

**Egyptian Health Department  
Plan Review Submittal Cover Sheet  
For Food Service Establishments**

Submit this form with the information included below. Incomplete plans will not be accepted until all required information is received. **Only completed plans will be processed and reviewed.**

Establishment Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_  
 Street City Zip

Applicant/Contact Person for Plans: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Street City State Zip

Email: \_\_\_\_\_

Check if Item included	Item	Information Required
<input type="checkbox"/>	Plan Review Application	Application must be complete. Place a “NA” in the spaces that do not apply to your facility.
<input type="checkbox"/>	Plan Review Fee	\$150.00
<input type="checkbox"/>	Layout of Facility	<ul style="list-style-type: none"> <li>Detailed drawing of the interior showing bathroom(s), kitchen, food prep, dry and refrigerated storage areas.</li> <li>Show all hand wash and mop sinks.</li> </ul>
<input type="checkbox"/>	Menu and Food	<ul style="list-style-type: none"> <li>List of food and beverage items to be prepared and served.</li> <li>Food preparation Flow Chart</li> </ul>
<input type="checkbox"/>	Operating Procedures	<ul style="list-style-type: none"> <li>Hours of operation</li> <li>Cleaning schedule</li> </ul>
<input type="checkbox"/>	Food Manager(s) and/or Food Handler(s)	Attach copies of Food Manager and Food Handler certificates.

For Office Use Only:

Date Received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

# FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

To be completed and submitted to the Egyptian Health Department---Environmental Health

## FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

\_\_\_NEW \_\_\_REMODEL \_\_\_CONVERSION

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Title (owner, manager, architect, etc.): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Category: Retail/Grocery Market \_\_\_ Convenience Store \_\_\_ Restaurant \_\_\_

Other \_\_\_\_\_

Projected Date for Start of Project: \_\_\_\_\_

Projected Date for Completion of Project: \_\_\_\_\_

Hours of Operation:	Sun _____	Thurs _____
	Mon _____	Fri _____
	Tues _____	Sat _____
	Wed _____	

Total Square Feet of Facility: \_\_\_\_\_ Number of Floors \_\_\_\_\_ Number of Seats \_\_\_\_\_

Number of Staff: \_\_\_\_\_ Maximum per shift \_\_\_\_\_

\_\_\_ Floor Plan: Simple drawing of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation

\_\_\_ Equipment schedule

AND/OR

\_\_\_ Copies of Blueprints and Manufacturer Specification sheets for plans & equipment

### FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

<b><u>CATEGORY*</u></b>	<b><u>(YES)</u></b>	<b><u>(NO)</u></b>
Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	( )	( )
Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	( )	( )
Cold processed foods (salads, sandwiches, vegetables)	( )	( )
Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	( )	( )
Bakery goods (pies, custards, cream fillings & toppings)	( )	( )
Other _____		

\* A generic HACCP plan for each category of food may be available from the regulatory authority for reference.

### *PLEASE ANSWER THE FOLLOWING QUESTIONS*

#### **FOOD SUPPLIES:**

Are all food supplies from inspected and approved sources? YES ( ) NO ( )

What are the projected frequencies of deliveries for Frozen foods \_\_\_\_\_,

Refrigerated foods \_\_\_\_\_, and Dry goods \_\_\_\_\_?

Provide information on the amount of space (in square feet) allocated for:

Dry storage \_\_\_\_\_, and (in cubic feet) for;

Refrigerated Storage \_\_\_\_\_, and Frozen storage \_\_\_\_\_.

How will dry goods be stored off the floor?

\_\_\_\_\_

#### **COLD STORAGE:**

Is adequate and approved freezer and refrigeration available to store frozen foods frozen and refrigerated foods at 41°F (5°C) and below? YES ( ) NO ( )

Provide the method used to calculate cold storage requirements.

Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES ( ) NO ( )

If yes, how will cross-contamination be prevented?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does **each** refrigerator/freezer have a thermometer? YES ( ) NO ( )

Number of refrigeration units: \_\_\_\_\_

Number of freezer units: \_\_\_\_\_

Will food employees be trained in good food sanitation practices? YES ( ) NO ( )

Food Sanitation Certificate Holder(s):

Name: \_\_\_\_\_ Certificate #/State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name: \_\_\_\_\_ Certificate #/State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES ( ) NO ( ) Please describe briefly:

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### **FINISH SCHEDULE**

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

<b>Kitchen</b>	<b>FLOOR</b>	<b>COVING</b>	<b>WALLS</b>	<b>CEILING</b>
<b>Bar</b>				
<b>Food Storage</b>				
<b>Other Storage</b>				
<b>Toilet Rooms</b>				
<b>Dressing Rooms</b>				
<b>Garbage &amp; Refuse Storage</b>				
<b>Mop Service Basin Area</b>				
<b>Ware Washing Area</b>				
<b>Walk-in Refrigerators and Freezers</b>				

### **INSECT AND RODENT CONTROL**

*APPLICANT: Please check appropriate boxes.*

	<b>YES</b>	<b>NO</b>	<b>NA</b>
<b>Will all outside doors be self-closing and rodent proof?</b>	( )	( )	( )
<b>Are screen doors provided on all entrances left open to the outside?</b>	( )	( )	( )
<b>Do all operable windows have a minimum #16 mesh screening?</b>	( )	( )	( )
<b>Is the placement of electrocution devices identified on the plan?</b>	( )	( )	( )
<b>Will all pipes &amp; electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?</b>	( )	( )	( )
<b>Is area around building clear of unnecessary brush, litter, boxes and other harborage?</b>	( )	( )	( )
<b>Will air curtains be used? If yes, where?</b>	( )	( )	( )

	YES	NO	NA
<b>C. GARBAGE AND REFUSE</b>			
<b><u>Inside</u></b>			
Do all containers have lids?	( )	( )	( )
Will refuse be stored inside?	( )	( )	( )
If so, where?			
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Is there an area designated for garbage can or floor mat cleaning?	( )	( )	( )
<b><u>Outside</u></b>			
Will a dumpster be used?	( )	( )	( )
Number _____ Size _____			
Frequency of pickup _____			
Do all dumpsters have lids?	( )	( )	
Contractor _____			
<hr/>			
Will a compactor be used?			
Number _____ Size _____	( )	( )	( )
Frequency of pick up _____			
Contractor _____			
Will garbage cans be stored outside?	( )	( )	( )
Describe surface and location where dumpster/compactor/garbage cans are to be stored			
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<b>Describe location of grease storage receptacle</b>			
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Is there an area to store recycled  
containers? ( ) ( ) ( )

Indicate what materials are  
required to be recycled;

( ) Glass ( ) Metal  
( ) Paper ( ) Cardboard  
( ) Plastic

**Is there any area to store returnable damaged goods?** ( ) ( ) ( )

Are floor drains provided & easily cleanable, if so, indicate location:

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**WATER SUPPLY**

Is water supply public ( ) or private ( )?

If private, has source been approved? YES ( ) NO ( ) PENDING ( )

Please attach copy of written approval and/or permit.

Is ice made on premises ( ) or purchased commercially ( )?

If made on premise, are specifications for the ice machine provided? YES ( ) NO ( )

Describe provision for ice scoop storage: \_\_\_\_\_

Provide location of ice maker or bagging operation: \_\_\_\_\_

What is the capacity of the hot water generator? \_\_\_\_\_

Is the hot water generator sufficient for the needs of the establishment? YES ( ) NO ( )

Is there a water treatment device? YES ( ) NO ( ) If yes, how will the device be inspected & serviced? \_\_\_\_\_

How are backflow prevention devices inspected & serviced?

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**SEWAGE DISPOSAL**

Is building connected to a municipal sewer? YES ( ) NO ( )

If no, is private disposal system approved? YES ( ) NO ( ) PENDING ( )

Please attach copy of written approval and/or permit.

Are grease traps provided? YES ( ) NO ( )

If so, where? \_\_\_\_\_

Provide schedule for cleaning & maintenance \_\_\_\_\_

**DRESSING ROOMS**

Are dressing rooms provided? YES ( ) NO ( )

Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

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**GENERAL**

Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?

YES ( ) NO ( )

Indicate location: \_\_\_\_\_

Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES ( ) NO ( )

Are all containers of toxics including sanitizing spray bottles clearly labeled?

YES( ) NO ( )

**SINKS**

Is a mop sink present? YES ( ) NO ( )

If no, please describe facility for cleaning of mops and other equipment:

\_\_\_\_\_

Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES ( ) NO ( )

Is hand cleanser available at all hand washing sinks? YES ( ) NO ( )

Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks?

YES ( ) NO ( )

Are covered waste receptacles available in each restroom? YES ( ) NO ( )

Is hot and cold running water under pressure available at each hand washing sink?

YES ( ) NO ( )

Are all toilet room doors self-closing? YES ( ) NO ( )

Are all toilet rooms equipped with adequate ventilation? YES ( ) NO ( )

**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: \_\_\_\_\_

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**Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.**

**Submit application to: Egyptian Health Department  
Environmental Health  
1412 US 45 N  
Eldorado, IL 62930**

**\*\*\*\*\*Staff Use Only \*\*\*\*\***

**Is information complete?**

<b>*</b>	<b>Floor Plans</b>	_____
<b>*</b>	<b>Equipment List</b>	_____
<b>*</b>	<b>Plumbing Layout</b>	_____
<b>*</b>	<b>Electrical Plans</b>	_____
<b>*</b>	<b>Mechanical Layout</b>	_____
<b>*</b>	<b>Finish Schedule</b>	_____