



WARRICK COUNTY HEALTH DEPARTMENT
Environmental Division
107 West Locust Street Suite 111
Boonville, Indiana 47601
812-897-6105

Opening a New or Extensively Remodeled Food Service Establishment

New construction and remodeling of any food service establishment must meet the standards described in the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-26.

Construction plans/drawings must be submitted along with a Construction Design Release from the Indiana Building Commission (CDR) to the Health Department for review using the standards described in 410 IAC 7-26. **An application for plan review is provided and must accompany the drawings.**

Procedure for Opening (see review process flow-chart)

1. Review and approval of submitted plans.
2. Construction inspection based on approved plans and design.
3. Application for Food Establishment Permit.

For plan review questions and plan submission please contact us at 812-897-6105 or email to: tlatham@warrickcounty.gov

The following items must be described on the drawing:

1. Surface finishes of walls, floors and ceilings in the food preparation, food storage and utensil washing areas.
 - Walls, floors and ceiling surfaces in food preparation, food storage and dish room areas must be smooth finished and easily cleanable materials.
 - Wall and floor junctures must be coved.
2. The physical placement of all equipment needed for food production, food storage, and utensil washing.
3. A plumbing profile describing and locating hand wash sink(s), utensil washing, food preparation sink(s) and service sink(s).
 - Three compartments sink designed for utensil wash, including bar service must be indirectly connected to sewer by an air gap. Utensil dipper wells must also be indirectly connected to sewer by an air gap.
 - A sink designated as a food preparation sink must be indirectly connected to sewer.
 - A service sink for disposing of mop wastewater must be installed and may be directly connected to sewer.
 - Hand wash sink(s) must be available and accessible directly to food preparation and utensil washing, including bar service and may be directly connected to sewer.
 - Ice machines and ice bays must be indirectly connected to sewer by means of an air gap. This requirement also applies to bar service area.
 - A dump sink must be installed at any bar service area for the disposal of liquid waste from customer beverages. This sink may be directly connected to sewer.
4. If the food service establishment is serviced by private water and wastewater systems, then the project must first be reviewed and approved by the following State agencies
 - Onsite Wastewater System: Indiana State Department of Health at 317-233-7177.
 - Individual Well: Indiana Department of Environmental Management at 219-464-0233 or 1-800-451-6027.
5. Any equipment that generates excessive heat, steam, oils or odors is required to be mechanically vented meeting the standards described in the State Building codes.
 - Dish washing machine designed for hot water final rinse sanitizing must be mechanically vented meeting the manufacturer recommendations.

Food Establishment Plan Review Process

1	<ul style="list-style-type: none">•New Food Establishment /Remodel/ Change of Owner Proposed.•Note: Construction may not begin until approval is granted.
2	<ul style="list-style-type: none">•Operator assembles plans drawn to scale (or provides measurements) in pdf or paper format, completes the application form and plan review packet.•Operator submits these materials along with payment to the Warrick County Health Department.
3	<ul style="list-style-type: none">•Review conducted by Warrick County Food Division staff within 10 business days.•If the facility is serviced by on-site water supply or sewage disposal system additional approvals will be necessary prior to food establishment plan approval.
4	<ul style="list-style-type: none">•If applicable, Warrick Health Department will request additional information regarding missing materials or information provided that does not meet requirements.
5	<ul style="list-style-type: none">•Plans are approved and Warrick County Health Department sends a plan review approval letter.
6	<ul style="list-style-type: none">• CONSTRUCTION BEGINS*
7	<ul style="list-style-type: none">•If plans are changed after approval, the changes must be submitted to Warrick County Health Department in writing and approved again before proceeding with construction. Once a Certificate of Occupancy is received from the Indiana State Building Commission it must be submitted to our office to move forward with the permitting process.
8	<ul style="list-style-type: none">•Applicant requests an appointment for a pre-operational inspection once all construction is complete. Minimum 5 business days in advance of proposed opening date. Prior to pre-operational inspection please obtain proof of fire inspection by the local fire department and proof of inspection of grease trap/interceptor inspection.
9	<ul style="list-style-type: none">•Applicant submits food permit application prior to pre-opening inspection.•Payment of permit will be required at the pre-operational inspection.
10	<ul style="list-style-type: none">•Pre-opening inspection conducted and approval of food permit and operation given by Warrick County Health Department if establishment is compliant with all rules and regulations.
11	<ul style="list-style-type: none">•An initial routine inspection will take place 30-45 days after opening.•Routine inspections will occur throughout the year 1-4 times based on menu with follow-up inspections as necessary.

*Warrick County Health Department has authority to issue a stop work order when construction begins before plans are approved



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Establishment Name: _____ Telephone Number: _____

Establishment Address: _____

Establishment Type: _____
(e.g. restaurant, convenience store, grocery store, bakery)

Total Square Footage: _____

Water Source: **(V one)** _____ Municipal _____ Private

Wastewater Disposal: **(V one)** _____ Municipal _____ Private/Onsite

Food Establish Owner Information:

Type of Business/Ownership: **(V one)** ☐ Individual ☐ Partnership ☐ Corporation ☐ Members ☐ Non Profit

Corporation/Owner(s) Name: _____

Business Mailing Address: _____

Owner E-Mail Address: _____ Phone Number: _____

Food Establishment Primary Contact:

Name: _____ Phone Number: _____

Mailing Address: _____

E-Mail Address: _____

Menu Items: Attach proposed menu with plan review application

Plan Review Fees:

\$100 payable by cash, business check or credit card.

This includes the review on paper and pre-operational inspection by an inspector.

Fees are payable to the Warrick County Health Department upon submission of plans. Fees are Non-Refundable.

I understand I cannot open this food establishment until I have received written approval from Warrick County Health Department.

Signature _____ Title _____ Date _____

For Office Use Only:

Date Received: _____ Amt. Received: _____ CC/BC _____ Cash _____ Check _____ Check No. _____

Money Order _____ Money Order No. _____ Receipt No. _____ Book No. _____ Initials: _____



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Instruction for the Plan and Review Questionnaire Form

The enclosed/attached questionnaire was designed for the operator and/or architect to utilize in the plan and review process. Please feel free to contact our office at 812-897-6105 for further assistance when completing the questionnaire.

The questionnaire is designed in two (2) parts. Part one is the Standard Operating Procedures (SOP's). This part should be completed by the owner/operator of the facility. SOP's are area procedures that will help your operation to be in compliance with the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-26, you may **download this information from the website; http://www.in.gov/isdh/files/410_iac_7-26.pdf**. 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);
- Sanitation (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**

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

- Ware washing/Dish washing (covers the proper use and capacity of your equipment);
- Water Supply/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 interior of 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)
- Refuse and Recyclables (covers the storage and disposal)
- Lighting (minimum amount of light needed to conduct operations)

TIMING - THE LENGTH OF TIME THAT THIS PERMITTING 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. Time spent in proper preparation beforehand will save time and money as your opening approaches.

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



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Plan Review Questionnaire

All information must be completed in its entirety per the Indiana Department of Health, Retail Food Establishment Sanitation Requirements, Title 410 IAC 7-26 and returned to our office.

- This questionnaire is not designed to be used as a complete list of requirements so 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 7-26.
- When completing the questionnaire, please refer to the Title 410 IAC 7-26 section numbers included in parenthesis at the end of each question.

Please note the dates your plans were submitted to or approved by the following authorities:

Building Dept. (Zoning, Plumbing, Electric, Planning, Occupancy)
Wastewater Disposal (Septic/Sewer)
Fire Dept. (Fire Suppression, Ventilation)

Please note the following:

Number of seats
Total Square Footage

Please note the number of floors on which food operations are conducted.

Please mark the meal periods that will be served.

☐

Breakfast

☐

Lunch

☐

Dinner

Please mark your service style(s).

☐
☐
☐
☐
☐

Dine-in
Take-out Only
Mobile Unit
Tent Set Up
Catering

Please include the following documents:

- Proposed Menu
- Kitchen, bar and service station layout.
- Manufacturer specification sheets for each piece of equipment used for food storage, preparation or transport.
- Site Plan-showing location of the building including alleys and streets, outside equipment and dumpsters, well or septic (if applicable) and the grease trap.

1. Describe your date marking system **(described under Section 214)** for “TCS” Time/temperature control for safety food **(defined under Section 125)** ready-to-eat foods **(defined under Section 96)** **(Section 214)**.

2. Will all produce be washed prior to use? **(Section 179)** Circle one. Yes/ No/ NA

If yes, Where?

If no, please explain why.

3. Provide a list of the types of food that will need to be thawed before cooking and the process that will be used to thaw the food. (e.g. frozen meat) **(Section 210)**

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

4. Provide a list of the types of food that will need to be cooled and the process that will be used to cool each of these foods. (e.g. leftovers) **(Section 211 & 212)**

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

5. What procedures will be in place to ensure that foods are reheated to 165°F or above? **(Section 206)**

6. Will a buffet be served? Circle one. Yes/ No/ NA

If yes who will be responsible for ensuring that the buffet is protected from consumer contamination? **(Section 195)**

If yes, what types of counter protective guards for food will be used? (sneeze guards)

7. Will “Time as a Public Health Control” **(Section 216)** be used for hot or cold TCS food?

Circle one. Yes/ No/ NA

Note: These procedures must be submitted and approved before their use.

8. Will raw animal food(s) be offered to the public in an undercooked form such as sushi, rare hamburgers, eggs over easy, made from scratch Caesar dressing, etc.? **Circle one. Yes/ No/ NA**

If yes, please attach your consumer advisory statement. **(Section 223)**

9. Who (job title) will be assigned the responsibility of taking food temperatures and at what steps will temperatures be taken? **(cooking, cooling, reheating, and hot holding) (Section 136)**

10. Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in a refrigeration unit(s) such as walk-in, reach-in, prep top coolers. **(Section 175)**

11. Describe the storage of raw meats and seafood in the same refrigeration unit and how cross contamination will be prevented. **(Section 175)**

Sanitization

12. Who (job title) will be assigned the responsibility of ensuring the correct amount of sanitizer will be used? **(Section 136)**

13. List the type of chemical sanitizer(s) the facility will use for the following: **(Section 299)**

Mechanical ware washing machine

Three compartment sink

Sanitizer buckets

Sanitizer spray bottles

14. Will the facility have test kits on site for all types of chemical sanitizers being used?

(Section 301) Circle one. Yes/No

15. 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? **(Section 316, 317)**

Poisonous or Toxic Materials and Personal Care Items

16. Where will poisonous or toxic materials to be used or sold be stored? **(Section 457)**

17. Will the facility ensure that insecticides and rodenticides are “Approved for Use in Food Establishments” and that they are applied in a safe manner? **(Section 136) Circle one. Yes/No**

What company will be applying insecticides and rodenticides?

18. Will all spray bottles be clearly labeled? **(Section 456) Circle one. Yes/No**

19. Where will first aid supplies be stored? **(Section 471)**

20. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters?
(Section 428) Circle one. Yes/No

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

Warewashing/Dishwashing

21. Which dishwashing method will be used in the facility? **(Section 274)**

Circle one. Three Compartment Sink/ Mechanical Ware Washer/ Both

22. If a three-compartment sink is used, which sanitizing method will you utilize?

Circle one. Hot Water/ Chemical

23. If a mechanical ware washer is used, which sanitizing method will you use?

Circle one. Hot Water/ Chemical

24. Does the ware washing machine have a template with operating instructions? **(Section 261)**

Circle one. Yes/ No

If utilizing hot water, do you have a booster heater? **Circle one. Yes/ No**

If utilizing hot water, how will you ensure that the unit is sanitizing the utensils? **(Section 263, 264)**

25. If utilizing a chemical ware washing machine, does an alarm sound when more chemical sanitizer needs to be added? **(Section 265)**

Circle one. Yes/ No

26. If there is no alarm on the chemical ware washing machine, how will low levels of sanitizer be detected?

27. Can the largest piece of equipment be submerged into the three-compartment sink or ware washing machine?
(Section 274) Circle one. Yes/ No

28. Does the facility plan to use any alternative manual ware washing equipment for specialized equipment?

(Section 314) Circle one. Yes/ No/ NA

If yes, please submit your procedure for review.

29. Does your facility have enough (drain boards/utensil racks/carts) for the air drying of equipment and utensils in the ware washing area? **(Section 324) Circle one. Yes/No**

Please describe the area below:

Water Supply

30. What is the source of the water supply? **Circle one. Public/Private**

If public, skip question #40.

31. If private, has the source been tested? **(Section 334, 339) Circle one. Yes/ No**

Date of last test

Was a copy of the lab results sent to our office? **Circle one. Yes/ No**

Waste Water/Sewer Disposal

32. Describe the sewage disposal system. **Circle one. Public/ Private**

If public skip question #42.

33. Has the waste treatment system been approved by the state or local septic inspector?

(Section 385) Circle one. Yes/ No

Please include a copy of the approval.

Plumbing

34. Are hot and cold water fixtures provided at every sink? **(Section 342) Circle one. Yes/ No**

35. If a water supply hose is to be used for potable water, is it made from food-grade materials? **(Section 370)**

Circle one. Yes/ No

36. Hot Water Heater Information **(Section 341)**

Circle one. Tank/ Tankless

Make

Model

Recovery Time Volume Tank Capacity

37. The following technical information is needed regarding the proposed plumbing.

This section is best completed by a licensed plumber, or engineer. (Section 354)

Fixture			Water Supply			Sewage Disposal		
	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Dishwasher								
Ice Machine								
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				

38. Has contact been made to the municipality to determine if a grease trap is required?

Circle one. Yes/ No/ NA

39. What would be the frequency of cleaning of the grease trap? **(Section 381)**

40. Is there a service (mop) sink? **(Section 353) Circle one. Yes/ No**

Handwashing/Toilet Facilities

41. Hand washing sinks are required in restrooms, food preparation, and ware washing areas. **(Section 351)** How many hand washing sinks will be provided?

42. Are all toilet room doors self-closing? **(Section 420) Circle one. Yes/ No**

43. Are toilet rooms equipped with adequate ventilation? **(Section 437) Circle one. Yes/ No**

Room Finish Schedule (Ceiling, Wall and Floor Surfaces)

44. Please provide the materials that will be used in the following areas (e.g. quarry tile, stainless steel, plastic coving, vinyl tiles) **(Section 409)**

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				

Personal Belongings

45. Are separate dressing rooms/lockers provided for employees? **(Section 417)**

Circle one. Yes/ No

46. Describe the storage location for employees' coats, purses, medicines and lunches.

(Section 440, 471, 472)

47. Where is the designated area for employees to eat, and drink, **(Section 148)**?

Equipment

48. Will all of the equipment meet the design and construction for the American National Standards Institute (ANSI) standards or meet the requirements in **Section 226**? **Circle one. Yes/ No**

49. Will the utensils and food storage containers be made from food-grade quality materials? **(Section 226)** **Circle one. Yes/ No**

50. Will any pieces of used equipment be utilized? **(Section 236)** **Circle one. Yes/ No**

If yes, please provide a list of the used equipment.

51. Is the ventilation (kitchen hood) system sufficient for the needs of the facility and approved by the local Fire Department? **(Section 276)** **Circle one. Yes/ No/ NA**

52. Will all of the equipment used for the storage of TCS foods be able to meet the minimum temperature requirements? (frozen food 0°F, cold food 41°F, hot food 135°F)

Circle one. Yes/ No/ NA

53. Please list the equipment types for hot and cold holding of foods including buffet service and transporting food from one place to another. **(Section 213)**

54. Will each refrigeration unit have a thermometer? **(Section 260)** **Circle one. Yes/ No**

55. What types of protective counter guards for food (sneeze guards) will be used for consumer self-service? **(Section 193)**

Insect and Rodent Harborage

56. Will all outside doors be self-closing, when applicable, and rodent/insect proof? **(Section 421)** **Circle one. Yes/ No**

57. Will screens be provided for windows and doors that will be open to the outside? **(Section 421)** **Circle one. Yes/ No**

58. Will air curtains be installed to protect open doors or windows? **(Section 421)**

Circle one. Yes/ No

If yes, describe where they will be installed.

59. Will all pipes and electrical conduit chases be sealed and protected? **(Section 422)**

Circle one. Yes/ No

60. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions?
(Section 453) Circle one. Yes/ No

61. Do you plan to use a pest control service? **Circle one. Yes/ No**

How often will there be treatment?

What is pest control company's name?

Refuse and Recyclables

62. Describe the ground surface that the outside dumpster(s) will be sitting. **(Section 408)**

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

Lighting

64. Fill in the foot candles of light for the following areas. **(Section 436)**

	Food Prep Areas
	Dishwashing Areas
	Dry Storage Areas
	Restrooms
	Walk-In Refrigeration