



Hours of Operation: Monday \_\_\_\_\_ Friday \_\_\_\_\_  
Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Sunday \_\_\_\_\_  
Thursday \_\_\_\_\_

Meals to be Served:  Breakfast  Lunch  Dinner

Type of Service (Check all that apply)  Sit Down Meals  Take Out  
 Caterer  Other

Amount of Seating \_\_\_\_\_

Please enclose the following documents:

- Proposed Menu
- Drawings or Blue Prints
- Location and Type of Equipment Noted on Plans
- Equipment New?  NSF Approved?

Used Equipment? \_\_\_\_\_  
(used equipment shall be approved by the health department prior to installation)

All equipment if not sealed to the floor shall be easily moveable, have quick disconnects and be a minimum of 6" off the floor.

## Plan Review/Equipment Check List

EQUIPMENT	YES	NO	N/A
Hand Lavatory in food preparation area			
3-Compartment Sink (drain boards)			
Utility Sink			
Produce Sink			
Automatic Dish Machine (type, booster, etc.)			
Exhaust Hoods			
Protective Light Shields (food preparation storage, walk-in, etc.)			
Sneeze Shields for salad bars, buffets, etc.			

INDIRECT CONNECTIONS	YES	NO	N/A	COMMENTS
Dishwasher				
3-Compartment Sinks				
Steam Tables				
Dipper Well				
Refrigerator Drains				
Ice Machines				
Drink Dispensers				

AUTOMATIC DISHWASHING	YES	NO
Sanitize by heat (180 <sup>0</sup> F final rinse)		
Chemical Sanitizer (50 ppm chlorine final rinse)		

<b>VECTOR AND RODENT CONTROL</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Screens on all outer openings			
Self-closing outer doors			
Building rodent proof			
Pest control provided			
Cleaning Schedule			

<b>SOLID WASTE</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Concrete or asphalt base for dumpster			
Covers for waste receptacle			
Plug for dumpsters			
Covers for grease barrels			

**Note: Locate dumpster and grease receptacles as far from door as possible.**

### SEWAGE DISPOSAL

Public Sewer System  Yes  No Private Disposal System  Yes  No

If yes, date installed \_\_\_\_\_ Installation Contractor: \_\_\_\_\_

<b>TOILET ROOM FACILITIES</b>	<b>YES</b>	<b>NO</b>
Ventilation		
Self-closing doors		
Hand drying facilities		
Hot and Cold water		
Anti-siphon ballcocks		
Covered waste receptacles		
Hand soap		

**WATER SUPPLY**

Public water supply \_\_\_\_\_ Private water supply \_\_\_\_\_

If a private water supply, has it been tested?  Yes  No

If yes, date tested \_\_\_\_\_ Results: \_\_\_\_\_

**TYPE OF FLOOR, WALL AND CEILING MATERIALS TO BE USED**  
(smooth, easily cleanable, and non-absorbent)

Food preparation area \_\_\_\_\_

Storage areas \_\_\_\_\_

Toilet rooms \_\_\_\_\_

MISCELLANEOUS	YES	NO
Metal stem thermometers ( 0 <sup>0</sup> - 220 <sup>0</sup> F)		
Sanitizer		
Test strips for sanitizer		
Thermometers for all cooling units		
IDPH Food handlers certificate		

Certified Handlers Name \_\_\_\_\_ Expiration Date \_\_\_\_\_

**NOTE: ALL SINKS SHALL BE PLUMBED WITH HOT AND COLD POTABLE WATER. IN ADDITION, ALL PLUMBING SHALL BE INSTALLED BY A STATE OF ILLINOIS LICENSED PLUMBER.**

**NOTE: PLEASE CONTACT THE DEPARTMENT OF JUSTICE FOR THE AMERICAN WITH DISABILITIES ACT (ADA) REQUIREMENTS (800) 514-0301.**