

Montgomery County Health Department

110 West South Boulevard Crawfordsville, IN 47933

June 21, 2018

To Whom it May Concern:

Congratulation on your decision to open a new business in Montgomery County. This packet of information will aid you in meeting food permit requirements.

Please allow enough time for a detailed plan review, as last minute changes can be costly. A minimum time frame of **30 days** should be allowed, from the time our department receives your **completed** plan review packet, until your receive your food permit for your establishment.

Please submit the following completed information:

- Copy of any and all menu items
- Detailed HACCP chart for each menu item containing a potentially hazardous food (see insert)
- List of distributors and suppliers
- Copy of properly prepared plans and specifications
- Copy of the Certified Food Handler Certificate
- Copy of the Indiana Retail Merchant Certificate
- The Plan Review Application and Application Fee

The Montgomery County Health will mail a letter indicating any changes in the establishment that need to be made to bring the facility into compliance with the Retail Food Establishment Sanitation Requirements, Title 410 IAC 7-24. It is advisable that construction of the establishment begins only after the plans have been received and approved by our department. Upon completion of construction, please call the Montgomery County Health Department to schedule a pre-opening inspection. This inspection will confirm that the establishment was designed according to the approved plans. Please all **at least one week** prior to opening your establishment for this inspection.

If you have any questions or concerns, please call the Montgomery County Health Department (765) 364-6440.

Sincerely,

Adrianne Northcutt, EHS Montgomery County Health Department

Phone: 765-364-6440 Website: www.montgomerycounty.in.gov Fax: 765-361-3239

Montgomery County Health Department Plan Review Application

Please answer all of the following questions completely. Should you have any questions, please contact our department at (765) 364-6440.

Legal Business Name/Entity:								
Establishment Name/DBA:								
Establishment Address:		Telephone Nu	ımber:					
		Fax:						
Owner Name and Address:		Telephone Nu	ımber:					
Architect/ Engineer Name and Address:		Telephone Nu	ımber:					
Name and number of person to contact for plan review ques	stions:							
Projected Start Date:	Projected Start Date: Projected Completion Date:							
Contents and Specifications for Facility and Operating Plans: Included								
· · ·	Plans:	Incl	uded					
Contents and Specifications for Facility and Operating I (Check what has been submitted)	Plans:	Yes Incl	uded No					
· · ·	Plans:							
(Check what has been submitted)								
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Waste Water Disposal	Fire Department	P	lanning and Building	<u> </u>
Number of floors on which operatio	ns are conducted:			
Type of Service (check all that apply	y): Sit down meals	Caterer		
1	Mobile vendor	Take out	Other	
Who (name and job title) will be yo	ur certified food handle	r? (Title 410 IAC 7	7-22)	
How will employees be trained in fo	ood safety? (Sec. 119 of	Title 410 IAC 7-2-	4)	
The following procedures/questions ensure that special consideration is either checking or completing the a found in the Indiana State Retail Fo	given to these standard nswers) whether or not d	sanitary operating a section applies to	g procedures (SSOP's o your operation. All	s). Please indicate (by section numbers can be
FOOD				
1. Will there be any home prepared	, canned, or donated foo	d items? (Sec. 142)	Yes No	
2. What is the procedure for receiving (Sec. 166)	ng food shipments (e.g. t	temperatures check	xed and containers in	spected for damage)?
a. What is the anticipation and the second s	ated frequency of food d	leliveries for:		
3. Is your facility required to have p	pasteurized products? (So	ec. 153) Yes	No NA	A
4. Do you intend to make low-acid a. If so, have you pass *Note: Include a copy of the	sed the Better Process ar			
5. Do you intend to make "Reduced	l oxygen packaged (ROI	P)" foods? (Sec. 73	3,195)	
Yes No If yes, list out	the ROP foods			

I have submitted plans/applications to the responsible authorities on the following dates:

FOOD PREPARATION

7. What will be your procedure to prevent employees from touching foods that are ready-to-eat and will not be cooked heat treated (e.g. sushi, lettuce, buns, etc.)? (Sec. 171) 8. Describe your date marking system for potentially hazardous ready-to-eat foods. (Sec. 191) 9. Describe the procedure to minimize the amount of time potentially hazardous foods will be kept in the temperature danger zone (41°F-135°F) during preparation. (Sec. 189) 10. Provide a list of the types of food that will need to be thawed before cooking and the process that will be used to the food (e.g. frozen meat). (Sec. 199) PROCESS TYPES OF FOOD Refrigeration Running water less than 70°F Microwave as part of the cooking process Cook from frozen Other (describe) 11. 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 (e.g. leftovers). (Sec. 189, 190) PROCESS TYPES OF FOOD Shallow pans under refrigeration
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Shallow pans under refrigeration
Ice and water bath
Reduced volume (quartering a large roast)
Ice paddles
Rapid chill devices (blast freezer)

a. If no, why?
13. What procedures will be in place to ensure that foods are reheated to 165°F or above? (Sec. 188)
14. Will a buffet be served? Yes No a. If yes, who will be responsible for ensuring that the buffet is protected from consumer contamination? (Sec. 181)
15. Is all food prepared and cooked within the facility? (e.g. grilling and smoking outdoors require additional permits) (Sec. 203) Yes No
HOT AND COLD HOLDING
16. Will "Time as a Public Health Control" be used for potentially hazardous hot or cold food(s)? (Sec. 193) Yes No
*Note: These procedures must be submitted and approved before their use.
17. Will raw animal food(s) be offered to the public in an undercooked form (e.g. sushi, rare hamburgers, eggs over easy, made from scratch Caesar dressing, etc)? Yes No
a. If yes, attach your consumer advisory statement. (Sec. 196)
18. Who (e.g. line cook, kitchen manager, etc.) will be assigned the responsibility of taking food temperatures and at what points will temperatures be taken (e.g. cooking, cooling, reheating, and hot holding)? (Sec. 119)
19. Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in refrigeration unit(s) (e.g. walk in coolers, under the counter coolers). (Sec. 173)
20. Describe the storage of different types of raw meat and seafood in the same unit, and how cross-contamination will be prevented. (Sec. 173)

No

12. Will all produce be washed prior to use? (Sec. 175) Yes

SANITIZATION

SAMILLATION
21. Who will be assigned the responsibility of ensuring the correct amount of sanitizer will be used? (Sec. 119)
22. What type of chemical sanitizer(s) will the facility use? (Sec. 294) *Note: Chlorine or Quaternary Ammonium must include manufacturer's directions for concentration on food contact surfaces.
23. Will the facility have test kits on site for all types of chemical sanitizers? (Sec. 291) Yes No
24. 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? (Sec. 303)
POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS
25. Where will poisonous or toxic materials be stored (e.g. including the ones for retail sale)? (Sec. 439)
26. Will the employees use a hand sanitizer? (Sec. 131) Yes No If so, what brand?
27. Will the facility ensure that insecticides and rodenticides are "Approved for Use in Food Establishments" and that the are applied in a safe manner? (Sec. 119)
28. Will all spray bottles be clearly labeled? (Sec. 438) Yes No
29. Where will first aid supplies be stored? (Sec. 421)
MISCELLANEOUS
30. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters? (Sec. 423) Yes No
31. How will linens be laundered? (Sec. 423)
32. Do you have a written employee health policy? (Sec. 120-123) Yes No *Note: Provide a copy of this policy.

WAREWASHING/DISHWASHING
33. Dishwashing methods (Sec. 269) (check one or both): Three compartment sink Dish machine
34. If a three compartment sink is used, which sanitizing method will you use: Hot Water Chemical
35. If a dish machine is used, which sanitizing method will you use: Hot water Chemical a. If hot water, do you have a booster heater? Yes No b. If hot water, how will you ensure that the unit is sanitizing the utensils? (Sec. 258, 303)
36. Can the largest piece of equipment be submerged into the three compartment sink? (Sec. 270) Yes No
37. Does the facility plan to use alternative manual ware washing equipment? (Sec. 270) Yes No *Note: If yes, submit your procedure for review
38. Does your facility have enough drain boards/utensil racks/carts for the air drying of equipment and utensils for either the three compartment sink or the dish machine? (Sec. 289) *Note: Describe below.
WATER SUPPLY 39. Is the water supply private or public If public, skip question #40.
40. If private, has the source been tested? (Sec. 327) Yes No
a. If so, when was the last test and did you send us a copy of the lab results? Yes No b. Have you completed the Indiana Department of Environmental Management Drinking Water Branch's "New System Questionnaire"? Yes No *Note: The questionnaire may be obtained by calling (317) 234-7435.*
WASTE WATER/SEWAGE DISPOSAL
41. Is the sewage disposal system public or private If public, skip question #42.
42. Has the waste treatment system been approved by the Indiana State Department of Health or the Montgomery County Health Department? (Sec. 376) Yes No *Note: Provide a copy of the approval.
PLUMBING
43. Are hot and cold water fixtures provided at every sink? (Sec. 342) Yes No
44. If a water supply hose is to be used for potable water, is it made from food-grade materials? (Sec. 364) Yes No NA

Is a grease trap required? (Please If yes, is the grease trap lease trap leas	ocated where it is easily acc	•		No
The following technical informber or engineer. (Sec. 336, 3		pposed plumbing.	This section is best co	ompleted by a lice
Fixture	Water Su	ıpply	Sewage	Disposal
	Backsiphonage Prevention Device	Air Gap	Direct Drain	Indirect Drai
Dishwasher				
Ice Machine(s)				
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:				

HANDWASHING/TOILET FACILITIES

48	3. F	land	l was	hıng	; sınk	s are	req	uirec	l ın	each	ı to	od	pre	para	tıon,	tooc	l dis	pensing	, ware	was	hing a	area,	and	toile	t rooi	n.
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a. How many hand washing sinks will be provided? (Sec. 344)

49. Are all toilet room doors self-closing where applicable? (Sec. 352) Yes No

50. Are all toilet rooms equipped with adequate ventilation? (Sec. 309) Yes No

51.	Is a covered re	eceptacle provid	led for employee	e restrooms? (S	Sec. 351)) Yes	No

ROOM FINISH SCHEDULE

52. Please indicate which materials (e.g. quarry tile, stainless steel, plastic cove molding, etc.) will be used in the following areas. (Sec. 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				
OTHER				

PERSONAL BELONGINGS

70	A .	1 '	/1 1	1 10	(0 417	\ \ \ \ T \ Z	
7 4	Are cenarate	dressing r	ooms/lockers	nrovided?	(Sec 417	1 Yes	No
JJ.	THE SEDUIALE	urcoome i	OOIIIS/IOCKCIS	DIO VIGCA:	(DCC. TI/	1 1 00	110

54. Describe the storage location for employees' coats, purses, medicines, and lunches. (Sec. 418, 422)

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

EQUIPMENT

56. Will all of the equipment meet the design and construction standards (for example, it is durable, corrosion-resistant, nonabsorbent, smooth, and easily cleanable)? (Sec. 205) Yes No

Yes No	be made from food-grade quality materials?(Sec. 205)
58. Will any pieces of used equipment be utilized	1? (Sec. 106) Yes No
59. Is the ventilation hood system sufficient for the	he needs of the facility? (Sec. 307) Yes No
60. Will all of the equipment used for the storage requirements (frozen food 0°F, cold food 41°F, h	of potentially hazardous foods be able to meet the minimum temperature not food 135°F)? (Sec. 187, 197) Yes No
61. Is there sufficient amount of equipment for the transporting? (Sec. 259) Yes No	ne hot and cold holding of foods; also during serving or
62. Will each cold or hot holding equipment used Yes No	I for potentially hazardous foods have a thermometer? (Sec. 256)
63. Will a probe thermometer be provided to mea	asure the internal temperature of food? (Sec. 257)
64. How will food on display be protected from o	consumer contamination? (Sec. 179)
INSECT AND RODENT HARBORAGE	
65. Will all outside doors be self-closing, when a Yes No	applicable, and rodent/insect proof? (Sec. 413)
66. Will screens be provided on any open window	ws/doors to the outside? (Sec. 413) Yes No
a. Will air curtains be installed; if so, wh	ere? (Sec. 413)
67. Will all pipes and electrical conduit chases be Yes No	e sealed (e.g. ventilation and plumbing systems)? (Sec. 403, 414)
68. Is the area around the building clear of unnec	cessary debris, brush, and other harborage conditions? (Sec. 426)
69. Do you plan to use a pest control service? Ye Company Name	s No Frequency
REFUSE AND RECYCLABLES	
70. Describe the surface (for refuse/recyclables) t	that the outside dumpster will be located on? (Sec. 382)
LIGHTING	
71. What are the foot candles (intensity) of light	
Food prep areas	Dishwashing areas
Dry storage areas	Restrooms and walk-in refrigeration units

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without permission from the Montgomery County Health Department may nullify final approval.

Signature(s)	Date
Owner / Operator (Printed)	
Owner / Operator (Signature)	

Approval of these plans and specifications by the Montgomery County Health Department <u>does not</u> 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 pre-opening inspection of the establishment will be necessary to determine if it complies with the local and state laws governing food establishments.

Office Use Only		
Permit Number:	Date Reviewed:	Reviewer:
Receipt #	Receipt Amount \$	Date Payment Received:
Check #		

June 21, 2018

Regarding: IC 16-42-5.2 Food Handler Certification

Regarding: IC 16-42-5.2 Food Handler Certification

Dear Food Service Establishment:

Indiana Code 16-42-5.2 mandates food handler certification of at least one person who oversees food safety operations within each Indiana food establishment. Senate Bill 404, the proposal for food handler certification, was introduced to the legislature on behalf of representatives from Indiana's food industry and was adopted as 410 IAC 7-22 by the 2001 Indiana Legislature.

The requirements of having a "Certified Food Handler" became effective January 1, 2005. Standards developed by the Conference for Food Protection, and the American National Standards Institute, have been incorporated into this rule to establish a uniform standard for food handler certification recognized by all local and state health department jurisdictions in Indiana.

The state has approved the following exams for the certified food handler requirement:

ServSafe Indiana Restaurant and Hospitality Association, Debbie Scott (317) 673-4211 www.indianarestaurants.org		
Food Safety Manager Certification Examination The National Registry of Food Safety Professionals (800) 446-0257 www.nrfsp.com		
Certified Professional Food Manager		
Thomson Prometric formerly (Experior Assessments, LLC)		
(800) 624-2736 <u>www.experioronline.com</u>		

For the most up to date list please refer to www.in.gov/isdh/21059.htm

The Montgomery County Purdue Extension Office will also be offering the ServSafe course and exam locally; for more information on classes please call Monica Nagele at (765) 364-6363.

For more information, you may wish to review rule 410 IAC 7-22. If you have questions, please contact Montgomery County Health Department at (765) 364-6440.

Sincerely,

Adrianne Northcutt



Montgomery County Health Department

110 West South Boulevard Crawfordsville, IN 47933

ESTABLISHING A HACCP

What is a HACCP?

HACCP stands for Hazard Analysis Critical Control Point. HACCP can be broken down to a seven-step process, and typically is displayed as a flow chard. "The HACCP system helps food managers identify and control potential problems before they happen." Developing a HACCP will help identify the steps during food processing that could lead to foodborne illness.

Step One: Hazard Analysis

This involves looking at your intended menu and identifying the steps where a potential "hazard" could contaminate the food. Hazards can be physical, chemical, and biological. As one follows the food through the entire operation problems can be identified and avoided.

Step Two: Critical Control Points

This involves looking at the operation for steps in the operation where bacteria is either controlled or killed from heat or through cooling. Examples of CCPs are cooking, reheating, hot holding, chilled storage, chilled display and thawing.

Step Three: Critical Limits

This involves taking each CCP and determining the upper and lower boundaries of food safety. To determine food safety limits for bacterial growth on will determine both time and temperature limits (example: hamburger being cooked to an internal temperature of 155 F for 15 seconds).

Step Four: Monitoring Procedures

At this step methods must be determined to ensure that none of the CCP critical limits have been breached. These monitoring activities must be done by food handling employees to ensure that all foods are kept within safe limits (example: Using a thermometer to take the internal temperature of a hamburger).

Step Five: Corrective Action

If critical limits have not been met there must be corrective action taken immediately. It is important that food that is out of the critical limits be brought back into safe limits. If you suspect that a potentially hazardous food has been in the temperature danger zone for more than four hours that item must be discarded.

Step Six: Verification

This step can be broken down into two parts. First verify that the critical limits established for the CCPs will prevent, eliminate, or reduce hazards to acceptable levels. Second verify that the overall HACCP plan is functioning.

Step Seven: Record Keeping

Finally keep documents and records of HACCP system. First have in writing a HACCP for each menu item containing a potentially hazardous food. Then create a log book that keeps track of time and temperatures on each of these items.

Phone: 765-364-6440 Website: www.montgomerycounty.in.gov Fax: 765-361-3239



Montgomery County Health Department

110 West South Boulevard Crawfordsville, IN 47933

FLOW CHART FOR CHICKEN:

1. Raw Chicken

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2. Receiving

Received frozen from certified supplier



3. Storage Facility

Freezer at 0° F



4. Pre-Preparation

Thaw chicken in refrigerator at 41°F (5°C) or put under running water in preparation sink



5. Preparation CCP-1

Cut the chicken and place in marinade for four hours in refrigerator at 41° F (5° C) or below. Grill the chicken to an internal temperature of 165° F (74° C) or higher.



6. Holding/Service CCP-2

Slice the chicken and maintain at 135° F (57.2° C) on steam table



7. Cooling CCP-3

Chill quickly to 41° F (5° C) within six hours by separating in shallow pan (no more than 3 inches thick) and placing in walk-in cooler



8. Reheating CCP-4

Heat on stove to an internal temperature of 165° F (74° C) within two hours

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