Elk Grove Village Community Development Department
Environmental Health Division
901 Wellington Ave. Elk Grove Village, IL 60007
Ph: 847-357-4240 Fax: 847-357-4250

PART 1:

FOOD SERVICE ESTABLISHMENT PLAN REVIEW FORM

(Complete and Return)

Elk Grove Village Community Development Department
Environmental Health Division
901 Wellington Ave. Elk Grove Village, IL 60007
Ph: 847-357-4240 Fax: 847-357-4250

APPLICATION FOR HEALTH PERMIT

Establishment Information:

Establishment Name: _____

Address: _____ City/State: _____

Zip: _____ Phone: _____ Fax: _____

E-mail Address: _____

Business Owner:

Name: _____

Address: _____ City/State: _____

Zip: _____ Phone: _____ Fax: _____

Corporate Chain (If Applicable):

Name: _____

Address: _____ City/State: _____

Zip: _____ Phone: _____ Fax: _____

Building Owner:

Name: _____

Address: _____ City/State: _____

Zip: _____ Phone: _____ Fax: _____

Signature:

Applicant's Signature: _____

Title: _____ Date: _____

I. PROJECT INFORMATION

Establishment Information:

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Menu Type:

□ Food Service/Retail □ Caterer □ Banquet □ Wholesale/Processor □ Other _____

Business Owner:

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Contractor:

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Architect:

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Primary Project Contact:

Name: _____ Company: _____

Phone: _____ Fax: _____

E-Mail Address: _____

FOR DEPARTMENT APPROVAL, THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS PACKET:

- A menu list of food and beverage items that will be provided at the establishment.
- A complete set of plans that include (at minimum): room floor plans, equipment layouts, room finishes, plumbing schematics, and lighting/electrical schematics.
- An equipment list and specification sheets for all equipment to be installed.

OWNER/AGENT SIGNATURE _____ **DATE** _____

II. REFRIGERATION (Circle or write in your response)

Have you provided enough cooler space to separate raw meats from ready-to-eat foods? Yes No N/A

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

Are any of the refrigerators next to heat-producing equipment? Yes No N/A

Will you be cooling large volumes of food? Yes No N/A

Have you provided space and equipment for the quick chilling of prepared food? Yes No N/A

Indicate the method you plan to use to cool hot foods: _____

Will you be handling large amounts of cold, potentially hazardous food or cutting large amounts of raw meat? Yes No N/A

Is the ice machine large enough to meet all operational needs (beverages, cooling, etc.)? Yes No N/A

Will you have a buffet line? Yes No N/A

If yes, is it mechanically refrigerated? Yes No N/A

III. STORAGE FACILITY

Dry Storage Area Calculations:

Total Kitchen Area = _____sq. ft. (wall to wall dimensions)

Kitchen Dry Storage Area Required = Kitchen Area x .25

Total Kitchen Dry Storage Area = _____ sq. ft. (wall to wall dimensions)

Total Bar Area = _____ sq. ft. (wall to wall dimensions)

Bar Dry Storage Area Required = Bar Area x .10

Total Bar Storage Area = _____ sq. ft (wall to wall dimensions)

Have you provided adequate commercial shelving for the walk-in coolers and freezers? Yes No N/A

Have you provided adequate commercial shelving for dry food and equipment storage areas? Yes No

Have you provided enough storage space for food, beverages, equipment, linens and single service articles? Yes No N/A

Have you provided a storage area for cleaning supplies separate from the food and food service operations? Yes No N/A

Have you provided a separate area for the storage of toxic items? Yes No N/A

Have you provided hooks or a mop rack at the mop basin? Yes No N/A

Have you specified a broom rack(s) in convenient location(s)? Yes No N/A

Are you using firewood as a fuel source for cooking equipment? Yes No N/A

If yes, specify the location of firewood storage: _____

REMINDER: Firewood must be stored separate from the food storage and food service operations. Additional measures must be taken to prevent rodent and insect infestations.

IV. EMPLOYEE AREAS, RESTROOMS, AND HAND WASHING SINKS

EMPLOYEE AREA:

Indicate the total number of employees: _____

Have you provided for each employee: Coat Hooks Lockers Other_____

Have you provided: Dressing Room Break Area Other_____

Have you indicated the location for personal belonging storage on the plans? Yes No N/A

REMINDER: Break areas, dressing rooms, and personal belonging storage areas cannot be in areas used for food storage, preparation or service, or for the washing or storage of utensils.

RESTROOMS:

Have you provided the proper number of toilets/facilities as required by the Illinois State Plumbing Code? (Verify with the local Sanitary District or Building Department) Yes No N/A

Can the public access the restrooms without going through the kitchen, storage area, or utensil-washing area? Yes No N/A

Are the rooms mechanically vented to the outside? Yes No N/A

Have you provided garbage containers with lids for sanitary items and soiled diapers? Yes No N/A

HAND WASHING SINKS:

How many hand washing sinks, excluding bathroom lavatories are you providing? _____

Indicate the locations of the hand sinks: _____

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

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

V. PLUMBING

What type of water will be supplied to the building? Public Private

Will a public sewer be provided? Yes No N/A

Is a grease interceptor provided for all grease-generating fixtures (dish sink, food preparation sink, mop sink, floor drains)? Yes No N/A

If yes, how will it be installed? Outdoor Indoor Recessed

What type of janitorial sink will be provided? Floor basin Laundry Wall-Mounted Slop Sink

Will you be installing a garbage grinder? Yes No
(If, yes please see attached informational packet)

POTABLE WATER BACKFLOW protection is required on the following pieces of equipment:
(Circle all that apply)

Chemical Mixing System
Toilets
Urinals
Dishwashing Machines
Garbage Grinders
Threaded Water Faucets (Hose Attachment)
Carbonators
Pre-Rinse Sprayers
Other: _____

INDIRECT OPENSITE WASTE CONNECTIONS are required on the following pieces of equipment:
(Circle all that apply)

Deli Cooler Clean Out Drains
Walk-In Refrigerator Drains
Refrigerator/Freezer Condensation Lines
Steam Tables
Ice Maker/Ice Bin
Three-Compartment Sinks (Equipment Washing)
Food Preparation Sinks
Dipper Wells
Dishwashing Machines
Salad Bars
Soda Dispensers
Steam Kettles
Other: _____

VI. SANITIZING EQUIPMENT AND FACILITIES

HOT WATER SYSTEM:
Specify the water heater storage capacity in gallons: _____ (ATTACH SPECIFICATION SHEET)

REMINDER: A 40 gallon storage capacity is the minimum allowed.

Specify the water heater recovery rate _____ GPH _____degrees F, if mechanical (chemical or hot water) sanitizing machine is being proposed.

MANUAL UTENSIL WASHING:

Have you provided a commercial three-compartment sink with two integral drain boards?	Yes	No	N/A
Is your largest item able to be submerged into the three-compartment sink?	Yes	No	N/A
Do you have a clean-in-place procedure for stationary equipment?	Yes	No	N/A
Have you provided additional space for the storage of clean utensils, glassware, etc.?	Yes	No	N/A

If yes, where: _____

MECHANICAL UTENSIL WASHING (if applicable):

Are you installing a dishwashing machine?	Yes	No	N/A

If yes, Manufacturer _____ Model # _____
(ATTACH SPECIFICATION SHEET)

Have you included a soiled dish table?	Yes	No	N/A
Have you included a pre-rinse sink?	Yes	No	N/A
Have you included a clean dish table?	Yes	No	N/A
Did you provide mechanical ventilation at the dishwashing machine?	Yes	No	N/A
Have you provided a location for air drying utensils after being washed?	Yes	No	N/A

If yes, where: _____

CHEMICAL SANITIZING MACHINE (if applicable):

Are you providing a chemical sanitizing dish machine?	Yes	No	N/A
Are your chemical supply containers stored off the floor?	Yes	No	N/A
Did you provide an audible and visual warning indicator on the sanitizer dispenser?	Yes	No	N/A

HOT WATER SANITIZING MACHINE (If applicable)

Are you installing a hot water sanitizing dish machine? Yes No N/A

If yes, manufacturer (Booster Heater) _____Model # _____
(ATTACH SPECIFICATION SHEET)

Are you providing a temperature gauge before the booster heater? Yes No N/A

VII. LIGHTING

Are your food preparation and utensil washing areas lit according to specifications? Yes No N/A
(Referenced in attached informational packet)

Have you supplied fluorescent lights with vapor-proof fixtures or additional Incandescent light kits for the walk-in refrigerator and freezer units? Yes No N/A

Are your food storage rooms lit according to specifications? Yes No N/A
(Referenced in attached informational packet)

Are your restrooms lit according to specifications? Yes No N/A
(Referenced in attached informational packet)

Have you provided dimmer switches or on/off lights in bar areas for cleaning purposes? Yes No N/A

Are all of your light fixtures over food preparation, display, service, storage, and utensil-washing areas properly shielded or permit the use of shatterproof bulbs? Yes No N/A

VIII. LAUNDRY

Do you have a washer? Yes No N/A
(If yes, a dryer is also required).

Do you have a dryer? Yes No N/A

Is your laundry area separated by a door from the food service operation? Yes No N/A

Is shelving provided to keep clean linens stored separately from soiled linens? Yes No N/A

IX. INSECT & RODENT CONTROL

Are all entrances to the building pest proof? Yes No N/A

Are all the vents covered with screening? Yes No N/A
(Referenced in attached informational packet)

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

Are all your openable windows properly screened? Yes No N/A

Is your garbage area within 20 feet of the facility's door(s) or window(s)? Yes No N/A

Did you provide an air curtain? Yes No N/A

If yes, Make _____ Model # _____

Do you have a: Drive-Through Carry-Out Walk-Up Window N/A

Which types of protection are provided for your windows *(a combination is recommended):*

Spring-Loaded Bump Pad Electric Eye Opener Air Curtain Fly Fan Self-Closing Screen

Will all doors to the outside be self-closing? Yes No

Which types of protection are provided for your delivery and entrance doors? _____

If you have an overhead door, did you provide an air curtain? Yes No N/A

If yes, Make _____ Model # _____

REMINDER: Daylight shall not be observed around or under any exterior door. Ensure proper weather stripping is provided.

X. GARBAGE AND REFUSE DISPOSAL

Indicate type of disposal provided: Dumpster Compactor Exterior Grease Container

Interior Self-Contained System for Grease Recycling Container

Indicate type of surface provided for storage of disposal containers: Concrete Pad Asphalt

Will an enclosure be installed for the storage of containers? Yes No N/A

If yes, describe: _____

REMINDERS: Walls shall be durable and washable.

Indoor garbage and grease storage shall be in a refrigerated area

Use of a self-contained system for grease shall be located on an exterior wall away from food preparation and utensil washing areas.

XI. FOOD SERVICE TRAINING NEEDS ASSESSMENT

Establishment Name: _____ Manager/Operator Name: _____

Phone: _____ Fax: _____ E-mail: _____

1. Is your manager Certified in Food Service Sanitation by the State of Illinois? Yes _____ No _____

2. Are you familiar with the Hazard Analysis Critical Control Point System (HACCP)? Yes _____ No _____

3. Do you implement HACCP in food preparation? Yes _____ No _____

4. Do you have regularly scheduled staff training program? Yes _____ No _____

5. Do you have food safety and sanitation educational materials? Yes _____ No _____

6. Would you like information about the Illinois Public Health Department's approved Food Service Sanitation Certification Courses that are offered locally? Yes _____ No _____

Return to: **Elk Grove Community Development Department**
Environmental Health Division
901 Wellington Ave.
Elk Grove Village, IL 60007
Ph # (847) 357-4240
Fax# (847) 357-4250

Office Use: Chain _____ Independent _____ Change of Ownership _____

New _____ Remodel _____

XII. EQUIPMENT LIST

(Complete or attach identical information)

ITEM # / NAME	MAUFACTURER /MODEL #	COMMERCIAL (Yes/No)	MOUNTING (Legs/sealed/casters)	CONNECTION (Water/Waste/Gas)

XIII. ROOM FINISH SCHEDULE

(Complete or attach identical information)

ROOM/AREA	FLOOR	FLOOR BASE/COVE	WALLS	CEILING

XIV. EQUIPMENT MOUNTED UNDER COOKLINE HOOD

(Complete or attach identical information. Use a separate form for each hood.)

HOOD NUMBER: _____ LOCATION: _____

ITEM NUMBER	ITEM NAME	DESCRIPTION	LENGTH	DEPTH
		TOTALS:		

** The following information should accompany this form: Performance specifications for the exhaust fan(s) and the filters, shop drawings of the exhaust hood and ductwork, cleaning/maintenance schedule.*

** Department approval in no way constitutes or implies a guarantee as to the proper functioning of any other components and/or design factors of this system. All systems are subject to a smoke test.*