

# Hendricks County Health Department

## Environmental Health

355 S Washington St Ste G30  
Danville, IN 46122  
Phone (317) 745-9217  
Fax (317) 745-9218



**Public Health**  
Prevent. Promote. Protect.

## Nursing

355 S Washington St Ste G40  
Danville, IN 46122  
Phone (317) 745-9222  
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To Whom It May Concern:

Congratulations on your decision to open a new business in Hendricks 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 you 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 TCS Food (see insert)
- List of distributors and suppliers
- Copy of Certified Food Protection Manager certificate, if required
- Set of properly prepared plans and specifications
- Copy of the Indiana Retail Merchant Certificate
- The Plan Review Application and Application Fee

A letter will be mailed 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 7-26. 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 Hendricks County Health Department to schedule a pre-opening inspection. This inspection will confirm that the establishment was designed according to the approved plans. Please allow **at least one week** prior to opening your establishment for this inspection.

If you have any questions or concerns, please call the Hendricks County Health Department at (317) 745-9217.

Sincerely,

Lisa Chandler, Foods Program Team Lead  
Environmental Health

|  |          |
|--|----------|
| Plan Review and two pre-opening inspections    | \$150.00 |
| Fee for each additional pre-opening inspection | \$50.00  |

# Hendricks County Health Department Plan Review Application

Please answer all of the following questions completely.  
Should you have any questions, please contact our department at (317) 745-9217.

| Legal Business Name/Entity:  |                 |                            |
|--|-----------------|----------------------------|
| Establishment Name/DBA:  |                 |                            |
| Establishment Address:   |                 | Telephone Number:          |
|  |                 | Fax:                       |
| Owner Name and Address:  |                 | Telephone Number:          |
| Email:   |                 |                            |
| Architect/ Engineer Name and Address:  |                 | Telephone Number:          |
| Name and number of person to contact for plan review questions:  |                 |                            |
| Projected Start Date:  |                 | Projected Completion Date: |
| <b>Contents and Specifications for Facility and Operating Plans:<br/>(Check what has been submitted)</b>                     | <b>Included</b> |                            |
|  | <b>Yes</b>      | <b>No</b>                  |
| Copy of the intended menu  |                 |                            |
| Blue Prints (Proposed layout, mechanical schematics, construction materials, finishing schedule, and list of equipment)      |                 |                            |
| List of distributors and suppliers and their phone numbers   |                 |                            |
| Copy of Certified Food Protection Manager certificate, if required   |                 |                            |
| Detailed HACCP (Hazard Analysis Critical Control Point) flow chart for each menu item containing a TCS food (see enclosed)   |                 |                            |
| Copy of Indiana Retail Merchant Certificate  |                 |                            |
| Plan Review Application and Application Fee<br><i>*Note: This does not include the annual Food Establishment Permit Fee.</i> |                 |                            |

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

Waste Water Disposal \_\_\_\_\_ Fire Department \_\_\_\_\_ Planning and Building \_\_\_\_\_

Number of floors on which operations are conducted: \_\_\_\_\_

Type of Service (check all that apply):  
Sit down meals \_\_\_\_\_ Caterer \_\_\_\_\_  
Mobile vendor \_\_\_\_\_ Take out \_\_\_\_\_ Other \_\_\_\_\_

Who (name and job title) will be your Certified Food Protection Manager? (IC 16-42-5.2)  
\_\_\_\_\_

How will employees be trained in food safety? (Sec. 136 of Title 410 IAC 7-26)  
\_\_\_\_\_

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*The following procedures/questions should be considered before any further planning/construction begins or continues to ensure that special consideration is given to these standard sanitary operating procedures (SSOP's). Please indicate (by either checking or completing the answers) whether or not a section applies to your operation. All section numbers can be found in the Indiana State Retail Food Establishment Sanitation Requirements Title 410 IAC 7-26.*

**FOOD**

1. Will there be any home prepared, canned, or donated food items? (Sec. 155) Yes \_\_\_\_\_ No \_\_\_\_\_

2. What is the procedure for receiving food shipments (e.g. temperatures checked and containers inspected for damage)? (Sec. 162)  
\_\_\_\_\_  
\_\_\_\_\_

a. What is the anticipated frequency of food deliveries for:  
Frozen \_\_\_\_\_ Fresh \_\_\_\_\_ Dry \_\_\_\_\_

3. Is your facility required to have pasteurized products? (Sec. 225) Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

4. Do you intend to make low-acid or acidified foods and intend your products to be shelf stable? Yes \_\_\_\_\_ No \_\_\_\_\_  
a. If so, have you passed the Better Process and Control School exam? (Sec. 156) Yes \_\_\_\_\_ No \_\_\_\_\_

*\*Note: Include a copy of the certification.*

5. Do you intend to make "Reduced oxygen packaged (ROP)" foods? (Sec. 97, 218)  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list out the ROP foods \_\_\_\_\_

**FOOD PREPARATION**

6. If foods are prepared a day or more in advanced, please list them here. \_\_\_\_\_

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7. What will be your procedure to prevent employees from touching foods that are ready-to-eat and will not be cooked or heat treated (e.g. sushi, lettuce, buns, etc.)? (Sec. 173)

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8. Describe your date marking system for TCS, ready-to-eat foods. (Sec. 214, 215)

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9. Describe the procedure to minimize the amount of time TCS foods will be kept in the temperature danger zone (41°F-135°F) during preparation. (Sec. 211)

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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 thaw the food (e.g. frozen meat). (Sec. 210)

| 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 foods (e.g. leftovers). (Sec. 211, 212)

| PROCESS                                   | TYPES OF FOOD |
|---|---------------|
| Shallow pans under refrigeration          |               |
| Ice and water bath                        |               |
| Reduced volume (quartering a large roast) |               |
| Ice paddles                               |               |
| Rapid chill devices (blast freezer)       |               |
| Other (describe)                          |               |

12. Will all produce be washed prior to use? (Sec. 179) Yes \_\_\_\_\_ No \_\_\_\_\_  
a. If no, why? \_\_\_\_\_

13. What procedures will be in place to ensure that foods are reheated to 165°F or above? (Sec. 206)  
\_\_\_\_\_

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. 195)  
\_\_\_\_\_

15. Is all food prepared and cooked within the facility? (e.g. grilling and smoking outdoors require additional permits or approvals) (Sec. 192, 480, 489) Yes \_\_\_\_\_ No \_\_\_\_\_

***HOT AND COLD HOLDING***

16. Will "Time as a Public Health Control" be used for TCS hot or cold food(s)? (Sec. 216)  
*\*Note: These procedures must be submitted and approved before their use.* Yes \_\_\_\_\_ No \_\_\_\_\_

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. 223)

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. 136)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. 175)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Describe the storage of different types of raw meat and seafood in the same unit, and how cross-contamination will be prevented. (Sec. 175)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SANITIZATION**

21. Who will be assigned the responsibility of ensuring the correct amount of sanitizer will be used? (Sec. 136)

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22. What type of chemical sanitizer(s) will the facility use? (Sec. 299)

*\*Note: Chlorine or Quaternary Ammonium must include manufacturer's directions for concentration on food contact surfaces.*

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23. Will the facility have test kits on site for all types of chemical sanitizers? (Sec. 301)

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. 318)

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**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. 457)

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26. Will the employees use a hand sanitizer? (Sec. 144) Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what brand? \_\_\_\_\_

27. Will the facility ensure that insecticides and rodenticides are "Approved for Use in Food Establishments" and that they are applied in a safe manner? (Sec. 136)

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28. Will all spray bottles be clearly labeled? (Sec. 456) Yes \_\_\_\_\_ No \_\_\_\_\_

29. Where will first aid supplies be stored? (Sec. 471) \_\_\_\_\_

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**MISCELLANEOUS**

30. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters? (Sec. 427) Yes \_\_\_\_\_ No \_\_\_\_\_

31. How will linens be laundered? (Sec. 323, 427)

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32. Do you have a written employee health policy? (Sec. 136-139) Yes \_\_\_\_\_ No \_\_\_\_\_

*\*Note: Provide a copy of this policy.*

33. Do you have written procedures for employees to follow when responding to vomiting or diarrheal events? (Sec. 153) Yes \_\_\_\_\_ No \_\_\_\_\_

*\*Note: Provide a copy of this policy.*

34. How will you notify consumers of major food allergens in unpackaged and packaged food? (Sec 221, 222)

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**WAREWASHING/DISHWASHING**

35. Dishwashing methods (Sec. 274, 318) (check one or both): Three compartment sink \_\_\_\_\_ Dish machine \_\_\_\_\_

36. If a three compartment sink is used, which sanitizing method will you use: Hot Water \_\_\_\_\_ Chemical \_\_\_\_\_

37. 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. 280, 316)

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38. Can the largest piece of equipment be submerged into the three compartment sink? (Sec. 314) Yes \_\_\_\_\_ No \_\_\_\_\_

39. Does the facility plan to use alternative manual ware washing equipment? (Sec. 314) Yes \_\_\_\_\_ No \_\_\_\_\_  
*\*Note: If yes, submit your procedure for review*

40. 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. 275) *\*Note: Describe below.*

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**WATER SUPPLY**

41. Is the water supply: private (\_\_\_\_) or public (\_\_\_\_)? *If public, skip question #41*

42. If private, has the source been tested? (Sec. 339) 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 \_\_\_\_\_

**WASTE WATER/SEWAGE DISPOSAL**

43. Is the sewage disposal system: public (\_\_\_\_) or private (\_\_\_\_)? *If public, skip question #43*

44. Has the waste treatment system been approved by the Indiana State Department of Health or the Hendricks County Health Department? (Sec. 385) *\*Note: Provide a copy of the approval.* Yes \_\_\_\_\_ No \_\_\_\_\_

**PLUMBING**

45. Are hot and cold water fixtures provided at every sink? (Sec. 347) Yes \_\_\_\_\_ No \_\_\_\_\_

46. If a water supply hose is to be used for potable water, is it made from food-grade materials? (Sec. 370)  
 Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

47. What are the recovery time, volume, and capacity of the hot water heater? (Sec. 341)

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48. Is a grease trap required? (Please contact Town Planning Department) Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, is the grease trap located where it is easily accessible for cleaning? (Sec. 381) Yes \_\_\_\_\_ No \_\_\_\_\_

49. The following technical information is needed on the proposed plumbing. This section is best completed by a licensed plumber or engineer. (Sec. 354, 380)

| Fixture             | Water Supply                    |         | Sewage Disposal |                |
|---------------------|---------------------------------|---------|-----------------|----------------|
|                     | Backsiphonage Prevention Device | Air Gap | Direct Drain    | Indirect Drain |
| 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**

50. Hand washing sinks are required in each food preparation, food dispensing, ware washing area, and toilet room.  
 a. How many hand washing sinks will be provided? (Sec. 351) \_\_\_\_\_
51. Are all toilet room doors self-closing where applicable? (Sec. 420) Yes \_\_\_\_\_ No \_\_\_\_\_
52. Are all toilet rooms equipped with adequate ventilation? (Sec. 437) Yes \_\_\_\_\_ No \_\_\_\_\_
53. Is a covered receptacle provided for employee restrooms? (Sec. 394) Yes \_\_\_\_\_ No \_\_\_\_\_

**ROOM FINISH SCHEDULE**

54. Please indicate which materials (e.g. quarry tile, stainless steel, plastic cove molding, etc.) will be used in the following areas. (Sec. 407)

| 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**

55. Are separate dressing rooms/lockers provided? (Sec. 438) Yes \_\_\_\_\_ No \_\_\_\_\_
56. Describe the storage location for employees' coats, purses, medicines, and lunches. (Sec. 440, 472)

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57. Where is the designated area for employees to eat, drink, and use tobacco? (Sec. 148)

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## EQUIPMENT

58. Will all of the equipment meet the design and construction standards (for example, it is durable, corrosion-resistant, nonabsorbent, smooth, and easily cleanable)? (Sec. 226) Yes \_\_\_\_\_ No \_\_\_\_\_

59. Will all utensils and food storage containers be made from food-grade quality materials? (Sec. 226) Yes \_\_\_\_\_ No \_\_\_\_\_

60. Will any pieces of used equipment be utilized? (Sec. 474) Yes \_\_\_\_\_ No \_\_\_\_\_

61. Is the ventilation hood system sufficient for the needs of the facility? (Sec. 276) Yes \_\_\_\_\_ No \_\_\_\_\_

62. Will all of the equipment used for the storage of TCS foods be able to meet the minimum temperature requirements (frozen food 0°F, cold food 41°F, hot food 135°F)? (Sec. 213, 208) Yes \_\_\_\_\_ No \_\_\_\_\_

63. Is there sufficient amount of equipment for the hot and cold holding of foods; also during serving or transporting? (Sec. 273) Yes \_\_\_\_\_ No \_\_\_\_\_

64. Will each cold or hot holding equipment used for TCS foods have a thermometer? (Sec. 260) Yes \_\_\_\_\_ No \_\_\_\_\_

65. Will a probe thermometer be provided to measure the internal temperature of food? (Sec. 279) Yes \_\_\_\_\_ No \_\_\_\_\_

66. How will food on display be protected from consumer contamination? (Sec. 193)

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## INSECT AND RODENT HARBORAGE

67. Will all outside doors be self-closing, when applicable, and rodent/insect proof? (Sec. 421) Yes \_\_\_\_\_ No \_\_\_\_\_

68. Will screens be provided on any open windows/doors to the outside? (Sec. 421) Yes \_\_\_\_\_ No \_\_\_\_\_

a. Will air curtains be installed; if so, where? (Sec. 421) \_\_\_\_\_

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69. Will all pipes and electrical conduit chases be sealed (e.g. ventilation and plumbing systems)? (Sec. 410, 422) Yes \_\_\_\_\_ No \_\_\_\_\_

70. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions? (Sec. 453) Yes \_\_\_\_\_ No \_\_\_\_\_

71. Do you plan to use a pest control service? (Sec. 450) Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_

Company Name and Address \_\_\_\_\_

**REFUSE AND RECYCLABLES**

72. Describe the surface (for refuse/recyclables) that the outside dumpster will be located on? (Sec. 388)

Refuse Company \_\_\_\_\_

**LIGHTING**

73. What are the foot candles (intensity) of light for the following areas? (Sec. 436)

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 Hendricks County Health Department may nullify final approval.

**Signature(s)**

**Date**

\_\_\_\_\_  
**Owner / Operator (Printed)**

\_\_\_\_\_  
**Owner / Operator (Signature)**

*Approval of these plans and specifications by the Hendricks County Health Department 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 pre-opening inspection of the establishment will be necessary to determine if it complies with the local and state laws governing food establishments.*

| <b>Office Use Only</b> |                   |                        |
|------------------------|-------------------|------------------------|
| Permit Number:         | Date Reviewed:    | Reviewer:              |
| Receipt #              | Receipt Amount \$ | Date Payment Received: |
| Check #                |                   |                        |

# Establishing a HACCP

Hendricks County Health Department  
355 South Washington St. G30, Danville, IN 46122  
Phone (317) 745-9217 • Fax (317) 745-9218



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## 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 chart. “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, or 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 one 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 the 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.

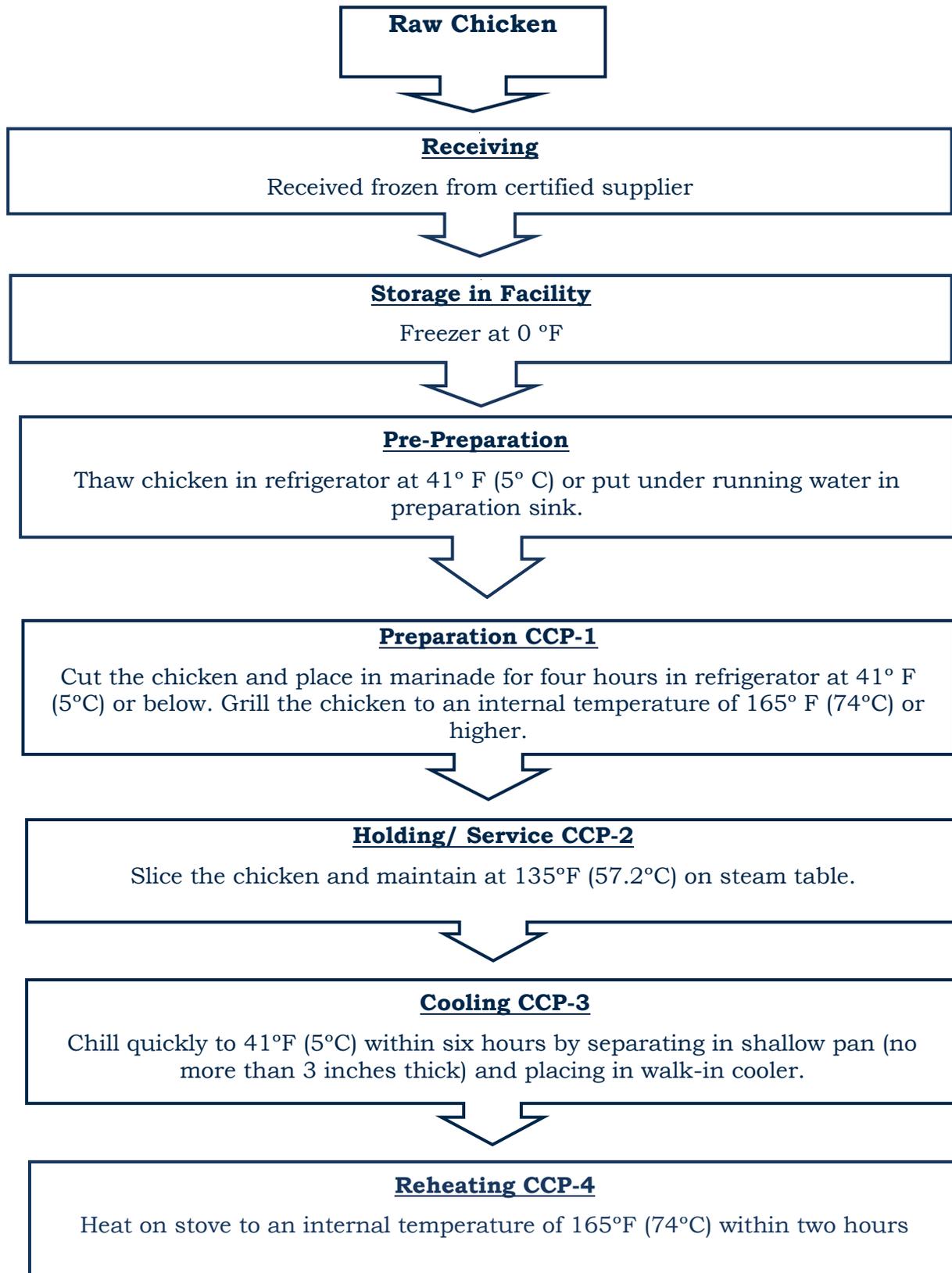
# HACCP Flow Chart for Chicken

Hendricks County Health Department  
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## Nursing

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Regarding: IC 16-42-5.2 Food Handler Certification

Dear Food Service Establishment:

During the 2020 legislative session, House Enrolled Act 1210 (HEA 1210) was passed, making changes to the law on which the Certification of Food Handler Requirements rule, 410 IAC 7-22, was based. Indiana Code 16-42-5.2 was amended in the Indiana State Department of Health's agency bill to be consistent with terminology used nationally by the food industry and 410 IAC 7-22 has been repealed.

As of July 1, 2020, IC 16-42-5.2 was amended to include that person known as "certified food handlers" are now called "Certified Food Protection managers" (CPFM) and clarifies which food establishments need to have a CPFM. A CPFM is not needed when the food establishment's food handling activities do not include the cooking of raw food of animal origin.

Please visit the Indiana Department of Health Food Protection page for the most up-to-date information regarding accredited certification providers:

<https://www.in.gov/health/food-protection/retail/food-protection-manager-certification/>

If you have questions, please contact a Hendricks County Health Department food specialist at 317-745-9217.

Sincerely,

Lisa Chandler, Foods Program Team Lead  
Environmental Health