____ Kitchen Area: _____ Sq. Ft.

Dry Food Storage Area: _____ Sq. Ft. Refrigeration: _____ Sq. Ft.



2. REFRIGERATION

CIRCLE your response to each

- | | | | |
|--|-----|----|-----|
| 1. Are your walk-in coolers and walk-in freezers accessible from inside the establishment? | YES | NO | N/A |
| 2. Have you specified a refrigerated meat cutting room for trimming raw meats? | YES | NO | N/A |
| 3. Have you provided an ice machine? | YES | NO | N/A |
| 4. Are you installing a buffet or salad bar? | YES | NO | N/A |
| 5. If yes, is the buffet or salad bar mechanically refrigerated? | YES | NO | N/A |
| 6. Have you designated refrigeration space for: | | | |
| a. cooling large quantities of food | YES | NO | N/A |
| b. marinating food product | YES | NO | N/A |
| c. separating meat, poultry, fish and other food items | YES | NO | N/A |

Have you made provisions for refrigeration and freezer storage involving the six major areas?

STORAGE

1. Short-term refrigeration (reach-in), explain: _____

2. Long-term refrigeration which includes frozen products and deliveries (walk-ins), explain: _____

3. Cooling product (blast chiller additional walk-in cooler) space, explain: _____

4. Assembly or preparation of product, explain: _____

5. Display of product, explain: _____

6. Product for customer service, explain: _____

3. STORAGE FACILITY

Specify the type of shelving unit that will be provided in the following areas

Dry storage Manufacture _____ Model # _____

Walk-in freezers Manufacture _____ Model # _____

Walk-in cooler(s) Manufacturer _____ Model # _____

Beer cooler Manufacturer _____ Model # _____

Kitchen utensils Manufacturer _____ Model # _____

STORAGE CALCULATIONS

Total kitchen area _____ sq. ft. (wall to wall dimensions)
Food dry storage required = Kitchen area \times .25.

Total dry storage _____ sq. ft. (wall to wall dimensions)

Total bar area _____ sq. ft. (wall to wall dimensions)
Bar dry storage required = Bar area \times .10

Total bar storage area _____ sq. ft. (wall to wall dimensions)

CIRCLE your response to each

Have you included the storage areas for food, utensils and beverages?	YES	NO	N/A
Have you provided a storage area for your cleaning supplies separate from the food and food service operations?	YES	NO	N/A
Have you specified a heavy-duty-mop-rack capable of holding wet mops above the mop basin?	YES	NO	N/A
Are you using firewood as a fuel source for cooking equipment?	YES	NO	N/A

If yes, specify the location of the firewood storage _____

REMINDER:

Firewood must be stored separate from the food storage and food service operations.

Additional measures must be taken to prevent rodent and insect infestations.

4. EMPLOYEE AREAS, RESTROOMS & HAND WASHING SINKS

EMPLOYEE AREA

CIRCLE your response to each

Indicate the total number of employees _____

Have you shown the location for personal belonging storage on the plans? YES NO N/A

Have you provided for each employee:

Coat hooks YES NO N/A

Lockers YES NO N/A

Other _____

REMINDER:

Break area, office area, dressing room and personal belonging storage areas **cannot be located** in areas of food and/or utensil storage, preparation, food service or dish areas.

RESTROOMS

CIRCLE your response to each

Have you provided the number of toilets/facilities as required by the Illinois State Plumbing Code and verified with the local Sanitary District or local Building Department? YES NO N/A

Can the public access the restrooms without going through the kitchen, storage area or utensil-washing area? YES NO N/A

Are the rooms mechanically vented to the outside? YES NO N/A

Have you provided garbage containers with lids for sanitary items and also diapers? YES NO N/A

HAND WASHING SINKS

CIRCLE your response to each

How many hand washing sinks excluding bathroom lavatories are you providing? _____

Indicate the locations of the hand sinks _____

Are all hand washing sinks supplied with dispensed soap? YES NO

Are all hand washing sinks supplied with dispensed towels? YES NO

5. PLUMBING

CIRCLE your response to each

Type of water supply Public Private

Public Sewer will be provided? YES NO N/A

Is a grease interceptor required by local Building Department or local Sanitary District? YES NO N/A

If yes, how will it be installed? Outdoor Indoor

Type of Janitorial Sink? _____

Will you install a garbage grinder? YES NO N/A

POTABLE WATER BACKFLOW protection is required on the following pieces of equipment.

CIRCLE the pieces of equipment that apply to your facility

Chemical mixing system Toilet(s) Urinal(s)

Dishwashing machine(s) Garbage grinder(s) Carbonator(s)

Water faucets with hose attachments Pre-rinse sprayer(s)

Other _____

INDIRECT OPENSITE WASTE CONNECTIONS are required on the following pieces of equipment.

CIRCLE the pieces of equipment that apply to your facility

- | | |
|---|-------------------------------------|
| Deli cooler clean out drain(s) | Walk-in refrigerator drain(s) |
| Refrigerator/freezer condensation line(s) | Steam table(s) |
| Ice maker/ice bin(s) | Three compartment sink-food service |
| Food preparation sink(s) | Three compartment sink-bar service |
| Dipper well(s) | Dishwashing machine(s) |
| Salad bar(s) | Soda dispenser(s) |
| Steam Kettle | Buffet line |
| Other _____ | |

6. SANITIZING EQUIPMENT AND FACILITIES

CIRCLE your response to each

HOT WATER SYSTEM

Specify the water heater storage capacity in gallons _____

Specify the water heater recover rate _____ GPA _____ °F, if mechanical (chemical or hot water) sanitizing machine is being proposed.

MANUAL UTENSIL WASHING

Have you specified a standard food service three-compartment sink with two integral drain boards? YES NO N/A

Is your largest item able to be submerged into the the three-compartment sink? YES NO N/A

Do you have a clean-in-place procedure for stationary equipment? YES NO N/A

Have you provided additional space for the storage of clean utensils, glassware, etc? YES NO N/A

If yes, where? _____

MECHANICAL UTENSIL WASHING

If not applicable, proceed to next section

Are you installing a dishwashing machine? YES NO N/A

If yes, Manufacture _____ Model # _____

Dishwashing machine demand of rinse water _____ GPM @ 20 PSI flow pressure

Have you included a soiled-dish table? YES NO N/A

Have you included a pre-rinse sink? YES NO N/A

Did you provide mechanical ventilation at dishwashing machine? YES NO N/A

Have you included a clean-dish table? YES NO N/A

Where is the location for your clean utensil and dish storage? _____

CHEMICAL SANITIZING MACHINE

If not applicable, proceed to next section

Are you providing a chemical sanitizing machine? YES NO N/A

Have you provided an audible and visual warning indicator on the sanitizer dispenser? YES NO N/A

Have you provided a location for air drying utensils after washing? YES NO N/A

If yes, where _____

HOT WATER SANITIZING MACHINE

If not applicable, proceed to next section

Are you installing a hot water sanitizing machine? YES NO N/A

Manufacturer (Booster Heater) _____ Model # _____

Booster Heater recovery rate _____ GPH _____

Have you provided for a temperature gauge before booster heater? YES NO N/A

7. LIGHTING

CIRCLE your response to each

Are your food preparation and utensil washing area lighted according to specifications?	YES	NO	N/A
Are your food storage rooms lighted according to specifications?	YES	NO	N/A
Are your restrooms lit according to specifications?	YES	NO	N/A
Have you provided dimmer switches or on/off switches in bar areas for clean-up purposes?	YES	NO	N/A
Have you supplied fluorescent lights with vapor-proof fixtures or additional incandescent light kits for your walk-in refrigerator and freezer units?	YES	NO	N/A
Are all of your light fixtures over food preparation, display, service, storage and utensil-washing areas shielded with explosion tubes and end caps, shatterproof lenses, or shatterproof bulbs?	YES	NO	N/A

8. LAUNDRY FACILITY

CIRCLE your response to each

Do you have a washer?	YES	NO	N/A
If yes, a dryer is also required.			
Is your laundry facility separated by a door from the food service operation?	YES	NO	N/A
Is shelving provided to keep clean liners stored separately from soiled liners?	YES	NO	N/A

9. INSECT & RODENT CONTROL

CIRCLE your response to each

The type of protection provided for your building.

Are all the vents covered with screening? YES NO N/A

All the voids and gaps around utility lines, pipes, etc. sealed? YES NO N/A

Are open able windows properly sealed? YES NO N/A

Is the garbage area more than 20 feet from the facility's door(s)? YES NO N/A

Did you specify an air curtain? YES NO N/A

If yes, Manufacture _____ Model # _____

Do you have: drive-through window carry out window walk-up window(s)

The type(s) of protection provided for your windows:

Spring loaded bump pad Electric eye opener Air curtain

Fly fan Self-closing screen/window

REMINDER: *A combination is strongly recommended.*

The type(s) of protection for your delivery and entrance doors:

Self-closing device Threshold and threshold sweep

If you have a garage-type door, have you provided an air curtain? YES NO N/A

If yes, Manufacturer _____ Model # _____

Other _____

REMINDER: *Daylight is NOT to be observed around door*

10. GARBAGE AND REFUSE DISPOSAL

CIRCLE your response to each

The type of disposal provided:

Dumpster(s)

Compactor

Exterior grease container(s)

Interior self-contained system for grease

Recycling container(s)

Type of surface provided for storage of disposal containers:

Concrete pad

Machine-laid asphalt

Will an enclosure be installed for the storage of containers?

YES

NO

N/A

Describe _____