REPLY TO:
Ford County Public Health Department
235 North Taft Street
Paxton, IL 60957

PLAN SUBMITTAL FOR FOOD ESTABLISHMENTS

Part 2 Section 8 of the Ford County Food Sanitation Ordinance, 1978, requires that, “When a food-service establishment or retail food store within Ford County is hereafter constructed or extensively remodeled, or when an existing structure is converted for use as a food-service establishment or retail Food store, properly prepared plans and specifications for such construction, remodeling, or alteration, showing building layout, room arrangement, construction materials of food preparation and serving areas, and the location and type of fixed equipment, toilet facilities, plumbing and sewage disposal systems shall be submitted to the Board of Health for approval before such work is begun.”

In order to make your task easier, the Ford County Public Health Department has developed a data sheet which summarized the minimal information which will be submitted on the plan for a food service establishment. Please fill in all parts of the data sheet and include all of this information on your plan. The plan must be drawn to scale.

One all parts of the data sheet have been filled out in detail and the information incorporated on the plans, you are ready for submittal to the Health Department. The following items are to be submitted with the detailed plans:  
(a) Completed Data Sheet  
(b) Completed License Application

Please do not hesitate to contact this office, if you have any questions.
Ford County Public Health Department

Date: __________________________

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

_____NEW     _______REMODEL     _____CONVERSION

Name of Establishment: _____________________________________________

Category: Restaurant______, Institution______, Daycare______, Retail Market______, Other__________________.

Address: __________________________________________________________

Phone if available: _________________________________________________

Name of Owner: ____________________________________________________

Mailing Address: ____________________________________________________

Telephone: _________________________________________________________

Applicant’s Name: _________________________________________________

Title (owner, manager, architect, etc.): _________________________________

Mailing Address: ____________________________________________________

Telephone: _________________________________________________________

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

_________Building inspector        _________Fire inspector

_________Plumbing inspector        _________Other (______)

Hours of Operation
Mon_______ Tue_______ Wed_______ Thu_______

Fri_______ Sat_______ Sun_______

Number of seats: ________________

(1)
Number of staff: ____________________________________________________________
(Maximum per shift)
Total square feet of facility: _______________________________________________
Number of floors on which operations are conducted __________________________
Maximum meals to be served:
   Breakfast __________________________________________
   Lunch ____________________________________________
   Dinner ____________________________________________

Projected date for start of project: ________________________________

Projected date for completion of project: ____________________________

Type of service:
   Sit Down Meals__________________________
   Take out_______________________________
   Caterer_______________________________
   Mobil Vendor__________________________
   Other_______________________________

Please enclose the following documents:
   _____ Proposed menu (including seasonal, off-site, and banquet menus)
   _____ Manufacturer specification sheets for each piece of equipment shown on the plan
   _____ Site plan showing location of business in building, location of building on site;
       Including alleys, streets, and location of any outside equipment (dumpsters, well,
       Septic system, if applicable)
   _____ Plan drawn to scale of food establishment showing location of equipment,
       plumbing, electrical services and mechanical ventilation.
   _____ Equipment schedule

**CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS**

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the
   floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow
   For ease in reading plans.

2. Include: proposed menu, seating capacity, and projected daily meal volume for
   food service operations

3. Show the location and when requested, elevated drawings of all food equipment.
   Each piece of equipment must be clearly labeled on the plan with its common
   name. Submit drawings of self-service hot and cold holding units with sneeze
   guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.

5. Label and locate separate food preparation sinks when the menu dictates to Preclude contamination and cross-contamination of raw and ready-to-eat-foods.

6. Clearly designate adequate hand washing lavatories for each toilet fixture and in The immediate area of food preparation.

7. Provide the room size, aisle space, space between and behind equipment and the Placement of the equipment on the floor plan.

8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, Toilets, basements and/or cellars used for storage or food preparation. Show All features of these rooms as required by this guidance manual.

9. Include and provide specifications for:

   a. Entrances, exits, loading/unloading areas and docks.

   b. Complete finish schedules for each room including floors, walls, ceilings, and coved juncture bases.

   c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections.

   d. Lighting schedule with protectors.

      1. At least 110 lux (10 foot candles) at a distance of 75cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning.

      2. At least 220 lux (20 foot candles):

         a. At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption.

         b. Inside equipment such as reach-in and under-counter refrigerators.

         c. At a distance of 75 cm (30 inches) above the floor in areas used for hand washing, ware washing, and equipment and utensil storage, and in toilet rooms
d. At least 540 lux (50 foot candles) at surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

e. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).

f. Source of water supply and method of sewage disposal. Provide the location of the facilities and submit evidence that state and local regulations are complied with.

g. A color coded flow chart demonstrating flow patterns for:
   - Food (receiving, storage, preparation, service)
   - Food and dishes (portioning, transport, service)
   - Dishes (clean, soiled, cleaning, storage)
   - Utensil (storage, use, cleaning)
   - Trash and garbage (service area, holding, storage)

h. Ventilation schedule for each room.

i. A mop sink or curbed cleaning facility with facilities for hanging wet mops.

j. Garbage can washing area/facility.

k. Cabinets for storing toxic chemicals.

l. Dressing rooms, locker areas, employee rest areas, and/or coat rack.

m. Completed section 1

n. Site plan (plot plan)
Check categories of Potentially Hazardous Foods (PHFs) to be handled, prepared and served.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>(YES)</th>
<th>(NO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Thin meats, poultry, fresh eggs Hamburger, sliced meats, fillets</td>
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<tr>
<td>2. Thick meats, whole poultry roast Beef, whole turkey, chickens, hams</td>
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<tr>
<td>3. Cold processed foods (Salads, sandwiches, vegetables)</td>
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<tr>
<td>4. Hot processed foods (Soups, stews, rice/noodles, gravy, chowders, casseroles)</td>
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<tr>
<td>5. Bakery goods (Pies, custards, cream fillings, toppings)</td>
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<tr>
<td>6. Other</td>
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</tbody>
</table>

A generic HACC plan for each category of food may be available from the Regulatory authority for reference.

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

**Food Supplies:**

1. What are the projected frequencies of deliveries for frozen foods_________ refrigerated foods______, and dry goods ________________.

2. Provide information on the amount of space (in cubic feet) allocated for Dry storage __________ Refrigerated storage ___________ and Frozen Storage ____________.

3. How will dry goods be stored off the floor? ____________________________________________

(5)
Cold Storage:

1. 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.

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

If yes, how will cross contamination be prevented? ____________________________________________________________________________

3. Is there a bulk ice machine available? YES/NO

Thawing frozen potentially hazardous food:
Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF’S) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

<table>
<thead>
<tr>
<th>Thawing Method</th>
<th>* Thick frozen Foods</th>
<th>* Thin frozen Foods</th>
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<tbody>
<tr>
<td>Refrigeration</td>
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<td>Running water less than 70°F (21°C)</td>
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<tr>
<td>Microwave (as part of cooking process)</td>
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<tr>
<td>Cooked from frozen state</td>
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<tr>
<td>Other (describe)</td>
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</tbody>
</table>

* Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

Cooking

List types of cooking equipment.__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Hot/cold Holding:

1. How will hot PHF’s be maintained at 140°F (60°C) or above during holding for service? Indicate the type and number of hot holding units.

2. How will cold PHF’s be maintained at 41°F (5°C) or below during holding for service? Indicate the type and number of cold holding units.

Cooling:

Please indicate by checking the appropriate boxes how PHF’s will be cooled to 41°F (5°C) within 6 hours (140°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

<table>
<thead>
<tr>
<th>Cooling Method</th>
<th>Thick Meats</th>
<th>Thin Meats</th>
<th>Thin Soup/Gravy</th>
<th>Thick Soup/Gravy</th>
<th>Rice/Noodles</th>
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</thead>
<tbody>
<tr>
<td>Shallow pans</td>
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<tr>
<td>Ice baths</td>
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<tr>
<td>Reduce volume or size</td>
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<td>Rapid chill</td>
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<tr>
<td>Other (describe)</td>
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</tbody>
</table>
Reheating:

1. how will PHF’s that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds? Indicate type and number of units used for reheating foods._________________________

2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?_________________________

Preparation

1. Please list categories of foods prepared more than 12 hours in advance of service.________________________________________________________

2. Will food employees be trained in good food sanitation practices? YES/NO

Number(s) of employees:__________________________________________

3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES/NO

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES/NO

Please describe:__________________________________________________

_______________________________________________________________

_______________________________________________________________

(8)
5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

   Chemical Type: __________
   Concentration: __________
   Test Kit: ________________  YES/NO

6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise, and eggs for salads and sandwiches be pre-chilled before being missed and/or assembled?  
   YES/NO

   If not, how well ready-to-eat foods be cooled to 41°F?

7. Will all produce be washed on-site prior to use?  YES/NO
   Is there a planned location used for washing produce?  YES/NO

   Describe

   If not, describe the procedure for cleaning and sanitizing multiple use skins between uses.

8. Describe the procedure used for minimizing the length of time PHFs will be kept in the temperature danger zone (41°F – 140°F) during preparation.

9. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

10. Will the facility be serving food to a highly susceptible population?  YES/NO
    If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?
**FINISH SCHEDULE**

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

<table>
<thead>
<tr>
<th></th>
<th>Floor</th>
<th>Coving</th>
<th>Walls</th>
<th>Ceiling</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kitchen</strong></td>
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<tr>
<td><strong>Bar</strong></td>
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<tr>
<td><strong>Food Storage</strong></td>
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<tr>
<td><strong>Other Storage</strong></td>
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<tr>
<td><strong>Toilet Rooms</strong></td>
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<tr>
<td><strong>Dressing Rooms</strong></td>
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<tr>
<td><strong>Garbage &amp; Refuse Storage</strong></td>
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<tr>
<td><strong>Mop Service Basin Area</strong></td>
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<tr>
<td><strong>Ware washing Area</strong></td>
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<tr>
<td><strong>Walk-in Refrigerators &amp; Freezers</strong></td>
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</tbody>
</table>
INSECT AND RODENT CONTROL

Please check appropriate boxes.

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
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</thead>
<tbody>
<tr>
<td>1. Will all outside doors be self-closing and rodent proof?</td>
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<tr>
<td>2. Are screen doors provided on all entrances open to the outside.</td>
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<tr>
<td>3. Do all openable windows have a minimum #16 mesh screening?</td>
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<tr>
<td>4. Is the placement of electrocution devices identified on the plan?</td>
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<td>5. Will all pipes &amp; electrical conduit chases be sealed, ventilation systems exhaust and intakes protected?</td>
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<td>6. Is area around building clear of unnecessary brush and other harborage?</td>
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<tr>
<td>7. Will air curtains be used? If yes, where?</td>
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</table>

GARBAGE AND REFUSE

Inside

1. Will refuse be stored inside? If so, where?                          |     |    |    |

Outside

2. Is there an area designated for garbage can or floor mat cleaning?  |     |    |    |

3. Will a dumpster be used? Number Size Frequency of pickup Contractor |     |    |    |
4. Will a compactor be used?  
   Yes  No  NA  
   Number  Size  
   Frequency of pick up  
   Contractor  

5. Will garbage cans be stored outside?  
   Yes  No  NA  

7. Describe surface and location where dumpster/compactor/garbage cans are to be stored.

   __________________________________________  
   __________________________________________  
   __________________________________________

8. Is there an area to store recycled containers?  
   Yes  No  NA  
   Describe __________________________________________  
   Indicate what materials are required to be recycled:  
   ( ) Glass  
   ( ) Metal  
   ( ) Paper  
   ( ) Cardboard  
   ( ) Plastic  

9. Is there any area to store returnable damaged goods?  
   Yes  No  NA  

(12)
### PLUMBING CONNECTIONS

<table>
<thead>
<tr>
<th></th>
<th>AIR GAP</th>
<th>AIR BREAK</th>
<th>* INTEGRAL TRAP</th>
<th>* P TRAP</th>
<th>VACUUM BREAKER</th>
<th>CONDENSATE PUMP</th>
</tr>
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<tbody>
<tr>
<td>Toilet</td>
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<td>Urinals</td>
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<td>Dishwasher</td>
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<td>Garbage grinder</td>
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<td>Ice Machines</td>
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<td>Ice storage bin</td>
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<td>Sinks</td>
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<td>b. Janitor</td>
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<td>c. Hand wash</td>
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<td>d. 3 compartment</td>
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<td>e. 2 compartment</td>
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<td>f. 1 compartment</td>
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<td>g. Water station</td>
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<td>Steam tables</td>
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<tr>
<td>AIR GAP</td>
<td>AIR BREAK</td>
<td>INTEGRAL TRAP</td>
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<td>VACUUM BREAKER</td>
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<td>Dipper Wells</td>
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<tr>
<td>Condensate/ drain lines</td>
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<td>Hose connection</td>
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<td>Potato peeler</td>
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<tr>
<td>Beverage dispenser w/carbonator</td>
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<tr>
<td>Other</td>
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</table>

- **TRAP**: A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A “P” trap is a fixture trap that provides a liquid seal in the shape of the letter “p”. Full “S” traps are prohibited.

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

________________________________________________________________________

________________________________________________________________________

**WATER SUPPLY**

1. Is water supply public ( ) or private ( )?

2. If private has source been approved? YES ( ) NO ( ) PENDING ( )
   Please attach copy of written approval and/or permit.

3. Is ice made on premise ( ) or purchased commercially ( )?
   If made on premises, is specification for the ice machine provided?
   YES ( ) NO ( )

Describe Provision for ice scoop storage: ________________________________

Provide location of ice maker or bagging operation ________________________

(14)
WATER SUPPLY

4. What is the capacity of the hot water generator? _________________________________

5. Is the hot water generator sufficient for the needs of the establishment? Provide calculations for necessary hot water (see Part 5 & Part 9 under section III in this manual)

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

7. How is backflow prevention devices inspected & serviced?

SEWAGE DISPOSAL

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

2. If no, is private disposal system approved? YES ( ) NO ( ) PENDING ( )
   Please attach copy of written approval and/or permit.

3. Are grease traps provided? YES ( ) NO ( )
   If so, where?

   Provide schedule for cleaning & maintenance______________________________

DRESSING ROOMS

1. Are dressing rooms provided? YES ( ) NO ( )

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

   ________________________________________________________________
GENERAL

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?  
   YES ( )  NO ( )
   Indicate location: ______________________________________________________

2. 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 ( )

3. Will linens be laundered on site?  
   YES ( )  NO ( )
   If yes, what will be laundered and where?
   ______________________________________________________
   ______________________________________________________
   If no, how will linens be cleaned?
   ______________________________________________________

4. Is a laundry dryer available?  
   YES ( )  NO ( )

5. Location of clean linen storage:
   ______________________________________________________

6. Location of dirty linen storage:
   ______________________________________________________

7. Are containers constructed of safe materials to store bulk food products?  
   YES ( )  NO ( )
   Indicate type: ______________________________________________________
   ______________________________________________________
VENTILATION

1. Indicate all areas where exhaust hoods are installed:

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>FILTERS &amp; OR EXTRACTION DEVICES</th>
<th>SQUARE FEET</th>
<th>FIRE PROTECTION</th>
<th>AIR CAPACITY CFM</th>
<th>AIR MAKEUP CFM</th>
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</tbody>
</table>

2. How is each listed ventilation hood system cleaned?

________________________________________________________________________

SINKS

1. Is a mop sink present? YES ( ) NO ( )
   If no, please describe facility for cleaning of mops and other equipment:
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

2. If the menu dictates, is a food preparation skin present YES ( ) NO ( )

DISHWASHING FACILITIES

1. Will sinks or a dishwasher be used for ware washing?
   Dishwasher ( )
   Two compartment sink ( )
   Three compartment sink ( )

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DISHWASHING FACILITIES

2. Dishwasher
   Type of sanitization used:
   Hot water (temp. provided)__________________________
   Booster heater__________________________
   Chemical type__________________________

   Is ventilation provided? YES ( ) NO ( )

3. Do all dish machines have templates with operating instructions? YES ( ) NO ( )

4. Do all dish machines have temperature/pressure gauges as required that are accurately working? YES ( ) NO ( )

5. Does the largest pot and pan fit into each compartment of the pot skink? YES ( ) NO ( )
   If no, what is the procedure for manual cleaning and sanitizing?

6. Are there drain boards on both ends of the pot sink? YES ( ) NO ( )

7. What type of sanitizer is used?
   Chlorine ( )
   Iodine ( )
   Quaternary ammonium ( )
   Hot Water ( )
   Other ( )

HANDWASHING/TOLIET FACILITIES

1. Is there a hand washing sink in each food preparation and ware washing area? YES ( ) NO ( )

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

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES ( ) NO ( )

4. Is hand cleanser available at all hand washing sinks? YES ( ) NO ( )
HANDWASHING/TOLIET FACILITIES

5. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks? 
   YES (   )  NO (   )

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

7. Is hot and cold running water under pressure available at each hand washing sink? 
   YES (   )  NO (   )

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

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

10. If required, is a hand washing sign posted in each employee restroom? 
    YES (   )  NO (   )

SMALL EQUIPMENT REQUIREMENTS

Please specify the number, location, and types of each of the following:

Slicers__________________________________________

Cutting boards____________________________________

Can Openers___________________________________

Mixers_______________________________________

Floor mats_____________________________________

Other__________________________________________

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