



Public Health
Prevent. Promote. Protect.

Knox County Health Department

Knox County Health Department
1361 W. Fremont St., Galesburg, IL 61401
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www.knoxcountyhealth.org

FOUO
Received Date:
Fully Reviewed Date:

FOOD SERVICE ESTABLISHMENT PLAN REVIEW FORM

A full set of plans, the equipment list (including method of equipment installation), the menu, and the plan review must be submitted. Once submitted, any changes in plans or on this form must receive advance approval.

Failure to complete this form in its entirety will result in rejection and sent back to the Project Contact.

Primary Contact Information

Name of Establishment: _____
Address: _____
City: _____ Phone: _____

Owner Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Project Contact: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Plumber: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
License Number: _____

Supplier: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Type of Construction: New Remodel

Hours of Operation Sun: ___ A Mon: ___ A Tues: ___ A Wed: ___ A Thurs: ___ A Fri: ___ A Sat: ___ A
 Sun: ___ P Mon: ___ P Tues: ___ P Wed: ___ P Thurs: ___ P Fri: ___ P Sat: ___ P

Signature of Owner/
Authorized Agent _____ Date: ___ / ___ / ___

Menu

Please specify what type of menu and food processes will occur.

Type of menu:	<input type="checkbox"/> Cook-to-order	e.g. cook to serve
	<input type="checkbox"/> Self-service	e.g. buffet or salad bar
	<input type="checkbox"/> Service of pre-packaged foods	e.g. no preparation or cooking

Circle the type of food process flow:

Receive – Store – Prepare – Hold – Serve
 - (no cooking involved) E.g. salads, deli meats, cheeses, etc.

Receive – Store – Prepare – Cook – Hold – Serve
 - E.g. hamburgers, fried chicken, hot dogs

Receive – Store – Prepare – Cook – Cool – Reheat – Hot Hold – Serve
 - E.g. Repeated trips through the temperature danger zone

Storage

Specify the type of storage used at the facility.

<input type="checkbox"/> Dry Storage	Total sq. ft. of shelving (width X length) = _____ Total sq. ft. of area (width X length) = _____
<input type="checkbox"/> Kitchen Utensils and Equipment Storage	Total sq. ft. of shelving (width X length) = _____ Total sq. ft. of area (width X length) = _____
<input type="checkbox"/> Walk-in Refrigerator	Manufacturer: _____ Model#: _____ Total sq. ft. of area (width X length) = _____
<input type="checkbox"/> Walk-in Freezer	Manufacturer: _____ Model#: _____ Total sq. ft. of area (width X length) = _____
<input type="checkbox"/> Beer Cooler	Manufacturer: _____ Model#: _____ Total sq. ft. of area (width X length) = _____

Will separate storage be provided for cleaning supplies? Yes No

- Mops/cleaning equipment must be stored in an orderly manner
- Map hangers are required

Will firewood be used as a fuel source for cooking? Yes No

- Firewood must be stored separate from food storage and operations.

Refrigeration/Freezer and Cold Holding

What equipment will be onsite? Check your response to each.

Short-term refrigeration:	<input type="checkbox"/> Reach-in case	<input type="checkbox"/> Commercial refrigerator
Long-term refrigeration:	<input type="checkbox"/> Walk-in freezer	<input type="checkbox"/> Walk-in cooler
Product display:	<input type="checkbox"/> Open case	

Check your response to each.

Are you walk-in coolers and walk-in freezers accessible from inside the establishment? Yes No N/A

Have you specified a refrigerated meat cutting room for preparing raw meat? Yes No N/A

Will there be an ice machine provided? Yes No N/A

Will there be a mechanically refrigerated buffet or salad bar? Yes No N/A

Have you designated refrigeration for the following?

- Cooling large quantities of food Yes No N/A
- Separating meat, poultry, fish, and other food items Yes No N/A

Items Concerning Subpart E: Cleaning, Sanitizing, and Storage of Equipment and Utensils

Hot Water System

Specify the water heater storage capacity in gallons: _____

If mechanical (chemical or hot water) sanitization is being proposed, specify the water heater recovery

rate: _____ GPH _____ °F

Manual Utensil & Equipment Washing

Have you specified a food service three-compartment sink with two integral drain boards? Yes No N/A

■ Is the largest piece of equipment able to be submerged? Yes No N/A

■ For stationary/fixed equipment, do you have a clean in place procedure? Yes No N/A

Have you provided additional space for the storage of clean utensils and equipment? Yes No N/A

Mechanical Utensil & Equipment Washing

If not applicable, skip to next section.

Will a dishwashing machine be installed? Yes No

■ If yes, Manufacturer? _____ Model# _____

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

Will a soiled dish table be included? Yes No N/A

Will a pre-rinse sink be included? Yes No N/A

Will a clean dish table be included? Yes No N/A

Will mechanical ventilation be provided at the dishwashing machine? Yes No N/A

Chemical Sanitizing

If not applicable, skip to next section.

Will a chemical sanitizing machine be installed? Yes No

■ If yes, Manufacturer? _____ Model# _____

■ Will an audible/visual warning indicator be included for the dispenser? Yes No N/A

Have you provided additional space for the storage of clean utensils and equipment? Yes No N/A

Hot Water Sanitizing

If not applicable, skip to next section.

Will a hot water sanitizing machine be installed? Yes No

■ If yes, Manufacturer? _____ Model# _____

■ Booster heater recovery rate: _____ GPH

■ Will a temperature gauge be provided before the booster heater? Yes No N/A

Items Concerning Subpart F: Sanitary Facilities and Controls

Plumbing

Enough potable water for the needs of the food service establishment shall be provided from a source constructed and operated according to law. All plumbing must be installed by a licensed plumber.

Please list the Licensed Plumber on the first page. Failure to list a Licensed Plumber will result in approval delays.

Type of water supply?	<input type="checkbox"/> Public	<input type="checkbox"/> Private
Type of sewage disposal?	<input type="checkbox"/> Public	<input type="checkbox"/> Private
Type of janitorial/mop sink?	<input type="checkbox"/> Floor mounted	<input type="checkbox"/> Wall mounted
Will a garbage grinder be installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A grease interceptor is <u>required</u> by the Illinois State Plumbing Code for establishments in which grease, fats, oils are wasted. Does your facility meet those requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Where is it located?	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor

Backflow prevention is required for the following, check which applies to your facility:

<input type="checkbox"/> Urinals	<input type="checkbox"/> Toilets	<input type="checkbox"/> Carbonator(s)	<input type="checkbox"/> Garbage grinder
<input type="checkbox"/> Pre-rinse nozzle	<input type="checkbox"/> Dishwashing machines	<input type="checkbox"/> Chemical mixing system	<input type="checkbox"/> Water faucets with hose attachments

Indirect connection is required for the following, check which applies to your facility:

<input type="checkbox"/> Prep sink	<input type="checkbox"/> Buffet line(s)
<input type="checkbox"/> 3 compartment sink (food service)	<input type="checkbox"/> Steam table(s)
<input type="checkbox"/> 3 compartment sink (bar service)	<input type="checkbox"/> Salad bar
<input type="checkbox"/> Dishwashing machine(s)	<input type="checkbox"/> Steam kettle
<input type="checkbox"/> Refrigerator/freezer condensation line(s)	<input type="checkbox"/> Dipper well(s)
<input type="checkbox"/> Walk-in refrigerator drain(s)	<input type="checkbox"/> Ice maker/ice bin
<input type="checkbox"/> Deli cooler clean out drain	<input type="checkbox"/> Soda dispenser(s)

Restrooms

Have you provided the number of toilets as required by the state plumbing code and verified with the local Sanitary District or local Building Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Can the public access the restrooms without going through the kitchen, storage area, or utensil-washing area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are the rooms mechanically vented to the outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have you provided garbage containers with lids for disposal of sanitary items?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Hand Washing Sinks

How many hand washing sinks excluding restroom sinks are provided? _____

Are all hand washing sinks located on the floor plan? Yes No

Are all hand washing sinks supplied with dispensed soap? Yes No

Are all hand washing sinks supplied with dispensed towels? Yes No

Garbage and Refuse

Check all that apply: Dumpster(s) Trash Compactor Recycling Container
 Grease Dumpster

Type of Surface provided for storage of disposal containers. Must be one or the other. Concrete Pad Asphalt

Will an enclosure be installed for storage of containers? Yes No N/A If used, must be easily cleanable and maintained.

Insect and Rodent Control

Concerning the type of insect/rodent protection provided for the facility, check all that apply:

Are all vents covered with screening? Yes No N/A

Are all voids and gaps around utility lines, pipes, etc. sealed? Yes No N/A

Are operable windows properly screened? [16 mesh per inch] Yes No N/A

Are garage/loading areas provided with air curtains or vestibules with self-closing doors? Yes No N/A

Will air curtains be utilized? Yes No

■ If yes, Manufacturer? _____ Model# _____

What type of food service window(s) do you have? N/A

Drive-thru window Carry out window Walk-up window

What type of insect guard or protection will be used?

Spring-loaded bump Electrical Air curtain Self-closing

Reminder

Openings to the outside shall be effectively protected against the entrance of rodents and insects.

Items Concerning Subpart G: Physical Facility

Lighting

Permanently fixed artificial light sources shall be installed in all food preparation and utensil/equipment washing areas.

- Are all food preparation and utensil washing areas lit according to code? Yes No
- Are all food storage rooms lit according to code? Yes No
- Are all restrooms lit according to code? Yes No
- Are dimmer switches utilized in bar/service areas? Yes No
- Are vapor-proof light fixtures provided in walk-in refrigerators/freezers? Yes No
- Are all light fixtures provided protective covering? Yes No

Employee Areas & Break Rooms

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

Indicate the total number of employees: _____

- Check all that will be provided: Coat hooks Lockers
- Other: _____

Is the employee area or break room located on the floor plan? Yes No N/A

Laundry Facilities

Separate rooms shall be provided for laundry facilities except if located in storage rooms containing only packaged food. If linens are washed on site, a dryer must be provided. If not applicable, skip to next section.

- Will laundry facilities be utilized? Yes No
- How will clean linens be separated and stored? Shelving Storage

Finish Schedule

Floors, walls, and ceilings must be maintained in good repair and must be non-absorbent and easily cleanable. Materials such as carpet and acoustic ceiling tile are not permitted in food preparation areas. All bare wood surfaces (doors, trim, counters, shelves, cabinets, etc.) must be painted or sealed

Finish schedule is included on floor plans? Yes No

For example:

	Floors
Kitchen/Food Prep	M: tile
	F: vinyl
	C: grey

For more information regarding acceptable materials, finish, and color, please refer to Section 750.1200 and 1210

Finish Schedule Matrix

M: Material

F: Finish

C: Color

	Floors	Walls	Ceiling	Counters
Kitchen/Food-Prep	M:	M:	M:	M:
	F:	F:	F:	F:
	C:	C:	C:	C:
Warewashing Area	M:	M:	M:	M:
	F:	F:	F:	F:
	C:	C:	C:	C:
Bar (if applicable)	M:	M:	M:	M:
	F:	F:	F:	F:
	C:	C:	C:	C:
Walk-in cooler/freezer	M:	M:	M:	M:
	F:	F:	F:	F:
	C:	C:	C:	C:
Dry storage	M:	M:	M:	M:
	F:	F:	F:	F:
	C:	C:	C:	C:
Mop Service/Janitorial Area	M:	M:	M:	M:
	F:	F:	F:	F:
	C:	C:	C:	C:
Restrooms	M:	M:	M:	M:
	F:	F:	F:	F:
	C:	C:	C:	C:
Garbage/Refuse Area	M:	M:	M:	M:
	F:	F:	F:	F:
	C:	C:	C:	C:
Other:	M:	M:	M:	M:
	F:	F:	F:	F:
	C:	C:	C:	C:

M: Material

F: Finish

C: Color