



Environmental Health Services

4230 Elkhart Road | Goshen, IN 46526
574-971-4600 main line | 574-971-4599 fax

elkhartcountyhealth.org

Elkhart County Health Department

Do you want to open a food service, but you're not sure how or where to start?

There are several factors that must be considered when choosing a location for a food service establishment. This guide is intended to provide a list of those factors and agencies that must be consulted for permits and clearances but is not guaranteed to be a complete list.

Planning and Zoning

A property must be properly zoned to operate a business on it. There are many zoning classifications including residential, business, agricultural, and industrial and manufacturing. These zones can have several sub categories. Some zones cannot have retail food services in them. If the zoning is not correct it may require a zoning change, variance or special use permit for you to have a food service there. If you cannot obtain the required zoning clearance or permit to have a food service on the property you must look for another location. The previous existence of a food related business on a property does not guarantee that you can use it now. There may have been a variance or special use permit that has expired or will not transfer to a new establishment. **It is critical that you find out if a location is zoned properly before buying or leasing it and before spending time and money developing plans for the site. Contact the zoning department that has jurisdiction for your proposed location.**

Elkhart County Zoning Department 574-971-4678
Goshen City Zoning Department 574-534-3600
Elkhart City Zoning Department 574-294-5471
Nappanee City Zoning Department 574-773-2112

Sewer and Water

Does the site have city water and sewer or well water and a septic system or a combination of both? City sewer departments also known as Public Works and Utilities have special requirements and permits for food service facilities. They do not want Fats, Oils, and Greases (FOG) clogging the city sewer lines. There are FOG permits/applications that are required and food services must have grease traps or grease interceptors that meet their requirements to keep FOG out of the sewer. The sizing of grease traps and interceptors is based on the type of food service and size and type of dishwashing equipment it has. There is no guarantee that existing plumbing meets the requirements for your proposed business. **Contact the Public Works and Utilities Department for the city/town of your potential location to find out their requirements. It can take up to 30 days to receive approval for a FOG discharge from the city.**

Goshen City Public Works and Utilities 574-533-9538
Elkhart City Public Works and Utilities 574-293-2572
Nappanee Water and Sewer 574-773-4623
Middlebury Wastewater 574-825-1496
Bristol Town Hall 574- 848-7007
Town of Millersburg 574 642-3976

Striving to improve the lives and health of our community



Public Health
Prevent. Promote. Protect.

Septic systems are sized for a food service based on the type of food service and how many employees and seats/customers per day it has. An existing septic system may not be large enough to serve your food service. Whether you need to replace an existing system or are starting with a brand new system the process will involve both the Indiana Department of Health and Elkhart County Health Department to establish the sizing requirements and obtain the installation permit and inspections. **Begin by consulting with Elkhart County Health Department Septic Program to find out about using an existing system or how to have a site evaluated to establish the requirements for a new system.**

Elkhart County Health Department Environmental Health Services 574-971-4600

Well water supplies have regulations based on the type of food service, year round versus seasonal establishment etc. Some wells must be registered with Indiana Department of Environmental Management (IDEM) as a public water supply and must follow IDEM testing requirements for bacteria and other contaminants. Others not registered with IDEM will be required by Elkhart County Health Department to perform yearly testing for bacteria.

IDEM Drinking Water Branch 800-451-6027 or 317-308-3287

Building and Fire Departments

Building and fire regulations exist to reduce the risk of a fire or structural problem occurring and to make escape from a building possible in case of an emergency. They are designed to protect you, your employees, your customers and neighboring properties.

Contact the local fire and building departments to find out what permits and inspections are required. DO NOT demolish, remodel, re-plumb, re-wire, or build anything until you have all the required permits and approvals from all agencies including a final plan approval letter from the Health Department.

Goshen City Building Department 574-534-1811
Goshen City Fire Department 574-534-8136
Elkhart City Fire Department 574-293-8931
Elkhart City Building Departments 574-294-5471
Nappanee City Building Department 574-773-2112
Nappanee City Fire Department 574-773-4111
Middlebury Township Fire Department 574-825-1484

Alcohol and Tobacco

Alcohol, Tobacco and Gaming licenses are controlled by the Indiana Alcohol and Tobacco Commission. **Contact ATC to find out about requirements for these licenses.**

Indiana Excise Police 574-264-9480 or 317-232-2430

Selling Eggs

If you are planning to have a food store and sell eggs you must contact the Indiana Egg Board about requirements for a license to sell eggs.

Indiana Egg Board 765-494-8510

Weights and Measures

If you will be selling products by weight like meats and cheeses, deli salads, bulk foods (either self-service or repackaging) you will need to have your scales inspected and certified by Weights and Measures.

Elkhart County Weights and Measures 574-523-2090

Indiana Department of Homeland Security Amusement and Entertainment Permits

A place of amusement or entertainment permit must be obtained from the Indiana Department of Homeland Security before a regulated place of amusement or entertainment can be used.

Below is a list of common places that require a permit prior to hosting an amusement or entertainment event:

Indoor or outdoor sports arenas with spectator seating (if outdoor, there must be bleachers, grandstands or a stadium)

Opera houses, theaters, movie theaters

Night clubs, bars or restaurants with a dance floor, stage show or performer

Dance halls

Comedy clubs

Indoor event venues with a stage, a dance floor, or that will be used by performers before an audience

Haunted houses, Karaoke bars

Any location where a regulated amusement device is operated (fairs, festivals, carnivals, amusement parks)

Outdoor theaters, stadiums, or stages

IDHS main office: 317-232-2222

Additional Considerations

Have you planned for signs for your business? There are regulations about size and height, how close they can be to the road and whether they are lighted or not.

Is the building big enough? Is there enough space for storage, cooking, and dishwashing? Does it have enough parking for your customers? Is the parking lot/driveway easy to get in and out of? Where are your intended customers? Will they find you? Will they travel to your location?

Local Chambers of Commerce provide some free business counseling services for people looking to start new businesses. They can help you register your business name and help file for your business license with the Indiana Secretary Of State. They can also provide information about your proposed location with regards to number and location of potential customers.

AFTER YOU HAVE COMPLETELY RESEARCHED A SITE AND VERIFIED IT IS A SUITABLE LOCATION FOR A FOOD SERVICE ESTABLISHMENT YOU ARE READY TO DEVELOP THE PLANS AND SUBMIT THE PLAN REVIEW PACKET TO THE HEALTH DEPARTMENT FOR REVIEW AND APPROVAL.

BASIC DESIGN REQUIREMENTS FOR FOOD ESTABLISHMENTS

There are many different types of food establishments but there are basic requirements that apply to all types and sizes of operations including mobile food trailers and trucks.

FLOORS WALLS AND CEILINGS

Floor, wall, and ceiling coverings in food preparation, dishwashing, storage areas and restrooms must be smooth, durable, non-absorbent and easily cleanable. These surfaces will need to be cleaned frequently so they need to be durable to withstand repeated scrubbing and non-absorbent to resist being wet from splashes of food or dishwashing water and cleaning solutions. Being smooth prevents having cracks and crevices that collect debris and makes them easily cleanable. Suspended or drop ceilings must have smooth washable tiles. The rough perforated tiles or plastic coated insulation tiles that are used in office buildings and department stores are not acceptable. Light colored materials are preferred. Being light colored makes it easy to see when surfaces are soiled and when they have been cleaned properly. Dark surfaces absorb more light and make it more difficult to achieve the minimum light levels that are required.

MINIMUM LIGHTING REQUIREMENTS

Lighting intensity must be at least 70 foot-candles on all food preparation surfaces and at equipment or utensil-washing work levels. This means at the surface of prep tables and counters, the surface of cooking equipment and at drain board level in dishwashing areas. This intensity of light is higher than the minimum recommended by the FDA and often architects and engineers from outside of Indiana are not familiar with this requirement and do not design a lighting plan to provide this level of lighting. Make sure your contractors understand what level of lighting is required. Often a task oriented lighting plan works best. This means placing lights over tables, counters, and sinks not over the walkways between equipment. When lighting is above and behind an employee who is standing at a work station the employee blocks the light and casts a shadow on the work area.

Lighting in all other areas must be at least 20 foot-candles. This includes dining and self-service areas such as buffets and salad bars during periods of cleaning. These areas can have dimmer lighting during dining hours but must be able to be turned up to adequately see to clean.

MINIMUM PLUMBING REQUIREMENTS

All food establishments must have at least one service sink also known as a mop/utility sink for filling mop buckets, dumping mop water and similar liquid waste and cleaning mops.

Every food establishment must have at least one hand sink that can only be used for washing hands and a three compartment sink to wash, rinse, and sanitize equipment and utensils. The only exception to this requirement is a food store that only sells food items that are received completely sealed in packaging from the supplier/manufacturer.

The number and location of hand sinks shown on proposed plans is the most frequently rejected plan element. For most full service establishments with extensive food preparation one hand sink in the kitchen is not enough.

Hand washing is one of the most crucial parts of safe food handling and one of the most frequently cited violations. You can never have too many hand sinks. There must be enough hand sinks that they are conveniently and easily accessible. A long and congested travel path to a hand sink discourages frequent and proper hand washing.

Mobile Food Services

Mobile food units also commonly called “food trucks” are trucks, trailers, boats or movable food establishments. Mobile units have 2 separate components to their operation. The first is the unit or vehicle which is the movable kitchen/restaurant. The second is the commissary or base of operations.

The mobile unit must meet all the same requirements for a food preparation area that a permanent restaurant kitchen has: lighting, hand sink, three compartment sink, cleanable surfaces, pest protection etc. Mobiles can only operate at a location one day at a time. The mobile unit must return to the commissary each day for servicing. Floor plans/layout of the mobile unit must be submitted for review along with the commissary plans.

If a mobile unit operator chooses to attend a multiple day event like a weekend festival and does not leave the event each day to return to the commissary for servicing a temporary food service license will be required for the event.

The commissary is the place where supplies are kept, advanced food preparation takes place, large equipment and utensils are washed, and the mobile unit is cleaned. It is also where the approved water supply and connection for filling the unit’s water holding tank is located as well as an approved septic system or sewer connection to empty the unit’s wastewater holding tank is located. The commissary must also meet all the requirements for a food service facility. In addition there must be overhead protection where the unit can be pulled into the building or at a minimum a canopy/roof the unit can be parked under to provide protection from precipitation and other contamination when items are being transported to and from the unit and to limit tracking dust, mud, snow etc. into the unit and the commissary.

Every mobile unit must have a commissary and it cannot be a private residence. If it is located on a residential property the operation must be completely separate from any living quarters or personal use spaces. This will require zoning approval to operate a business from a residence. The commissary will have its own license and each mobile unit has a license.

There is a separate document that outlines all the requirements for mobile food services. If you are starting a mobile food service please request a copy of these requirements.

Outdoor Cooking or Grilling Areas

Outdoor cooking areas are extensions of a food service’s kitchen and there are minimum construction requirements including a roof, screening, lighting, and handwashing facilities. It is much more involved than simply having a grill or smoker sitting outside the back door.

There is a separate document that outlines all the requirements for permanent outdoor cooking areas. If you intend to have one of these areas request a copy of the requirements.

PLAN PREPARATION AND SUBMITTAL

This packet is a guide for preparing plans for a food service in Elkhart County. Please review this document and ask questions prior to your plans being presented for the first time. Communication between this office and you/your contractor prior to any building activity is beneficial and will save you time and money. You may be able to begin demolition activities for remodeling with approval of the building and health departments but any construction activity or installation of new equipment without having your plans approved is not acceptable. Any work that is done incorrectly will be required to be corrected. **If construction is started before plans have been submitted and approved the plan review fee will have a late fee added to it. The total fee will be three (3) times the regular fee amount.** We have tried to include all of the information you may need, however, you will need to contact other agencies for their requirements. For general information on how to open a business in the State of Indiana contact the Indiana Secretary of State's office.

Do you already operate a food service and want to make changes/remodel? If you already have a food service and want to remodel or add on to your building or make changes to your operation (for example add a mobile food truck or trailer) you must go through all of the zoning, building, fire, and public works verifications to find out what permits you'll need and if any changes or upgrades for the existing building will be required.

TIMING

THE LENGTH OF TIME THAT THE PLAN REVIEW PROCESS WILL TAKE DEPENDS ENTIRELY ON YOU! Plans are required to be submitted for all new construction and remodeling of food service establishments and must be approved prior to the beginning of construction. Plans are reviewed in the order in which they are received. The starting date for the plan review process is the first day of complete plan submission. Taking approximately two weeks, this process is typically quite straightforward and can proceed without delay if all the necessary information is provided with the initial plan submittal. On occasion, it can take longer than expected if the submitted plans are incomplete or do not include enough detail. Time spent in proper preparation beforehand will save time and money.

THE REVIEW PROCESS

1. Whether you are constructing new or remodeling a facility you will need to submit your floor plans with this completed packet to the Environmental Health Services division of the Elkhart County Health Department along with the appropriate fee. The plans may be submitted in person or mailed to the attention of the Food Protection Program Supervisor at the above address. Plan reviews are done on a first come-first serve basis.
2. If incomplete plans are submitted or additional information is required, a letter will be sent to you with the additional requirements that need to be immediately addressed before the plan review can proceed. **THE APPROVAL TIME-LINE WILL NOT START UNTIL ALL DOCUMENTS ARE COMPLETE, RECEIVED, AND THE PROPER FEE PAID.**
3. Once complete plans have been submitted and the plans have been approved, a **Plan Approval Letter** will be sent to the mailing address on the application. This letter will contain any additional items that need to be corrected or addressed during construction.

4. From this point it is crucial that you communicate regularly with the Health Department especially if you make any changes. The Food Program Supervisor may need to make several construction visits to ensure compliance. This helps to avoid any last minute surprises that may be costly to you or delay the opening of your establishment.
5. You will need to apply for the **Food Service License** and schedule a pre-opening inspection **at least two weeks prior to** the anticipated opening of your establishment. Your **Food Service License** application will be included when you receive your **Plan Approval Letter**. Complete this application, submit articles of incorporation, if applicable, and return to the Health Department with the appropriate fee. Make checks payable to the **Elkhart County Treasurer**. The pre-opening inspection should be scheduled early enough to provide adequate time to correct any violations prior to your opening inspection. No food shall be permitted on the premises until written permission is received.
6. You will need to schedule the opening inspection **at least forty-eight (48) business hours prior** to the anticipated opening of your establishment to avoid scheduling conflicts. At this time you will need to provide copies of all inspections and approvals from all necessary building, zoning, and fire department permits.
7. Once it is determined that your establishment is in 100% compliance with all requirements during the inspection, the Food Service License will be issued to you at the conclusion of the inspection. **If all items are not in compliance, another inspection will be required prior to opening.**

LICENSE RENEWAL

In the future, you will need to make sure your license is renewed by March 31st of each calendar year to avoid additional late fees. **Late fees are equal to two times the license fee. For example, a normal license fee of \$225 would then be \$675 (\$225 license fee and \$450 late fee).**

License renewal applications are mailed out to the preferred mailing address that is on file in mid-February. It is the operator's responsibility to keep the mailing address up to date. The renewal form must be signed and returned along with the license fee before March 31st, or postmarked no later than March 31st.

Payments

Payments for plan review and license fees may be paid by cash, check, money order or credit card.

Checks and money orders must be made payable to **ELKHART COUNTY TREASURER**.

Credit card payments may be made in person or over the phone if applications are sent by mail. Credit card payments will have the processing fee from the processing company added to the application fee.

FOOD SERVICE PLAN REVIEW CHECKLIST & APPLICATION FORM

To get started, please answer the following questions and return this completed application form with a to-scale layout of the floor plan (graph paper is adequate) including all equipment specifications, and appropriate fee to our office weekdays between 8 a.m. and 4 p.m. This packet is not designed as a complete list of requirements but should be used as a template only. Use this packet as a guide for what you need and where it should be. As you fill this out you may discover that there are items that you had not considered and now is the time to address them. You will need to add any extra items or procedures to the information you turn in that are relevant to your operation, for example: reduced oxygen packaging, cleaning in place, acidified foods, etc.

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. Plans are required to be approved prior to the start of construction per section 110 and content requirements are discussed in section 111.

The following procedures/questions should be considered before any further planning or construction begins 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.

If the question does not apply to your food service simply mark N/A (not applicable). PLEASE DO NOT LEAVE IT BLANK or we will assume you didn't answer the question!

SCOPE OF PROPOSED PROJECT

1. This project is a new food service and is a new building built from the ground up. ☐
2. This project is a new food service and is a conversion of a non-food establishment building or a remodel of an existing building that used to be a different food establishment. ☐
3. This project is an existing and currently operating food establishment that is expanding or remodeling its existing building. ☐
4. This project is a mobile food unit ☐ and commissary. ☐
 - Floor plans for the mobile unit must be submitted
5. This project is a new food service sharing facilities of an existing food service. A copy of the ECHD shared facility agreement must be provided. ☐

Please give a brief explanation of your proposed construction.

Examples:

1. This project is the construction of a new building for a quick serve restaurant.
 2. This project is the remodeling of a former full service restaurant into a bakery and coffee shop.
 3. This project is a 20ft x 30ft addition to the south side of the existing building to relocate the dishwashing and dry storage areas and expand the cook line and prep areas into the current dishwashing and storage area.
 4. This project is the construction of a mobile unit and construction of a commissary (or remodel of a building for a commissary)(or addition of a mobile unit and commissary operations to an existing, currently operating food establishment.)
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If you are remodeling a currently operating food service you must submit drawings showing the existing layout and the proposed new layout with details about equipment to be moved to a new location or , removed and replaced with new equipment.

If you are a new food service that is going to share the facilities of an existing food service you must provide plans showing the layout of the facility with the location of your designated storage areas and the location of any equipment you are proposing to add to the facility for your operation.

FOOD PLANNING

Knowledge of a functional flow process must be demonstrated indicating how food will be handled from the time it is received until it is served to the consumer. The flow plan should indicate the relationship of work areas to storage areas and traffic aisles, the sequence of preparation, the handling of soiled equipment and utensils, the separation of dirty areas from clean areas, and the methods used to prevent cross-contamination from raw food, cooked food or ready-to-eat food.

Proposed Days and Hours of Operation:

Number of floors on which operations are conducted and description: (example: 2/main floor and basement) _____

Total square feet of the facility: _____

What type of operation will food service consist of: (Mark all that apply)

☐ Served Sit Down Meals ☐ Take Out ☐ Fast Food ☐ Tavern
☐ Convenience (pre-packaged foods only) ☐ Convenience w/Deli (hot dogs or other hot foods)
☐ Buffet ☐ Cafeteria/School
☐ Mobile Vendor (Food Truck or Trailer or other movable operation)
☐ Supermarket (grocery store with meat dept, bakery, deli, etc)
☐ Food Store with repackaging of bulk food items ☐ Other (describe) _____
☐ Catering

Catering is defined, per section 10, as “the preparation of food in an approved retail food establishment and may include the transportation of such food for service and consumption at some other site.” This definition **does not** include any onsite cooking or preparation, which would require a temporary license if in conjunction with an event or celebration (sect 98). A 30-day notice is required for all temporary events (sect 107). See temporary food service guidelines on our website (<http://www.elkhartcountyhealth.org>).

Number of seats: _____ Number of tables: _____

Maximum meals to be served: (approximate number)

Breakfast _____ Lunch _____ Dinner _____

1. Provide a copy of your proposed menu (section 111). The kinds and types of foods you will be handling and serving will dictate the types and sizes of equipment you will be utilizing. It will also ensure that you will have all the necessary equipment and storage areas you will need for your operation.

Enclosed: Yes ☐ No ☐ FOOD STORE ONLY NO PREPARED FOODS ☐

2. Provide a list of all planned food suppliers. You must provide copies of their licenses if they are not commercial food service suppliers/wholesalers, example: if you plan to buy and serve pies from a local bakery you must prove they are a licensed food service. . (sect. 142) **No food may be prepared in a private residence. NO HOME BASED VENDOR PRODUCTS CAN BE SOLD OR USED AS INGREDIENTS IN A FOOD SERVICE. FOOD STORES CANNOT SELL HOME BASED VENDOR FOODS.**

Enclosed: Yes ☐ No ☐

3. What will the procedure for receiving food shipments be and how will deviations be addressed? (sect. 166) How are temperatures checked and containers inspected for damage? What will be done with food items that are received damaged or out of temperature?

4. Will you be serving a highly susceptible population (immunocompromised or adults 65 years old or older in a hospital, preschool aged children in child care, or children 9 or younger in school or child care that serves juice) requiring your facility to serve pasteurized products? (sect. 153) Yes _____ No _____
What type(s) of populations will you be serving? _____

5. Do you intend to make vacuum-sealed a.k.a. reduced oxygen packaged (ROP, def. 73) foods? (sect. 195) This includes sous vide, cook/chill vacuum packaged storage and vacuum packaged ready to eat foods. Yes _____ No _____ If Yes, please list the ROP foods and provide a HACCP plan (sect. 115) for each ROP food item. **NOTE: Do NOT underestimate the amount of work it will take to develop a HACCP plan! Some foods will require you to have laboratory testing done before a HACCP plan is approved. Sous vide and cook/chill followed by vacuum packaging procedures require a variance from the Indiana Department of Health.**

PHYSICAL FACILITIES

WATER SUPPLY

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

2. If a private well, you may be required to register with the Indiana Department of Environmental Management (IDEM) drinking water branch at 800-451-6027 or 317-308-3287 to obtain a PWSID (Public Water Supply Identification Number) and test the water on a routine basis. Provide the PWSID# and proof that the water supply meets their safe drinking water standards. If your facility doesn't meet IDEM requirements for testing, you must meet the requirements set forth in sect. 327.

Has the well water been tested? (sect. 327) Yes _____ No _____ A copy of all water tests will need to be submitted to our office upon completion.

If you are operating a mobile food establishment there must be a water supply connection at the commissary to fill the holding tank. This must be shown on your plans.

WASTE WATER/SEWAGE DISPOSAL

1. Is the sewage disposal system municipal(city sewer) ____ or private septic system ____?

If it is a private septic system, skip question #2.

2. Has contact been made with the municipality to determine if a grease interceptor and/or a FOG Discharge Permit/Certificate is required? Yes ____ No ____ NA ____

You must provide written proof of contact before plan approval is granted.

3. **If facility is using city sewer skip this question.** Has the septic system been approved by the state or local health department for use with a food service facility? (sect. 376) Yes ____ No* ____ Please provide a copy of the approval with permit number.

If No, Contact the Septic Program Supervisor in our office at 574-971-4600 for details on how to obtain an approved septic system or permit information. Please be aware that it can be a lengthy process to obtain a commercial septic system permit. There is no guarantee that an existing septic system will be adequate for your food service or approved for use!

4. What will be the frequency for cleaning of the grease trap or septic tank? (sect. 378)

If you are operating a mobile food establishment there must be a connection to the waste water system to empty the holding tank. This connection must be approved by the municipality. The water must go through the grease trap or interceptor. The location must be shown on your plans.

PLUMBING

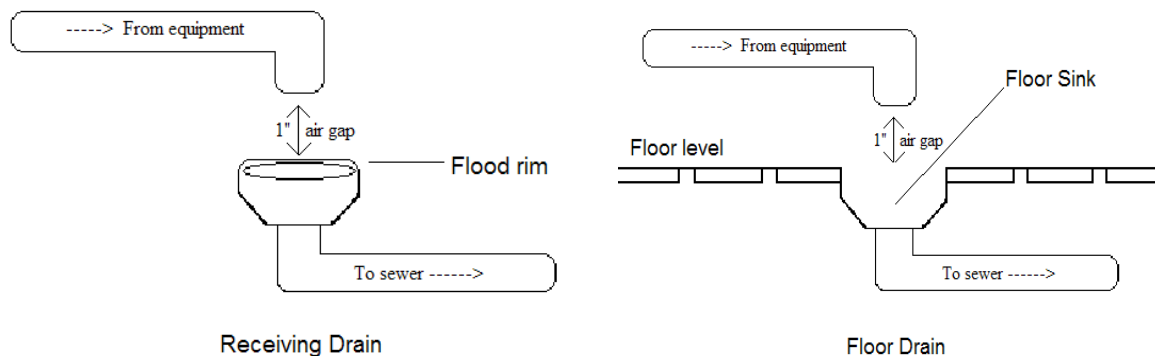
A minimum of one hand washing sink that is easily accessible to all employees shall be provided in each food preparation, service, dishwashing area and each toilet room. The total number of hand sinks required, however, is determined by a number of factors, including size of facility and employee accessibility. All hand washing sinks need to be located no more than a maximum of 25 feet walking distance from a workstation and have hot water reaching a minimum of 100 degrees Fahrenheit (sect. 342). Each hand washing sink shall be provided with hot water and cold water that is tempered by a mixing valve or combination faucet. Self-closing faucets, slow-closing faucets or metering faucets shall provide a flow of water for at least 15 seconds without the need to reactivate the faucet. Dispensable soap and hand drying provisions shall be provided at each hand washing sink (sect. 346). Sanitary towels shall be provided in permanently installed dispensing devices at each hand washing sink (sect. 347). If disposable towels are used, waste receptacles shall be near the hand-washing facilities. Female and unisex restrooms must have covered waste cans (sect. 351). All restrooms must have self-closing doors and be provided with adequate ventilation (sect. 352).

1. Hand washing sinks are required in each food preparation and dishwashing area. (sect. 344) How many hand sinks will be provided? _____ (ONE (1) is probably not adequate for most full service extensive food prep establishments). Indicate locations clearly on the plans.

2. Provide a copy of hand washing procedures describing when, where, & how to wash hands (sect 128 & 129).
3. What is the recovery time, volume, and capacity of the hot water heater (how many gallons is it and how fast can it produce more hot water, consult a plumbing contractor or provide specifications)? (sect. 329) Where will it be located? _____
4. At least one janitorial station shall be provided for the proper storage of maintenance equipment and cleaning supplies. The janitorial station should be conveniently located for maintenance of food service areas, but shall be separated from food preparation and food storage areas. Provide a mop rack over the janitorial sink for wet mops to drip-dry. Provide a broom rack to elevate items such as brooms and dustpans off the floor (sect. 425). Indicate this location on the floor plan.

The following technical information is needed on the proposed plumbing plan. This section is best completed by a licensed plumber, or engineer. Equipment where food may be held (such as ice machines and bins, pop machines, food preparation sinks, a three bay sink used for food preparation, a wok, steam tables, dipper wells, steam kettle, walk in cooler and freezer condensers, and water softeners, etc.) is required to have an air gap on the drain line, such as in the following picture, to prevent sewage from accidentally backing up into the equipment and contaminating food or food contact surfaces (sect 377). The water supply to these same types of equipment shall also be protected from backflow by the means of the appropriate vacuum breaker, check valve or air gap. Indicate all backflow prevention for all equipment with water supplies and waste lines on the plans (sect 336).

AIR GAPS



LIGHTING

Lighting in walk-in units shall be placed so it is not obstructed by the normal storage of food on the shelves. Compliance with these lighting requirements usually requires at least two fixtures in walk-in refrigeration units. LED lights are recommended. All light fixtures in food preparation, food display, food service, food storage, dishwashing and utensil storage areas shall be either recessed or enclosed to prevent breakage. Tempered or shatterproof, coated bulbs also are acceptable.

Lighting in food preparation and dishwashing areas must provide a measurable intensity of 70 foot-candles at the working surface of equipment (i.e. prep table and countertops, cooking surface of grills/griddles, basins and drain boards of sinks and dish machines). This level of lighting can be difficult to achieve with a general lighting schedule as lighting fixtures tend to be behind employees when they are standing and working at equipment causing light to be obstructed. The layout of your facility may

dictate placement of additional fixtures above work areas, a task lighting type layout, instead of centered in the room or over aisles where employees will stand or walk.

1. Indicate what type of lighting will be used and where each fixture will be located on the plans. You must have enough lighting to provide 70 foot-candles of light in all food prep, dishwashing, service and bar areas and 20 foot-candles in all remaining areas of the facility. (sect. 411)

2. How will all lighting in all food related areas as discussed be shielded?(sect.410)_____

POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS

1. All containers of toxics shall be clearly labeled with the contents including spray bottles (sect. 438). Indicate where poisonous or toxic materials will be stored (including ones for retail sale) to provide adequate separation from foods and equipment. (sect. 439)

2. How 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, 440, 441)

3. Where will first aid supplies be stored? (sect. 421)

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

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

INSECT AND RODENT HARBORAGE

1. Indicate how all outer entrances will be made self-closing and rodent/insect proof? (sect. 413)

2. All windows that can be opened, except self-closing pass-through windows, shall have at least 16-mesh-per-square-inch screening. Will screens be provided on any open windows/doors to the outside? (sect. 413)

Yes ____ No ____

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

4. Will garage-style or loading bay doors be present? Yes ____ No ____ If Yes, how will they be protected against pest entry? _____

5. How will pipes, electrical conduit chases and other penetrations (i.e. ventilation systems, exhaust and intake) through outside/exterior walls and roofs be protected? (sect.414) _____

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

7. Do you plan to use a licensed pest control service? Yes ____ No ____

If Yes, which company? _____

and what is the frequency? _____

If No, how do you propose to control pests? _____

8. Will there be any electrocution devices for flying pests? Yes ____ No ____ If Yes, where will they be located? (sect 412) _____

REFUSE AND RECYCLABLES

1. What type of refuse storage will be used? Compactor ____ Dumpster ____ Cans ____ Grease Barrel ____

2. Describe the surface that outside refuse storage will be located on (sect. 382) _____

3. Will any compactors, dumpsters, waste grease, or recycling containers be located inside?

Yes ____ No ____ If Yes, show location on plans.

4. Will a dumpster enclosure be constructed? Yes ____ No ____

If yes, what materials will be used to construct the dumpster enclosure (brick, wood, polyvinyl, etc.)? _____

How will it be sealed or painted? (sect. 382) _____

5. What size is the dumpster and what is the frequency of trash pickup? _____

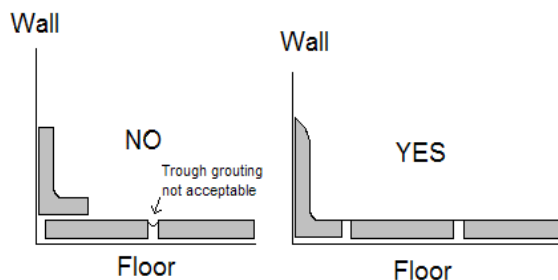
6. Where will recyclables be stored prior to pick-up? _____

7. Describe any area where distressed merchandise returned for credit to the vendor will be stored and indicate how it will be distinguished from other merchandise. (sect 202) _____

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

All surfaces must be smooth, durable, non-absorbent, easily cleanable, and preferably light in color. There shall be no void spaces on any wall, floor, or ceiling surfaces. Acoustical ceiling tile and carpeting is prohibited in all areas subject to moisture including, but not limited to, food preparation, service (including self service and salad bars/buffets), storage, display, dishwashing areas and in bars, restrooms, wait stations, and janitorial stations. Grouting between any floor tiles must provide a smooth, continuous surface and may not be tooled to create gaps or crevices, which will make cleaning difficult. Also, concave base coving must create a smooth juncture between the floor and walls and must be provided throughout the establishment (sect. 404). Do NOT install bull nose style ceramic tile as coving or coving as seen in the diagram on the left as it

How to Guide: Base Coving and Grouting



creates a juncture that is hard to clean. The curvature at the bottom of the ceramic coving shall be level with the floor surface.

Also, please be aware that, per section 403, utility service lines and pipes may not be unnecessarily exposed. If exposed, they shall be installed so they do not obstruct or prevent cleaning of the floors, walls, or ceilings (should be able to get a rag between the pipe and the surrounding surfaces for cleaning), and exposed horizontal utility service lines and pipes may not be installed on the floor. Also, it is important to

ensure that all areas where service lines penetrate floors, walls, and ceilings, etc. (regardless if inside or outside) are adequately sealed with a permanent, rodent proof material such as grouting. Do not use expanding foam insulation to seal as rodents may easily chew through this material.

Please fill out the finish schedule below unless there is one included in a complete set of architectural drawings being submitted for review.

1. Please indicate which materials (i.e. quarry tile, stainless steel, plastic cove molding, etc.) and finish 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				
WALK-IN COOLER/FREEZER				
MOBILE UNIT/FOOD TRUCK				
OTHER (DEFINE)				

EQUIPMENT

Please note that all food service equipment shall be constructed to conform to NSF (National Sanitation Foundation) or similar standards regarding design, materials, workmanship, construction, and installation and be smooth, durable, non-absorbent and easily cleanable. All equipment shall be commercial quality and made of food-grade quality materials. Any used equipment shall be reconditioned to meet the same requirements.

Provide one complete set of specifications that indicate the manufacturer and model number for all equipment used in the facility. This includes all large and small pieces of equipment.

All large equipment shall be provided with casters (any size, but locking casters are recommended for safety) or 6-inch legs or shall be sealed to the floor and wall for ease of cleaning, including any bar areas. Equipment that is fixed because it is not easily movable shall be installed so that it is spaced to allow access for cleaning along the sides, behind, and above the equipment. Equipment on counters must be on 4-inch legs or be sealed to the countertop for ease of cleaning.

The location of all equipment shall be clearly indicated on the plans so as to provide a clear picture of what the facility will look like when it is completed.

Sneeze guards are required wherever food is exposed to potential contamination by consumers, and self-service areas (sect. 179). It is recommended that sneeze guards are 14 inches high maximum from the top of the service counter to the bottom of the sneeze guard and 7 inches minimum from the edge of the service counter to the food. Provide design plans for sneeze guards or means of protection from contamination of food that is exposed to the customers.

SANITIZATION

1. What type of chemical sanitizer(s) and at what level of concentration will the facility use? (sect. 294)

2. The facility must have test kits/papers on site for all types of chemical sanitizers being used (sect. 291). Where will they be stored? _____

3. How will cooking equipment, cutting boards, counter tops and other food contact surfaces (such as large mixer bowls or stock pots) which cannot be submerged in a sink or put through a dishwasher be sanitized? (sect. 303)

4. What type of dishwashing methods will be used (sect. 269)?

(check one or both): 3 Compartment Sink _____ Dish machine _____

5. Will you be using a high temperature rinse (180°F rinse water-**requires a vent hood for the dish machine**) or chemical sanitizing (low energy) dish machine?

High Temperature Rinse (180°F Water) _____ or Chemical (describe what type) _____

6. If using high temperature sanitizing, you must have a booster heater. What is the make and model of your booster heater?

7. When using high temperature rinse sanitizing, how will you ensure that the dish machine is sanitizing the utensils at the proper temperature? (sects. 258, 303)

8. If using a chemical dish machine, you must have a visual means of verifying that detergent and sanitizer are delivered to the appropriate cycles as needed or an alarm that indicates when more chemical sanitizer or detergent needs to be added must be provided (sect. 281). What type of alarm will be used to detect when the sanitizer/detergent is not dispensing?

Sound ____ Visual ____ What is the make and model? _____

9. Does your facility have enough drain boards/utensil racks/carts for the air-drying of equipment and utensils for either the 3-compartment sink or the dish machine? (sect. 289) Equipment must be completely air dried prior to stacking items together (sect 304.) Please describe below.

MISCELLANEOUS

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

2. Provide a written employee health policy with the plans that indicates how you will exclude or restrict food workers who are ill or have infected cuts or lesions (sect. 122).

3. No part of the retail food establishment may open directly into any part of any living or sleeping quarters. (sect. 423) Does this facility connect to any living or sleeping quarters? Yes ____ No ____ If Yes, how is it completely separated from the food service facility?

4. A copy of Indiana Food Establishment Sanitation Requirements 410 IAC 7-24 (sect. 107), Elkhart County Ordinance 2005-322, & Certification of Food Manager Requirements 410 IAC 7-22 must be located within the establishment. Will you use a computer for electronic access or have printed copy? _____

5. Any on-site laundry equipment shall be located away from all food, prep, storage, service, display and dishwashing areas. Indicate location on floor plans. Where will the clean and soiled linens be stored?

Clean _____ Soiled _____

How and where will soiled linens be laundered? _____

6. Will your establishment sell self-service, prepackaged food items produced or repackaged from bulk in your establishment? Yes ____ No ____

If Yes, provide examples of labeling with information including name of the product, name and address of manufacturer, net weight, and all ingredients in descending order of predominance by weight (sect 146).

7. Do you intend to have an auxiliary cooking area (i.e. an outdoor grill or smoker) or an auxiliary prep area (a room in a basement for example)? These areas must meet all applicable food, fire and building codes and be approved as part of the plan review process. Yes ____ No ____

Make sure the area(s) are properly indicated on the floor plans.

HOOD VENTILATION SYSTEM

Any equipment that produces heat, steam, smoke or grease must be provided with a hood ventilation system. This includes equipment such as stoves, ovens, steamers, pizza ovens, fat fryers, broilers, broasters, rotisserie ovens, high temperature dish machines, etc. If your establishment does not have any equipment that meets this definition continue to the next section and mark N/A on the following line. _____

If your facility will use any such equipment please read and incorporate the following into your plans.

1. All hood ventilation systems must meet Indiana Mechanical Code 675 IAC 18-1.2 (Sections 112-132) and be NSF approved, UL Sanitation Listed, or meet a similar construction standard. What standard(s) do/does the proposed ventilation system meet? _____

2. Hood specifications, dimensions, and proposed design criteria must be submitted, including a proposed balance sheet showing total air exhaust and total outside make-up air (show how these rates were calculated) and a to-scale drawing (top, side, and end view) showing equipment placement and internal workings of the hood. **OMISSION OF THIS INFORMATION WILL AUTOMATICALLY RESULT IN THE REJECTION OF THE PLANS.**

All required information listed is enclosed. Yes ____ No ____

3. The hood system must overlap all equipment at least 6". Indicate this overhang in your drawing.

4. The make-up air shall not reduce the temperature of the occupied space to less than sixty-five (65) degrees Fahrenheit at five (5) feet above the floor throughout the room (It must be "tempered").

How will this be accomplished? _____

5. Design criteria and model name and number must also be provided for the make-up air unit and roof vent that must be utilized for the ventilation system. The exhaust and make-up systems may not be mounted on the roof less than ten (10) feet from one another. An interlock should also be provided between make-up air and kitchen exhaust to assure that make-up air is provided at all times when kitchen exhaust fan is running. Does the system have an interlock system? Yes ____ No ____

If no, why not? _____

6. A ventilation system test report and balance sheet must be provided to us **PRIOR TO REQUEST FOR THE OPENING INSPECTION**. These are not proposed readings; these are actual readings that must be taken by your ventilation contractor once the following items are completed (to mimic "real life" scenario):

A. All restaurant construction is complete.

B. Hood system, fire suppression, and heating/air conditioning systems are fully operational.

C. All cooking equipment and HVAC is properly installed **and running**.

THE FOLLOWING SECTIONS ADDRESS FOOD PREPARATION PROCESSES

Portions of these sections may not apply to your operation if you have only prepackaged foods or very limited preparation.

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

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

3. Describe how and where all produce will be washed prior to use? (sect. 175)

4. Describe how you will keep potentially hazardous foods out of the temperature danger zone (41°F-135°F) during preparation.

5. Provide a list of the types of food that will need to be thawed before cooking next to which method you will use to thaw them. (sect. 199)

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

6. Provide a list of the types of food that will need to be cooled next to the way you will be cooling them (e.g. leftovers). (sects. 189, 190)

COOLING PROCESS	TYPES OF FOOD
Shallow pans under refrigeration	
Ice and water bath	
Reduced volume i.e.: (quartering a large roast)	
Ice paddles	
Other (describe)	

7. The temperature and the amount of time it takes to reach the proper temperature must be monitored and recorded when cooling down food items. How will you check your cooling procedures and what actions will be taken to correct the temperature of the food if the procedure has not cooled the food properly? (sect 189)_____

8. How will you make sure that foods are reheated to 165°F or above? (sect. 188)

9. Will a buffet be served? Yes _____ No _____ If yes what steps will be taken for ensuring that the buffet is protected from consumer contamination? (sect. 179, 181)

HOT AND COLD HOLDING

1. You must have a probe thermometer in the range of 0°F to 220°F that is accurate to $\pm 2^\circ\text{F}$. How will the thermometer be cleaned and sanitized between uses? _____
2. Will “Time as a Public Health Control” (sect. 193) be used for potentially hazardous food(s) (hot or cold)?
Yes _____ No _____
If Yes, make sure to enclose the “Time as a Public Health Control” procedure for approval.
3. Will raw animal food(s) be offered to the public in an undercooked form (sushi, rare hamburgers, eggs over easy, ceviche, made from scratch Caesar dressing, etc.)? Yes _____ No _____
If Yes, please attach a copy of your consumer advisory statement. (sect. 196)
If ceviche, raw tuna steaks or sushi is served you must provide a letter of guarantee to ensure parasite destruction and provide preparation procedures for these items for approval with the plans (sect. 162).
4. Which staff members will be assigned the responsibility of taking food temperatures and at what steps will temperatures be taken (cooking and hot holding)? (sect. 119) What actions will be taken to correct the temperatures if temperatures are not correct when checked for the cooking and hot holding?

5. Describe how cross-contamination of raw meats and unwashed produce with ready-to-eat foods will be prevented in refrigeration unit(s) (sect. 173).

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

YOU ARE NOW FINISHED WITH THE CHECKLIST!!!! Please be aware that this checklist gives the Food Supervisor and the future restaurant owner **a place from which to start and will obviously not address every issue which will arise.** There will undoubtedly be plenty more questions on both sides and communication is critical for all involved. Approval of your plans and specifications by this Health Regulatory Authority does not indicate compliance with any other code, law or regulation (federal, state, or local) that may be required. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment).

FILL OUT THE FOOD SERVICE PLAN REVIEW APPLICATION (PAGE 26) AND PLACE IT ON TOP OF YOUR COMPLETED PACKET WHEN YOU SUBMIT IT.

[illegible]

[illegible]



Elkhart County Health Department

FOOD SERVICE PLAN REVIEW APPLICATION

ELKHART COUNTY HEALTH DEPARTMENT

4230 ELKHART ROAD GOSHEN, IN 46526

574-971-4600 (574-971-4599 fax)



Public Health
Prevent. Promote. Protect.

Type of construction choose one:

- ☐ New Food Service with new building built from ground up
☐ New Food Service converting or remodeling an existing building
☐ New Food Service sharing existing facilities
☐ Existing Food Service that is remodeling or expanding existing building

Name of establishment: _____

Establishment Address _____ City _____ State _____ Zip _____

Township _____ Establishment Phone () _____ Fax _____

Mailing Address _____ City _____ State _____ Zip _____

Name of Owner _____ Owner's Phone () _____

Owner's address _____ City _____ State _____ Zip _____

Cell Phone _____ Email/website _____

Contact Person _____ Contact's Phone () _____

Contact's address _____ City _____ State _____ Zip _____

Cell Phone _____ Email _____ Fax _____

Projected start and completion dates for construction: _____ thru _____

Who will be your certified food protection manager? (Title 410 IAC 7-22) _____

What position does s/he hold in your organization? _____

Provide a copy of the certification and state issued identification for this individual with the name of your establishment.

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

Signature(s) _____

owner(s) or responsible representative(s)

Date: _____

Please make all checks payable to **Elkhart County Treasurer**. Fees are NOT refundable. Payment of fee does not constitute approval of plans. Each submittal of revised plans will be charged an additional fee.

PLANS SUBMITTED AFTER CONSTRUCTION HAS STARTED WILL BE SUBJECT TO A LATE FEE OF TWO (2) TIMES THE PLAN REVIEW FEE. Refer to the Elkhart County Fee Ordinance for current fee amounts.

ELKHART COUNTY RETAIL FOOD SERVICE ESTABLISHMENT PLAN SUBMITTAL CHECKLIST

The following items must be included for your submittal to be considered complete and eligible to begin the review process:

1. ☐ **Completed Plan Review Packet with every question answered or marked N/A as appropriate**
2. ☐ **Completed application form**
3. ☐ **Plan review fee** Refer to current Fee Schedule for correct fee amount.
Applications will have a late fee of two (2) times the regular fee added to the fee for failure to submit plans and receive approval before beginning construction.
4. ☐ **One complete set of floor plans (hard copy or digital) drawn to scale with scale indicated on plans -Including mobile unit(s) if plans are printed on paper larger than 11"x17" a digital copy must be submitted as well for archiving. A scale bar must be included on each page of digital plans to establish scale when printed at reduced size.**
5. ☐ **One complete list of proposed equipment and specifications or cut sheets from the manufacturer for each piece of equipment** This includes ventilation hoods with exhaust and make-up air calculations if hoods are present.
6. ☐ **All required attachments: menu, food supplier list, HACCP plans, employee health policies and questionnaires, etc.**



Elkhart County Health Department

Environmental Health Services

4230 Elkhart Road Goshen, IN 46526

Phone 574-971-4600 Fax 574-971-4599

elkhartcountyhealth.org

Consumer Advisory

A consumer advisory is required if any animal product such as beef, eggs, fish, lamb, pork, poultry, or shellfish is served or sold raw or undercooked in a ready to eat form. The consumer advisory must be provided in a written form and may appear on menus, placards, table tents, or any other effective written means. Consumer advisories should include a disclosure and reminder.

Disclosure: Informing your customer that an animal product can be served undercooked or raw. A disclosure should include one of the following:

- A description of the animal product such as “raw oysters” or “hamburgers (can be cooked to order)”
- Asterisking (*) the animal product followed by a footnote that states the animal product is served raw or undercooked
- **A footnote is by definition located at the bottom (footer) of the page. Each page with an asterisked food must have the footnote on the page.**

Reminder: Informing your customer of the risk when consuming raw or undercooked animal product. A reminder should include one of the following footnotes, including an asterisk (*) next to the animal product that is served undercooked or raw:

- Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk for foodborne illness.
- Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk for foodborne illness, especially if you have certain medical conditions.
- Written information about the safety of these items is available upon request.

Bacon Wrapped Filet*

Tender fire-grilled filet wrapped in bacon. 9 oz. \$23.49

Flo's Filet® & LongHorn Salmon*

7 oz. \$25.99

White Cheddar & Bacon Stuffed Filet*

A tender Flo's Filet stuffed with aged white cheddar and hickory-smoked bacon, served over a savory brown herb sauce. 7 oz. \$19.99

Sirloin* & Redrock Grilled Shrimp

6 oz. \$16.99

or 7 oz. Flo's Filet* \$23.49

RARE: Cool, red center **MEDIUM RARE:** Warm red center, with a hint of pink **MEDIUM:** Warm pink center

MEDIUM-WELL: Some pink in center **WELL:** No Pink, cooked all the way through

*Cooked to order. Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.

WRITTEN FOOD EMPLOYEE HEALTH POLICY

PURPOSE

The purpose of the Food Employee Illness Reporting Policy is to ensure that all food employees notify the Owner/General Manager, or other “person-in-charge” (PIC) when you experience any of the conditions listed so that appropriate steps are taken to preclude transmission of foodborne illness or communicable diseases.

POLICY

The **(Name of Establishment)** is committed to ensuring the health, safety and well being of our employees and customers and complying with all health department regulations. All food employees shall report if they are experiencing any of the following symptoms to their PIC:

- ☐ Diarrhea
- ☐ Fever
- ☐ Vomiting
- ☐ Jaundice
- ☐ Sore throat with fever
- ☐ Lesions (such as boils and infected wounds, regardless of size) containing pus on the fingers, hand or any exposed body part

Food employees should also notify their PIC whenever diagnosed by a healthcare provider as being ill with any of the following diseases that can be transmitted through food or person-to-person by casual contact such as:

- | | |
|---|--|
| <input type="checkbox"/> Salmonellosis | <input type="checkbox"/> Hepatitis A virus, or |
| <input type="checkbox"/> Shigellosis | <input type="checkbox"/> Norovirus |
| <input type="checkbox"/> Escherichia coli | |

In addition to the above conditions, food employees shall notify their PIC if they have been exposed to the following high-risk conditions:

- ☐ Exposure to or suspicion of causing any confirmed outbreak involving the above illnesses
- ☐ A member of their household is diagnosed with any of the above illnesses
- ☐ A member of their household is attending or working in a setting that is experiencing a confirmed outbreak of the above illnesses

FOOD EMPLOYEE RESPONSIBILITY

All food employees shall follow the reporting requirements specified above involving symptoms, diagnosis and high risk conditions specified. All food employees subject to the required work restrictions or exclusions that are imposed upon them as specified in Indiana law, the regulatory authority or PIC, shall comply with these requirements as well as follow good hygienic practices at all times.

PIC RESPONSIBILITY

The PIC shall take appropriate action as specified in Indiana State Department of Health Rule 410 IAC 7-24 to exclude, restrict and/or monitor food employees who have reported any of the aforementioned conditions. The PIC shall ensure these actions are followed and only release the ill food employee once evidence, as specified in the food code, is presented demonstrating the person is free of the disease causing agent or the condition has otherwise resolved.

The PIC shall cooperate with the regulatory authority during all aspects of an outbreak investigation and adhere to all recommendations provided to stop the outbreak from continuing. The PIC will ensure that all food employees who have been conditionally employed, or who are employed, complete the food employee health questionnaire and sign the form acknowledging their awareness of this policy. The PIC will continue to promote and reinforce awareness of this policy to all food employees on a regular basis to ensure it is being followed.

(Establishment) Pre-employment Health Policy Questionnaire

Emphasis on illness due to Norovirus, *Salmonella*, *Shigella*, Shiga toxin-producing *Escherichia coli*, or Hepatitis A Virus

The purpose of this interview is to inform conditional employees and food employees to advise the person in charge of past and current conditions described so that the person-in-charge can take appropriate steps to preclude the transmission of foodborne illness.

Name of conditional employee name (print) _____

Name of food employee name (print) _____

Address of employee (print) _____

Telephone No., including area code: *Daytime* _____ *Evening* _____

Are you experiencing any of the following symptoms? (Circle either YES or NO)

Diarrhea?	YES / NO	If you answered YES, what was the date of onset?	_____
-----------	----------	--	-------

Vomiting?	YES / NO	If you answered YES, what was the date of onset?	_____
-----------	----------	--	-------

Jaundice?	YES / NO	If you answered YES, what was the date of onset?	_____
-----------	----------	--	-------

Sore throat with fever?	YES / NO	If you answered YES, what was the date of onset?	_____
-------------------------	----------	--	-------

OR:

Do you have an infected cut or wound that is open and draining? (Circle either YES or NO)	YES / NO
---	----------

Do you have a boil, lesion or other infected wound containing pus (however small) on the hand, wrist, or other body part, that is not properly covered? (Circle either YES or NO)	YES / NO
---	----------

In the Past:

Have you ever been diagnosed as being ill with typhoid fever (<i>Salmonella</i>)? (Circle either YES or NO)	YES / NO
---	----------

If so, what was the date of the diagnosis? _____

Within the past three months, have you taken antibiotics for *Salmonella*? (Circle either YES or NO)

YES / NO

If so, how many days did you take the antibiotics? _____ days

If you took antibiotics, did you finish the prescription? (Circle either YES or NO)

YES / NO

History of Exposure:

1. Have you been suspected of causing or have you been exposed to a confirmed food borne disease outbreak recently? (Circle either YES or NO)

YES / NO

If you answered "Yes" above, the date of outbreak: _____

a. If YES, what was the cause of the illness?

Cause: _____

b. If YES, did the illness meet any of the following criteria? (Circle either YES or NO)

YES / NO

- | | |
|--|--|
| i. Norovirus | (last exposure within the past 48 hours) |
| ii. Shiga toxin producing <i>E. coli</i> infection | (last exposure within the past 3 days) |
| iii. Hepatitis A virus | (last exposure within the past 30 days) |
| iv. Salmonellosis | (last exposure within the past 14 days) |
| v. Shigellosis | (last exposure within the past 3 days) |

If you answered "Yes" above, which illness? _____

c. If YES, did you:

i. Consume food implicated in the outbreak? (Circle either YES or NO)

YES / NO

ii. Work in a food establishment that was the source of the outbreak? (Circle either YES or NO)

YES / NO

iii. Consume food at an event that was prepared by a person who was ill? (Circle either YES or NO)

YES / NO

2. Did you attend an event or work in a setting recently where there was a confirmed disease outbreak? (Circle either YES or NO)

YES / NO

If you answered "Yes" above, what was the cause of the confirmed disease outbreak?

If the cause was determined to be one of the following five pathogens, did your exposure meet the following criteria for that pathogen? (Circle either YES or NO)

- | | | |
|---|--|----------|
| a. Norovirus | (last exposure within the past 48 hours) | YES / NO |
| b. Shiga toxin producing <i>E. coli</i> | (last exposure within the past 3 days) | YES / NO |
| c. <i>Shigella</i> | (last exposure within the past 3 days) | YES / NO |
| d. <i>Salmonella</i> | (last exposure within the past 14 days) | YES / NO |
| e. Hepatitis A virus | (last exposure within the past 30 days) | YES / NO |

3. Has another person in your household been diagnosed with illness due to any of the following: Norovirus; Shigellosis; Salmonellosis; Hepatitis A; or Shiga toxin producing *E. Coli*? (Circle either YES or NO) YES / NO

If you answered "Yes" above, what was the date of onset for the illness? _____

Name, Address, and Telephone Number of your Health Practitioner/doctor:

Name of practitioner (print) _____

Address of practitioner (print) _____

Telephone No., including area code: *Daytime* _____ *Evening* _____

Signature of Conditional Employee/Food Employee _____

Date _____

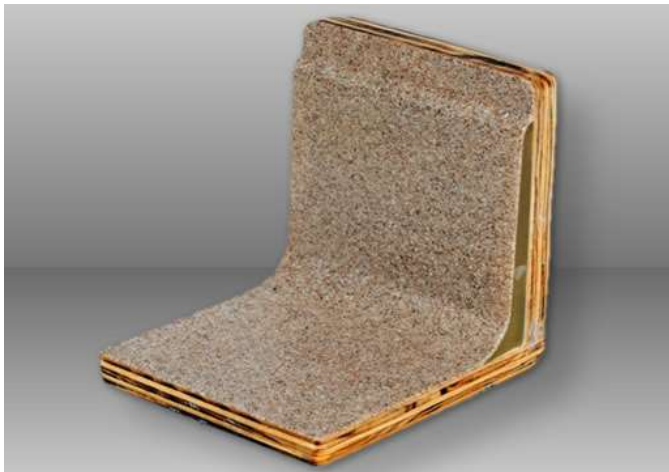
Acceptable Coving Options



Vinyl Cove Base



Tile Cove Base installed level with floor tile- NOT on top of floor tile



Epoxy Floor Covering with continuous cove base

Minimum Sink Requirements



Every establishment must have at least one hand sink in addition to the restroom hand sinks. Splashguard models are recommended. They may be required depending on what equipment they are mounted next to and how close they are to adjacent work surfaces. The total number required depends on the size and layout of the establishment.



Three compartment sinks are required for dishwashing and must have adequate drain boards, additional racks, or shelving to hold dirty dishes before washing and clean equipment while it air dries after sanitizing.



A mop or utility sink is required for filling mop buckets and dumping mop water and other wastewater from cleaning operations.

Minimum Sink Requirements



Some establishments may need or benefit from a separate food preparation sink for washing fruits and vegetables or thawing foods instead of using the three-compartment sink for these purposes.