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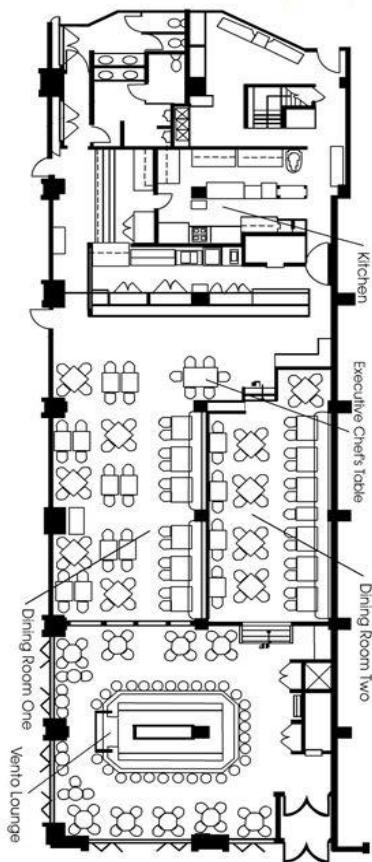
Date received:

Amount paid:

Date approved:

Food Establishment

Plan Review



Public Health
Prevent. Promote. Protect.

**Woodford County
Health Department**

Woodford County Health Department

1831 S. Main Street
Eureka, IL 61530-1707

Phone: (309) 467-3064
Fax: (309) 467-5104
Web site: www.health.woodfordcountyil.gov
e-mail: wchd@woodfordcountyil.gov

Non-refundable plan review fee due at time of submission

Step-by-Step Procedures for Obtaining a Food Operational Permit

Please be aware that:

- The Plan Review Application should be submitted a minimum of **30 DAYS** prior to opening.
- Local zoning regulations require that properties are properly zoned to operate a food establishment. Please verify that the property is properly zoned.
- All Plan Review Applications and any additional information or revisions will be reviewed in the order in which they are received.
- All food service establishments except Category III facilities shall have a Certified Food Protection Manager from the initial day of operation.
- All payments must be made by check, cash, credit card or money order.
- Plan review application fees are non-refundable.
- Plan reviews can be submitted electronically through e-mail at: wchd@woodfordcountyl.gov

Step One – Initial Inquiry

- Contact Woodford County Health Department for a Plan Review Application. A copy of the current Woodford County Food Sanitation Ordinance is available on the Woodford County Health Department website: www.health.woodfordcountyl.gov

Step Two – Submit Plans

The following items must be submitted before your plans will be evaluated:

- A completed Plan Review Application. If a question on the application does not apply to you, please indicate so in writing.
- A labeled, scale floor plan diagram of your food establishment showing the location of major appliances, sinks, employee break areas, restrooms, etc.
- A copy of your planned menu.
- Employee health policy, and Sanitation Standard Operating Procedures (SSOP) for foodborne illness risk factors/processes that are applicable to your facility.
- Water well permit documentation, evaluation/inspection, and recent (within 90 days) satisfactory water samples (if applicable).
- Septic permit documentation and/or evaluation/inspection (if applicable).
- **Plan Review fee** – \$200.00 for new facilities; \$150.00 for remodeled facilities. Plan review fee due at time of submission and is non-refundable once submitted.

Step Three – Review Process

- The plans will be reviewed **ONLY** after all the above required documents and fees have been submitted.
- An incomplete Plan Review Application will be returned. This will delay the approval process.
- Please allow up to ten (10) business days to review the plans once all required documents are received.

Step Four – Approval Process

- Changes to your plans or additional information may be required prior to plan review approval.
- Any changes to the submitted plans must be pre-approved by the Woodford County Health Department before construction begins.
- You must notify the Woodford County Health Department for approval should a change be made during construction.

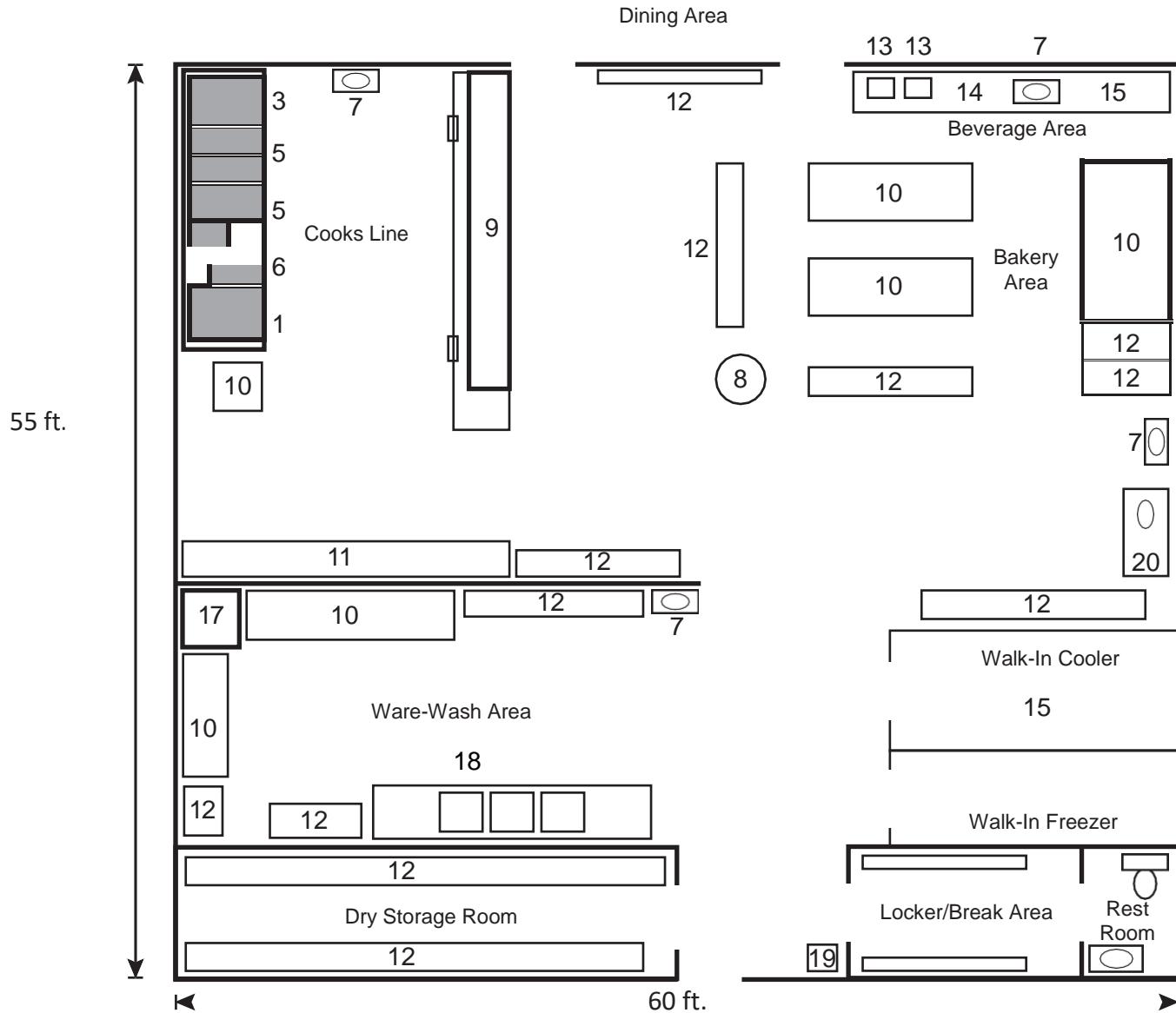
Step Five – Preliminary Inspection and Final Approval

- After your plans have been approved, and interior work has begun, contact the Woodford County Health Department to schedule a preliminary inspection (optional). A Preliminary Inspection Report will be provided to you at this inspection. Items that require correction will be noted.
- The licensed Illinois plumbing contractor performing the plumbing work at the food establishment shall contact the state plumbing inspector to schedule the underground, rough-in, and final plumbing inspections. The opening inspection of the food establishment conducted by Woodford County Health Department cannot take place, and will not be approved, until the plumbing inspection has been conducted and approved by the state plumbing inspector.
- When the establishment is finished and all equipment is in place and almost operational, a final opening inspection shall be scheduled. All equipment must be on and functioning properly during the inspection. If the establishment meets code and no corrections are needed, final approval to operate is given. This approval is given after all other approvals are made such as building inspection, fire inspection, and plumbing inspection.
- The annual license permit fee must be paid prior to final approval to operate. The annual license food permit is valid from the date of issuance until the end of the calendar year in which the food permit was issued. Food permits can be renewed for the following calendar year for a fee.
- Please allow at least one week to schedule the preliminary or final opening inspection.

SAMPLE

Establishment Floor Plan

Please include (at minimum): Major appliances; sinks; break areas; restrooms; prep areas; refrigeration/freezer units; bar areas; server areas; utility sinks. Please note that multiple hand sinks may be required in your facility.



Equipment (Make and Model #)

1. Microwave (ABC #123)
2. Steamtable (HOT #A1)
3. Stove (AOK #22)
4. Griddle (AOK #Q17)
5. Fryer (ABC #55)
6. Charbroiler (HOT #A7)
7. Hand Sink
8. Mixer (EZ #99)
9. Refrigerator/Freezer Make-Table Unit w/ pass-thru and shelf (COLD #1P)
10. Stainless Steel Table
11. Sliding 3 Door Refrigeration Unit (COLD #2A)
12. Shelving Unit
13. Coffee Maker (ABC #16)
14. Soda Machine (PDQ #2A)
15. Walk-In Cooler (COLD#AZ1)
16. Walk-In Freezer (COLD #AZ3)
17. Dish Machine (Magic #15)
18. 3-Compartment Sink w/ 36" drainboards
19. Mop Sink
20. Prep Sink

Food Establishment Requirements

What is a Food Establishment?

A Food Establishment is any food service establishment as defined in the Woodford County Food Sanitation Ordinance; tavern; bar; nightclub; commissary; catering kitchen; bakery; vending machine with Time/Temperature Control for Safety (TCS) food products; retail food store; mobile food unit (food trailer), temporary food establishment; private, public or nonprofit organization or institution routinely serving food or drink; and any other eating establishment or operation where food or drink is prepared, served, or provided for human consumption with or without charge.

Do all Food Establishments need a Food Permit?

Yes. All food establishments operating in Woodford County must have a Retail Food Operational Permit issued by the Woodford County Health Department.

What regulations apply to Food Establishments?

- Woodford County Food Sanitation Ordinance
- Illinois Food Code
- Any other applicable local or state ordinances or code, including City or Township ordinances, Zoning Codes, Plumbing Code, Fire Code, etc.

What type of licenses are available for Food Establishments?

There are many types of licenses available for Food Establishments, such as Annual and Mobile Food Unit Licenses. This application is specific to Annual (full year) for those food establishments selling more than pre-packaged time/temperature control for safety food. License fees are determined by the risk level of the establishment. For mobile units see Mobile Unit Plan Review Application.

How is the Risk Level determined?

The risk level is determined during the plan review process and is based on menu, population served, and food processing procedures. There are three risk levels: Category I, Category II, and Category III.

What are general requirements for a Food Establishment?

General:

- All food must be obtained from an approved source.
- Any special processes must have an approved Hazard Analysis Critical Control Point (HACCP) plan prior to operations.
- The Woodford County Health Department issues permits at the retail level. Please contact the IL Department of Public Health or IL Department of Agriculture for wholesale operations.
- All establishments, except Category III, must have at least one Certified Food Protection Manager on staff or enrolled in a CFPM class before plans will be approved. A Certified Food Protection Manager must be on the premises during all hours of operation in Category I and Category II food establishments. **All other employees must receive approved Food Handler Training.**

Plumbing:

- All plumbing must meet Illinois Plumbing Code and be installed/repaired by a licensed Illinois plumbing contractor
- Hot and cold running water under pressure must be available at all sinks.
- Hand washing sinks are required and must be convenient and easily accessible to all food handlers in food prep and warewashing areas. Hand soap, paper towels, and a waste receptacle must be available at all hand washing sinks.
- A three-compartment sink is required. It must be large enough that each compartment can accommodate the largest item to be cleaned. Drain boards are required on both sides.
- Grease traps are required. Please consult the local plumbing inspector or sanitary district regarding grease trap requirements and sizing.
- A service sink or mop sink or utility sink is required.
- A prep sink may be required for food establishments based upon menu and scope of operations.

Equipment and Surfaces:

- All food equipment should be commercial grade and certified or classified for sanitation by an American National Standards Institute (ANSI)-accredited certification program.
- Enough refrigeration or freezer units must be available to keep food items at 41°F or below at all times.
- Enough cooking and hot holding units must be available to cook TCS foods to minimum required temperatures and hot hold foods at 135°F or above at all times. If reheating foods, appropriate equipment must be available. Foods cannot be reheated in crockpots, steam tables, or other equipment designed only to maintain food temperatures.
- All surfaces must be smooth, easily cleanable, and non-absorbent. All exposed wood must be sealed. Shelving must be free from rust and chipping paint.
- Walls and ceiling must be in good repair, smooth, light colored and easily cleanable.
- Floors in food preparation, food storage, dishwashing, walk-in refrigerator and freezer, toilet rooms, and dressing rooms must be smooth, durable, easily cleanable, in good repair, free of cracks and chips, and non-absorbent (no carpet).
- Ventilation is required to keep establishments free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke and fumes. The type of hood required is determined by the mechanical code; please consult your local building inspector for hood requirements. Fire suppression systems may also be required; please consult your local fire department for those requirements.

Pest Control:

- Doors and windows must protect against the entrance of pests. Doors must be self-closing, tight-fitting, and rodent proof.
- If doors and windows are to remain open, they must be screened, air curtained, or have some other approved form of pest control prevention measure, must be used.

Water Supply:

- An approved water supply must be available. If the establishment is on a water well, the water well system must be inspected by a licensed Illinois Water Well Contractor and written documentation of the water well system inspection must be provided to the Woodford County Health Department. A microbiology water sample must be collected and analyzed to ensure a potable/safe water supply and documentation must be provided to the Woodford County Health Department. Depending on the number of people/days the water well is used, the water well may also be considered a Non-Community Public Water Supply and subject to regulations under the Drinking Water Systems Code. Annual water testing is required on all water wells.

Wastewater Disposal:

- The establishment must have an approved wastewater disposal system. If the establishment is served by a private onsite wastewater treatment system (septic system), the septic system must be inspected by a licensed Illinois Private Sewage Disposal Contractor and written documentation of the septic system inspection must be provided to the Woodford County Health Department.

Restrooms:

- The number of restrooms required is determined by the Illinois Plumbing Code. Please consult your local plumbing inspector for those requirements.
- At least one restroom (can also be the public restroom) must be available for employee use.
- Restrooms must have self-closing doors, mechanical ventilation, and handwashing sinks with hot and cold running water, soap, paper towels, and covered waste container. A heated-air hand drying device is optional. Each restroom must have a sign stating employees must wash hands before returning to work.

Miscellaneous:

- All lighting must be shielded to protect food and surfaces from the possibility of contamination due to broken glass.
- Working surfaces and food preparation areas must have at least 50 foot candles of light (540 lux); at least 20 foot candles of light (215 lux) for buffets, salad bars, handwashing areas, warewashing areas, and equipment/utensil storage areas; at least 10 foot candles of light (108 lux) in walk-in refrigeration units and dry food storage areas.
- Dumpsters must be stored on concrete or asphalt and covered.

Special Circumstances:

- Variances: A variance request may be submitted to modify or waive compliance with the Illinois Food Code. The variance will be approved if a public health hazard or nuisance will not result from the approval.



Woodford County Health Department

Food Establishment Licensee Identification Form

Establishment Name: _____

Establishment Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip Code: _____

Person-in-charge: _____

Phone Number: _____ e-mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Type of Ownership: Sole Proprietorship Partnership
 Corporation (provide additional information below) Other _____

Corporation Name: _____

Date of Incorporation: _____ State of Incorporation: _____

Address of Corporate Office: _____

City: _____ State: _____ Zip Code: _____

List Owner(s), Corporate Officer(s), or General Partner(s) (use additional sheets if necessary):

Name	Title	Contact Phone Number

I declare that I have examined this form, and to the best of my knowledge and belief, the information entered on this form is true, correct, and complete. A typed or signed name indicates agreement to the terms and conditions of this document and intention to proceed in the manner indicated. (815 ILCS 333/1 et al).

Signature of Owner or Officer empowered to Sign for Corporate Entity

Date

Print or type name signed above

For Corporations:

Signature of Corporate Secretary

Date



Public Health
Woodford County
Health Department

Plan Review Application

The undersigned hereby makes application for a permit to operate a Food and/or Beverage Establishment and/or Retail Food Establishment in Woodford County.

Change of Ownership

Establishment:

Establishment Name: _____

Establishment Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Licensee (Owner): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Send mailings to: Establishment Licensee (Owner)

Contact Person: _____ Phone: _____

Manager: _____ Phone: _____

Emergency Contact (after hours): _____ Phone: _____

Type of Establishment: (May Mark More Than One)

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Corrections Facility	<input type="checkbox"/> Mobile
<input type="checkbox"/> Bar/Tavern	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Farmers' Market	<input type="checkbox"/> Satellite Food Distribution
<input type="checkbox"/> Retail	<input type="checkbox"/> Catering	<input type="checkbox"/> Hospital	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Daycare	<input type="checkbox"/> Commissary	<input type="checkbox"/> Lodging	<input type="checkbox"/> Other: _____
<input type="checkbox"/> School	<input type="checkbox"/> Concession Stand	<input type="checkbox"/> Long Term Care Facility	

Days and Hours of Operation:

	<i>Hours of Operation</i>	<i>What time does someone arrive to prepare food?</i>
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Water Supply: Public Private/Semi-Private Water Well Non-Community PWS Well

Sewage Disposal: Public Private (Septic System)

I. General

Projected Opening Date _____ Number of Seats _____

Number of Staff (maximum per shift) _____ Total Square Feet of Establishment _____

Number of floors on which operations are conducted _____ Outside storage areas: Yes No

Approximate **number** of meals to be served: Breakfast _____ Lunch _____ Dinner _____

Will a highly susceptible population (elderly, young children, and/or immune-compromised people) be served as the primary consumers? Yes No

Will food be transported to another location as with a catering operation or satellite kitchen?

Yes No *If YES, please list all locations food will be transported to on a regular basis:*

Will the establishment be seasonal? (Seasonal establishments operate for 6 or fewer months per year)

Yes No *If Yes, please provide the dates of operation: _____*

II. Food

Are all food supplies from inspected and approved sources? Yes No

Will all shellfish tags and invoices be maintained for 90 days? Yes No N/A

Will game animals be prepared or sold? Yes No N/A

Will this establishment cater foods to off-site locations (do not include pizza deliveries)? Yes No

Will frozen dairy desserts such as ice cream, gelato, or popsicles be made at the establishment?

Yes No

Special Processing:

If any of the following special processes will occur at the establishment, HACCP plans must be submitted as part of the plan review process. *Failure to provide HACCP plans with the plan review application WILL delay the plan review process.*

Will any reduced oxygen packaging, such as vacuum packaging, cook/chill packaging, or sous vide take place at the establishment? Yes No

Will smoking of meat for preservation take place at the establishment? Yes No

Will any food be cured or dried at the establishment? Yes No

Will the fermentation of sausages or other foods (such as in the making of kimchi, sauerkraut, pickles, yogurt, cheese, kefir occur at the establishment? Yes No

Will sprouting of seeds take place in the establishment? Yes No

Will the making of sushi or sushi rice take place in the establishment? Yes No

**Will juicing and the packaging of juice take place in the establishment?* Yes No

***A warning statement on the package and written procedures may be submitted in lieu of a HACCP plan.**

Storage:

Is adequate and approved freezer and refrigeration available to store frozen foods, frozen and refrigerated foods at 41°F and below? Yes No

Does each refrigerator have a thermometer located near the door? Yes No

Will raw meats, poultry (including eggs) and seafood be stored in the same refrigerators and freezers with cooked and/or ready-to-eat foods? Yes No

Will dry goods and single use items be stored at least 6 inches off the floor? Yes No

Is appropriate storage space provided for food products, based upon menu, meals, and frequency of deliveries? Yes No

Are containers constructed of food grade materials to store bulk food products? Yes No

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

Preparation:

List all foods prepared more than 12 hours in advance of service (examples: coleslaw, sauces, dressings, potato salad, tuna salad, etc.):

Will ingredients for cold ready-to-eat food such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? Yes No

Will all produce be washed on site prior to use? Yes No

If Yes, what sink will be used? _____

Will disposable gloves and/or utensils be used to prevent bare hand contact with ready-to-eat foods? Yes No

TCS foods which have been prepared or opened and will be held under refrigeration for more than 24 hours must be date marked to ensure the product is not held longer than 7 days, including the date of preparation.

What is your process for date marking food?

Preparation (continued):

Describe the procedure used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41° F--135° F) during preparation:

Thawing:

Food must be thawed using one of the following methods. Next to the thawing method, list which food items will be thawed using that method.

Check here if no food will be thawed.

<i>Thawing Method:</i>	<i>Food Items:</i>
Refrigeration	
Under Running Water less than 70°F	
Microwave (as part of the cooking process)	
Cooked from Frozen State	
Other (describe)	

Cooking:

Will food thermometers be used to measure the final cooking and reheating temperatures? Yes No

Will a consumer advisory be posted or added to the menu for all food which are raw or under cooked?

Yes No

List all TCS foods which will routinely be served raw or under cooked such as sushi, steak tartar, oysters, hollandaise or béarnaise sauce, Caesar dressing, meringue, or egg-fortified beverages:

List all equipment that will be used for cooking:

Hot and Cold Holding:

List the equipment that will be used to maintain a temperature of 135° F or above for all TCS foods being held during service:

List the equipment that will be used to maintain a temperature of 41° F or below for all TCS foods being held during service:

If you will be using ice, as a supplement, for keeping food cold (such as in a salad bar) how will the food be stored in the ice? Describe the procedure to maintain ice levels:

If food is going to be transported and/or served off site, how will food temperatures (hot and cold) be maintained? List specific equipment and procedures:

Cooling:

All TCS foods must be cooled from 135° F to 70° F within 2 hours and to 41° F within 4 hours. List the food items that will be cooled next to the cooling method to be used.

Check here if no foods will be cooled.

<i>Cooling Method:</i>	<i>Food Items:</i>
Shallow Pans	
Ice Baths	
Reduce Volume or Size of Food (smaller portions or containers)	
Rapid Chill	
Other (describe)	

Reheating:

List the equipment that will be used to rapidly reheat food to a temperature of 165° F within 2 hours for hot holding:

III. Personal

Food Handlers:

Will all Food Handlers (those food employees engaged in handling food or food contact surfaces) receive ANSI approved Food Handler Training or Illinois Department of Public Health approved Food Handler Training? (Records of this training must be available on site) Yes No

Is there a written policy to exclude or restrict food workers who are sick or have infected lesions?

Yes No

Is there a written policy or procedure for compliance with the Smoke Free Illinois Act (SFIA)?

Yes No

Are dressing rooms or lockers provided for employees' personal belongings? Yes No

If No, where will personal belongings be stored?

Will hand antiseptics ("sanitizers") be used? Yes No

If Yes, attach proof of compliance with Code and procedures for use.

Will employees be required to use effective hair restraints including beard/mustache guards? Yes No

Certified Food Protection Managers:

Name	Certification Number	Expiration Date

IV. Structure

Floors, Walls, and Ceilings:

Are all floors constructed of a smooth, durable, easily cleaned material? Yes No

Is carpeting used as flooring in any area other than the dining area? Yes No

Are the walls and ceilings light-colored, smooth, non-absorbent, and easily cleanable? Yes No

Are all light fixtures, vent covers, wall-mounted fans, decorative materials, and similar equipment attached to walls and ceilings, easily cleanable? Yes No

Is there adequate lighting in all areas of the kitchen walk-in coolers, ware washing areas, restrooms and storage areas? Yes No

Are shields provided for all lighting in food storage, preparation, service, and display units; as well as areas where utensils and equipment are cleaned and stored? Yes No

Equipment:

Specify how many of each are available

<i>Small Equipment</i>	<i>Number</i>
Slicers	
Cutting Boards	
Can Openers	
Mixers	
Microwaves	
Tabletop Pizza Ovens	
Other (describe):	
Other (describe):	
Other (describe):	

Are all food contact surfaces smooth, easily cleanable, and nonabsorbent? Yes No

Is all non-portable equipment that is placed on tables or counters either sealed to the table or counter or elevated on legs 4 inches off the table or counter? Yes No

Is all floor-mounted equipment, unless readily moveable, sealed to the floor or elevated on legs to provide a 6-inch clearance? Yes No

Sinks:

Do all sinks have hot and cold running water? Yes No

Is there a food preparation sink? Yes No

Is there a hand washing sink in each food preparation and ware washing area? Yes No

Do all hand washing sinks have a mixing valve or combination faucet, if applicable, and do "push button" style hand sink faucets provide a flow of water for at least 15 seconds without reactivation? Yes No

Is hand soap available at all hand sinks? Yes No

Are paper towels or air dryers available at all hand sinks? Yes No

Are waste receptacles provided at each hand sink? Yes No

Are dump sinks available at all bar and beverage stations? Yes No

Is there a service sink/mop sink/utility sink? Yes No

Is there a three-compartment sink? Yes No

Does the largest pot and pan fit into each compartment of the three-compartment sink? Yes No

Are there drain boards on both ends of the three-compartment sink? Yes No

Is there a dish machine? Yes No

If the dish machine is hot water sanitizing, is there a booster heater and mechanical ventilation?

Yes No

Do all dish machines have temperatures/pressure gauges as required that are accurately working?

Yes No

Plumbing:

All plumbing, including repairs, must be completed by a licensed IL plumbing contractor.

Is the hot water generator sufficient for the needs of the establishment? Yes No

Is there a water treatment device? Yes No

Are there backflow prevention devices where required?

Plumber Name: _____

License Number: _____

Check here if no plumbing work will be done.

Water Supply:

Is the water supply: Public NCPWS #: _____
 Water Well System – ***water well permit records must be provided or a water well evaluation by a Licensed IL Water Well Contractor must be submitted and approved***

Sewage Disposal:

Is the sewage disposal: Public
 Septic System – ***septic permit records must be provided or a septic evaluation by a Licensed IL Private Sewage Disposal System Installation Contractor must be submitted and approved***

Are grease traps provided? Yes No

If YES, where are they located? _____

Hoods:

How is the ventilation hood system cleaned? Include how often it is cleaned.

Restrooms:

Do all restrooms have hand sinks with hot and cold running water, hand soap, and paper towels with or without optional air drying devices? Yes No

To avoid re-contamination of hands, are paper towels available for food employees to use when touching surfaces such as the faucet handles of hand washing sinks or the handles of restroom doors? Yes No

Are covered waste receptacles available in each restroom? Yes No

Are all restroom doors self-closing? Yes No

Are all restrooms equipped with mechanical ventilation? Yes No

Pest Control:

Will all outside doors be self-closing, tight-fitting, and rodent proof? Yes No

Are screen doors provided on all entrances left open to the outside? Yes No

Do all openable windows have a minimum #16 mesh screening? Yes No

Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? Yes No

Is area around building clear of unnecessary brush, litter, boxes, and other harborage? Yes No

Will air curtains be used? Yes No

If YES, where? _____

Who will be the pest control provider for the establishment? _____

Garbage and Refuse:

Do all garbage containers, located inside, have lids? Yes No

Is there an area designated for garbage can or floor mat cleaning? Yes No

Will a dumpster be used? Yes No

If YES, where? _____

Do all dumpsters have closeable lids? Yes No

Will garbage cans be stored outside? Yes No

Will a compactor be used? Yes No

Are all dumpsters, compactors, cans, and grease disposal containers located on concrete or asphalt? Yes No

Is the dumpster shared by more than one business? Yes No

If YES, list all businesses utilizing dumpster:

V. Miscellaneous

Laundry:

Will linens be laundered on site? Yes No

Is a laundry dryer available? Yes No

Where will the clean linen be stored? _____

Where will dirty linen be stored?

Sanitizing: (PPM=parts per million)

How will utensils and equipment be sanitized (list the concentration) in the three-compartment sink?

Chlorine 50-99 PPM / 75-119 °F TEMP Quat _____ PPM 75 °F TEMP Hot Water 171 °F
 Other _____ PPM

How will utensils and equipment be sanitized (list the concentration) in the dish machine?

Chlorine _____ PPM / _____ TEMP Quat _____ PPM _____ TEMP Hot Water _____ °F
 Other _____ PPM N/A

How will cooking equipment, cutting boards, counter tops, and other food contact surfaces which cannot be submerged in sinks or put through the dish machine be sanitized (list the concentration)?

Chlorine 100 PPM/ 55-74 °F TEMP Quat _____ PPM 75°F TEMP Other _____ PPM

Will test strips be provided to measure the concentration strength? Yes No

Toxic Items:

Are insecticides/rodenticides/herbicides stored separately from cleaning and sanitizing agents? Yes No

Are all toxics for use on the premises or for retail sale (this includes personal medication), stored away from food preparation and storage areas? Yes No

Are all containers of toxics including spray bottles clearly labeled? Yes No

By signing, I certify that the above information is correct and I fully understand the following:

- The plan review expires one year from the date of approval. If construction or remodeling is not started within that time, it may be necessary to resubmit for a new review of the plans.
- Any changes or alterations to plans must have prior approval by the Woodford County Health Department.
- Approval of these plans by the Woodford County Health Department does not indicate compliance with any other code, law, or regulation that may be required. It further does not constitute endorsement or acceptance of the completed establishment.
- A final inspection of the establishment with equipment in place and operational, will be necessary to determine if it complies with the Illinois Food Code, before operations can begin.
- A typed or signed name indicates agreement to the terms and conditions of this document and intention to proceed in the manner indicated. (815 ILCS 333/1 *et al*).

Owner Signature

Date

11/2019