Public Health
Prevent. Promote. Protect.

Christian County Health Department

730 N. Pawnee St, Taylorville, IL 62568-1400
Ph: (217) 824-4113 Fax: (217) 824-5407
Online: www.CCHDIL.org

The mission of the Christian County Health Department is to serve our community by preventing the spread of disease, as well as protecting, assuring, and improving the public's health.

Plan Review for New, Remodeled, or Change of Ownership for Food Establishments in Christian County

Required Documentation

1. **Plan Review Application and Annual Permit Application**
2. **Risk Factor Flow Chart**
3. **Completed Annual Food Permit Application**
4. **Menu**
5. **HAACP plans for any special processes**
   - a separate plan for each process must be submitted
   - each plan must be approved by the Department
6. **Copies of Food Managers' Licenses**
   - all medium and high establishments must submit all CFPM that work at the establishment the majority of the time
7. **Copies of Allergen Training Certificates** (Restaurants Only)
   - all employees that have a Certified Food Manager's License must complete allergen training
8. **Food Handlers Certificates**
   - all employees must have this, unless they have a certified food manager license
   - includes servers, dishwashers, cooks, and bussers
9. **To scale floor plan that indicates all necessary and required equipment**
10. **Plumbing Inspection Report**
    - 3 compartment sink, hand sink, mop sink
    - hoods/ventilation and fire suspension
    - grease trap
    - cooking and baking equipment including steam tables/grills/etc., and refrigeration units
    - All equipment should be commercial grade equipment
11. **Local Fire Inspection Report**

New & Remodeled Establishments

After all the documentation is submitted, the payment for a plan review will be processed and the food plans will be reviewed by the Christian County Health Department.

Please allow for 3-7 business days to review the initial plan submitted for Standard Review.

For Express Review please allow 1-3 business days to review after submitting ALL required documents.

Once the plans are reviewed and approved, we will send a letter of approval and information on arranging a pre-inspection once the establishment is has completed all construction, design, setup of all equipment, and cleaned and sanitized. A pre-opening inspection must be performed and is only scheduled after everything has been completed within the facility and it is ready to open the doors to serve customers. A pre-inspection should be scheduled and conducted before any food products are brought into the establishment. NO TCS Foods shall be on site until after approval from the Christian County Health Department.

If a second pre-opening inspection must be scheduled the $100.00 re-inspection fee will be charged. Major plan revisions may incur a revised plan review fee. When the facility has been verified, via inspection, that it is constructed in compliance with the approved plan, is ready to open the doors to serve the public, and has paid all fees due, the permit will be issued. The annual food permits expire on December 31st of each year

Category/Risk	Pre-Operational Inspection	Food Plan Review Fee Standard (3-7 Business Days)	Food Plan Review Fee Express (1-3 Business Days)	Permit Fee (Annually)	Database Maintenance Fee
Low	$25.00	$75.00	$225.00	$275.00	$25.00
Medium	$25.00	$100.00	$300.00	$350.00	$25.00
High	$25.00	$150.00	$450.00	$450.00	$25.00

*Service Fees May Apply

*Fee schedule as of 1/1/2026. See addendum of the Christian County Food and Sanitation Ordinance

Change of Ownership

Food permits are not transferable from one operator to another or from one location to another. If you are wanting to change ownership of an establishment, please contact our office to schedule an inspection of the facility with the current and proposed operators prior to change of ownership. The facility must be in full compliance with applicable FDA code requirements prior to approval being given for the new operator to open. All documents listed above are still required, a food plan review fee and new permits fee must be paid, a completed application for an annual food permit and the inspection conducted to verify the establishment meets FDA compliance.

Private Water and Sewage

If your property has well and/or a septic system, a Well Plan Review ($75) and a Private Sewage Plan Review ($75) for an addition and/or construction would be needed prior to building. If we do not have current records of the septic and/or well, a site verification ($155) may also be required. Your establishment would also need to register as a Non-Community Water Supply, which requires annual water sampling and bi-annual water surveys of the well. Additional information will be covered during the plan review.

Basic Plan Requirements

1. Provide plans that are a minimum of 11x17 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 a proposed menu (printed). Your plan review revolves around what you are serving so please be sure to include this to avoid delays.
3. Show location 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 if applicable. Elevated drawings of equipment may also be requested.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding time/temperature for safety 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 and accessible hand washing sinks for each toilet fixture and in the immediate area of the food preparation.
7. Provide room sizes, 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.
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 covered juncture bases.
    c. Plumbing schedule including location of floor drains, floor (mop) sinks, water supply lines, overhead waste-water lines, hot water generating equipment backflow prevention, and wastewater line connections.
    d. Lighting schedule with protectors;

i. At least 110 lux (10 foot candles at a distance of 75 cm (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.
ii. At least 220 lux (20 foot candles):
    1. At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged food are sold or offered for consumption.
    2. Inside equipment such as reach-in and under counter refrigerators.
    3. At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, ware washing and equipment and utensil storage, and in toilet rooms; and
iii. At least 450 lux (50 foot candles) at a surface where ta food employee is working with food or working with utensils.

e. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation. Equipment must be NSF ANSI certified equipment that can withstand the kitchen environment. Pepsi Cooler, Energy Drink coolers, etc. are not to be used to store TCS foods and should only be used to store the product they are designed for.
f. Locations of approved source of water supply and method of sewage disposal.
g. A color coded flow chart demonstrating flow patterns for:
    i. Food (receiving, storage, preparation, service)
    ii. Food and dishes (portioning, transport, service)
    iii. Dishes (clean, soiled, cleaning, storage)
    iv. Utensil (storage, use, cleaning)
    v. 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 as required.
m. Completed application.
n. Site Plan of Plot.

Fixed Site Food Service Establishment Plan Review

Please allow up to 7 business days after submission of all required documents for Standard Plan Review, and 3 business days after submission of all required documents for Express Review.

A Pre-Operational inspection is required for new or extensively remodeled establishments prior to issuance of a Christian County Food Permit.

Plans cannot be reviews nor a food permit issued until all applicable fees are paid. Please contact the Environmental Health Division at 217-824-4113 for a determination of fees.

Business Contacts Basic Operational Information

Name of Establishment:_____

Category of Establishment: □ Restaurant □ Institution □ Concession

Name of Applicant:_____ Applicants Title: _____

Application Type: _____

□ New Construction Proposed opening date: _____/_____/_____

□ Location Change □ Change of Name □ Change of Ownership □ Re-Opening/Remodel

Proposed Re-Opening Date _____/_____/_____

Type of Plan Review: (If left blank, Application will be processed as Standard)

□ Standard Review 3-7 Business days (after ALL documentation has been submitted)

□ Express Review 1-3 Business days (after ALL documentation has been submitted)

Name of Owner: _____

Owner Mailing Address: _____

Owner City:_____ Owner Zip:_____ Owner Phone: _____

Owner Email:_____

Establishment Phone: _____ Establishment Fax: _____

Establishment Email: _____

This is where all electronic correspondence will be sent to.

Establishment Address:_____

Establishment City: _____ Establishment Zip: _____ Establishment Phone: _____

Establishment Mailing Address:_____

Establishment Mailing City: _____ Establishment Mailing Zip: _____

Hours of Operation:

Could this potentially be a seasonal establishment □ Yes □ No

Seasonal Dates _____/_____/_____ to _____/_____/_____

□ Monday _____ AM / PM TO _____ AM / PM □ CLOSED

□ Tuesday _____ AM / PM TO _____ AM / PM □ CLOSED

□ Wednesday _____ AM / PM TO _____ AM / PM □ CLOSED

□ Thursday _____ AM / PM TO _____ AM / PM □ CLOSED

□ Friday _____ AM / PM TO _____ AM / PM □ CLOSED

□ Saturday _____ AM / PM TO _____ AM / PM □ CLOSED

□ Sunday _____ AM / PM TO _____ AM / PM □ CLOSED

Number of seats :_____ Number of Staff (max per shift):_____ Total Square feet of facility:_____

Number of floors on which operations are conducted: _____

Maximum estimated meals to be served daily (approx. #):_____

Breakfast meals:_____ # Lunch meals:_____ # Dinner meals:_____

Type of service: □ Sit down meals □ Take out/Delivery □ Catering □ Buffet/Self Service □ Full Service Bar □ Gaming □ Other _____

Customer Utensil Use: Single Use/Disposable □Plates □ Glassware □ Utensils
Multi-Use/Reusable □Plates □ Glassware □ Utensils

*Plans/applications have been submitted to the following authorities on the following dates:

_____/_____/_____City/Village of _____

_____/_____/_____**Plumbing **STATE PLUMBING INSPECTOR: CHRISTOPHER SAYLOR Christopher.saylor2@illinois.gov**

_____/_____/_____County Building

_____/_____/_____**Fire District # _____

_____/_____/_____Other _____

*In addition to the obtaining a health department permit. It may also be necessary to check your zoning and obtain a business license, building permit, or a special use permit from the appropriate regulatory authority.

** Local Fire Report and State Plumbing Report must be submitted with your plan review.

OFFICE USE ONLY

Estimated Waste Stream for Septic Sizing :

gal/meal x _____meals/day + _____gal/person x_____persons/day = _____

OFFICE USE ONLY

Plan Read _____/_____/_____ Plan Receipt/AP # _____ Plan Check # _____

Date Received: _____/_____/_____ Approval Date: _____/_____/_____

Approval Letter Date Sent: _____/_____/_____

Classification: _____ Annual Fee: $_____ Database Fee: $_____

Permit #_____-_____-_____ Permit Receipt/AP:_____ Permit Check #_____

Database Updated _____/_____/_____

PHYSICAL FACILITIES				
FINISH SCHEDULE				
PLEASE INDICATE WHICH MATERIALS (QUARRY TILE, STAINLESS STEEL, 4" PLASTIC COVED MOLDING, ETC.) WILL BE USED IN THE FOLLOWING AREAS:				
AREA	**FLOOR**	**COVING**	**WALLS**	**CEILING**
KITCHEN				
BAR				
FOOD STORAGE				
OTHER STORAGE				
TOILET ROOMS				
GARBAGE REFUSE STORAGE				
MOP SERVICE BASIN AREA				
WARE WASHING AREA				
WALK-IN REFRIGERATORS AND FREEZERS				

GARBAGE AND REFUSE

INSIDE GARBAGE/REFUSE:

1. DO ALL GARBAGE/REFUSE CONTAINERS HAVE LIDS? □ YES □ NO
2. WILL REFUSE BE STORED INSIDE? IF YES DESCRIBE WHERE. □ YES □ NO
   _____
3. THERE IS/WILL BE AN AREA DESIGNATED FOR GARBAGE CAN OR FLOOR MAT CLEANING. □ YES □ NO

OUTDOOR GARBAGE/REFUSE:

A dumpster is/will be used? □ YES □ NO
Is the dumpster stored on a non-porous surface? □ YES □ NO
Will a compactor be used? □ YES □ NO

DUMPSTER INFORMATION:
OF DUMPSTERS TO BE USED _____
SIZE OF DUMPSTERS TO BE USED _____
PICK UP FREQUENCY _____
CONTRACTOR: _____
CONTRACTOR PHONE: _____

COMPACTOR INFORMATION:
OF COMPACTORS TO BE USED _____
SIZE OF COMPACTORS TO BE USED _____
PICK UP FREQUENCY _____
CONTRACTOR: _____
CONTRACTOR PHONE: _____

INSECT AND RODENT CONTROL:

All outside doors will be self-closing and rodent proof? □ YES □ NO

Screen doors are/will be provided on all entrances left open to outside? □ YES □ NO

All operable windows do/will have a minimum of #16 mesh screening? □ YES □ NO

The placement of electrocution devices are identified on plan? □ YES □ NO

All pipes and electrical conduit chases are/will be sealed and ventilation systems exhaust, and intakes are/will be protected? □ YES □ NO

The area around the building is/will be clear of unnecessary brush, litter, Boxes and other harborage? □ YES □ NO

Air curtains are/will be used? □ YES □ NO

If YES, describe where and/or indicate on floor map_____

_____

GENERAL

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

_____

Insecticide/rodenticides are/will be stored separately from cleaning and sanitizing agents? □ YES □ NO

Indicate Location:_____

All chemicals for use on premises or for retail sale are/will be stored away from food preparation and storage areas? □ YES □ NO

Indicate Location:_____

Linens will be laundered on site? □ YES □ NO

If Yes, Where?_____

In No, How will linens be cleaned?_____

Location of clean linen storage:_____

Location of dirty linen storage: _____

All food containers are/will be constructed of food grade materials? □ YES □ NO

VENTILATION AND EXHAUST

INDICATE ALL AREAS WHERE EXHAUST HOODS ARE INSTALLED

EQUIPMENT TYPE	HOOD TYPE	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

How are ventilation hood systems cleaned? _____

Who will be servicing?_____ How often? _____

PLUMBING CONNECTIONS

See Page 19 for Plumbing Inspection Form

Floor drains are/will be provided and easily cleanable**?** □ YES □ NO **If YES, provide location on floor plan**

Please mark YES or NO all that apply on the table below:

*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 wastewater through it. A 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 same shape as the letter "P". **FULL "S" TRAPS ARE PROHIBITED.**

PLUMBING FIXTURE	AIR GAP	AIR BREAK	INTEGRAL TRAP*	"P" TRAP	VACCUM BREAKER	CONDENSATE PUMP
TOILET						
URINAL						
DISHWASHER						
GARBAGE GRINDER						
ICE MACHINES						
ICE STORAGE						
MOP SINK						
JANITOR SINK						
HAND WASH SINK						
3 COMPARTMENT SINK						
2 COMPARTMENT SINK						
1 COMPARTMENT SINK						
WATER STATION SINK						
STEAM TABLE						
DIPPER WELLS						
REFRIGERATION CONDENSATE /DRAIN LINE						
HOSE CONNECTIONS						
BEVERAGE DISPENSER W/ CARBONATOR						

WATER SUPPLY

The Water supply is □ Well □ Municipality _____

The well is currently a Non-Community Public Water Supply? □ YES □ NO

Ice is purchased commercially? □ YES □ NO

Ice is made on premises? □ YES □ NO If YES, are specifications on machine? □ YES □ NO

Is there a water treatment device? □ YES □ NO

If YES, how and who will service? _____

Water heater tank manufacturer _____Water heater tank model_____

Is water heater □ ELECTRIC If so, what is the input rating? _____kilowatts (Kw)

□ GAS If GAS, what is the input rating? _____ BTU'S

□ TANKLESS Number of Tankless water heaters? _____ Input rating _____BTU's

SEWAGE DISPOSAL

Sewage disposal is □ Private Sewage Disposal (Septic) □ Municipality _____

Grease Traps are provided □ YES □ NO If Yes, Location(s):_____

Provide schedule for cleaning and maintenance_____

_____

Is there a Grease Waste Container? □ YES □ NO

Contractor:_____ Contractor Phone Number:_____

How often is this getting serviced/cleaned?

Is the container on a non-porous, non-absorbent, sloped to drain surface that is easily cleanable? □ YES □ NO

SINKS

Do you have a mop sink installed? □ YES □ NO (Please indicate location on floorplan)

Are you washing produce? □ YES □ NO

If Yes, Do you have a designated produce sink □ YES □ NO (Please indicate location on floorplan)

Do you have a designated hand-washing sink(s)? □ YES □ NO (Please indicate location on floorplan)

How many hand washing stations do you have? _____

DISHWASHING FACILITIES

Will sinks or a dishwasher be used for ware washing?

□ High Temp Dishwasher □ □ 2-Compartment Sink □ 3-Compartment Sink

Is ventilation provided? □ YES □ NO

Type of sanitation used for dishwasher

□ Hot Water (Provide Temperatures) Wash_____ Rinse_____

□ Chemical (Provide Type) □ Chlorine □ Quaternary Ammonium □ Other:_____

Do all Dish Wash machines have templates with operating instructions that are readable? □ Yes □ No

Do all Dish Wash machines have functioning temperature and pressure gauges? □ Yes □ No

Does the largest pot/pan/utensil fit into each compartment of the sink for washing? □ Yes □ No

If no, what is the procedure for manual cleaning and sanitizing?

_____

_____

Are there drain boars on both ends of sink used for ware washing? ? □ Yes □ No

HANDWASHING/TOILET FACILITIES

Is there a handwashing sink in each food preparation area and ware washing area? ? □ Yes □ No

Do all handwashing sinks, including those in restrooms, have a mixing valve or combination faucet?

□ Mixing Valve □ Combination Faucet

Do all self-closing metering faucets provide a flow of hot water for at least 15 seconds without the need to reactivate the faucet? □ Yes □ No

Is hand cleanser available at ALL handwashing sinks? □ Yes □ No

Are hand drying facilities (paper towels, air blowers, etc..) available at ALL handwashing sinks? □ Yes □ No

Are there covered receptacles in restrooms used by females and unisex bathrooms? □ Yes □ No

Are hot and cold running water under pressure available at each hand washing sink? □ Yes □ No

Are all toilet room doors self-closing? □ Yes □ No

Are all toilet rooms equipped with mechanical ventilation? □ Yes □ No

Is there a handwashing sign posted in each employee restroom and hand wash station? □ Yes □ No

FOOD SUPPLIES

Are all food supplies from inspected and approved sources? □ Yes □ No

What are the projected frequencies of deliveries for the following:

Frozen Goods:_____ Refrigerated Goods:_____ Dry Goods:_____

How will foods be stored off of the floor for the following:

Frozen Goods:_____ Refrigerated Goods:_____ Dry Goods:_____

I Understand that no Foods (especially TCS foods) shall be onsite until after the pre-operational inspection:

□ Yes □ No

COLD STORAGE

Does each refrigeration/freezer have a thermostat or thermometer?

□ Thermometer □ Thermostat □ Both

Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked ready-to-eat foods? □ Yes □ No

If YES, how will cross contamination be prevented?

_____

_____

SMALL EQUIPMENT REQUIREMENTS

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

EQUPMENT	TYPE	QUANTITY	LOCATION
SLICERS			
CUTTING BOARDS			
CAN OPENERS			
MIXERS			
FLOOR MATS			
OTHER: _____			
OTHER: _____			

FOOD PREPARATION

Check categories of Time-Temperature Controlled for Safety Foods (TCS) to be handled, prepared and served:

Categories

Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets, etc.) □ Yes □ No □ N/A

Thick meats, whole poultry (roast beef, whole turkey, chickens, hams etc.) □ Yes □ No □ N/A

Cold processed foods (salads, sandwiches, vegetables, etc.) □ Yes □ No □ N/A

Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles, etc.) □ Yes □ No □ N/A

Bakery goods (pies, custards, cream fillings, and toppings, etc.) □ Yes □ No □ N/A

HACCP* PLAN REQUIREMENTS

***A HACCP is a written document that delineates the formal procedures for following the Hazard Analysis and Critical Control Point principles developed by The National Advisory Committee on Microbiological Critear for Foods.**

Are you conducting any of the following special processes that require a HACCP Plan?

Reduced Oxygen Packaging (ROP) □ Yes □ No

The term ROP can be used to describe any packaging procedure that results in a reduced oxygen level in a sealed package. The term is often used because it is an inclusive term and can include packaging options such as: Cook-Chill, Controlled Atmosphere Packaging (CAP), Modified Atmosphere Packaging (MAP), Sous Vide, and Vacuum Packaging.

Other Food Manufacturing/Processing Operations □ Yes □ No

Smoking and Curing (for preservation, not for flavoring) □ Yes □ No

Fermentation and/or Dehydration □ Yes □ No

Raw juicing for retail sale □ Yes □ No

THAWING TCS FOODS

Please indicate by checking the appropriate boxes on how frozen TCS foods in each category will be thawed. More than one method may apply.

THAWING METHOD	THICK FROZEN FOODS (MORE THAN 1 INCH)	THIN FROZEN FOODS (APPROX. 1 INCH OR LESS)
REFRIGERATION	□ Yes □ No	□ Yes □ No
RUNNING WATER LESS THAN 70 °F (21 °C)	□ Yes □ No	□ Yes □ No
MICROWAVE (AS PART OF COOKING PROCESS)	□ Yes □ No	□ Yes □ No
COOKED FROM FROZEN STATE	□ Yes □ No	□ Yes □ No
OTHER: DESCRIBE	□ Yes □ No	□ Yes □ No

COOLING

Please indicate by checking the appropriate boxes on how TCS foods in each category 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)**

COOLING METHOD	THIN MEATS	THICK MEATS	THIN SOUPS/GRAVIES	THICK SOUPS/GRAVIES	RICE/NOODLES
SHALLOW PANS					
ICE BATH					
RAPID CHILL					
REDUCED VOLUME SIZE					
OTHER (DESCRIBE)					
OTHER (DESCRIBE)					

COOKING

What type of temperature measuring devices will be available? _____

List types of cooking equipment. Include SPEC SHEETS for equipment.

_____

_____

_____

_____

REHEATING

How will TCS foods that are cooked, cooled and reheated for hot holding be reheated so that all parts of the food reach an internal temperature of at least 165°F for 15 seconds within 2 hours? Indicate type and number of units used for reheating foods:

_____

_____

_____

_____

No foods will be reheated □

EMPLOYEE TRAINING AND FOOD PREPARATION PROCESSES

Total Estimated Number of Employees_____

Total Estimated Number of Certified Food Protection Managers (CFPM): _____

Must provide copies of certification with Plan Review

Total Estimated Number of Certified Food Handlers: _____

Establishment must maintain training certificates.

PREPARATION PROCESSES

Will disposable gloves be available for handling of ready to eat foods? □ Yes □ No

Is there a written policy to exclude or restrict food workers who are sick or have infected cuts/lesions?

□ Yes □ No

If not CCHD, can provide you with documentation. Would you like us to do that? □ Yes □ No

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? Please select option below.

Hot Water □ Yes □ No

Chemical – Chlorine Bleach □ Yes □ No

Chemical - Iodine □ Yes □ No

Chemical - Quaternary Ammonium (Quat) □ Yes □ No

Other: _____ If something other than the items above you have to provide documentation that proves food sanitation safety.

Do you have a testing kit for the above selected sanitizer? □ Yes □ No

ADDITIONAL QUESTIONS

Ingredients for cold ready to eat foods such as tuna, mayonnaise, and eggs for salads and sandwiches will be pre chilled before being mixed and/or assembled?

If NO, how will ready to eat foods be cooled to 41°F? _____

_____

Describe the procedure for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F-141°F) during preparation? _____

_____

HIGHLY SUSCEPTIBLE POPULATIONS

Highly Susceptible Population are persons who are more likely than other people in the general population to experience foodborne disease because they are:

- Immunocompromised
- Pre-school age children (or younger)
- Older Adults
- Obtaining food at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such as a senior center.

This facility does/will serve a highly susceptible population: □ Yes □ No

If Yes,

This facility does/will use only pasteurized egg and milk products: □ Yes □ No

This facility will only offer fully cooked meat products for consumption: □ Yes □ No

SIGNATURES

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT.

I FULLY UNDERSTAND THAT ANY DEVIATION FROM THE ABOVE WITHOUT PRIOR PERMISSION FROM THIS DEPARTMENT MAY NULLIFY FINAL APPROVAL.

I UNDERSTAND THAT I MUST SUMBIT ALL DOCUMENTATION IN ORDER TO BEGIN REVIEW PROCESS.

APPROVAL OF THESE PLANS AND SPECIFICATION BY THIS DEPARTMENT DOES NOT INDICATE COMPLIANCE WITH ANY OTHER CODE, LAW OR REGULATION THAT MAY BE REQUIRED WHETHER FEDERAL, STATE OR LOCAL. A PREOPENING INSPECTION OF THE ESTABLISHMENT WITH EQUIPMENT IN PLACE AND OPERATIONAL WILL BE NECESSARY TO DETERMINE IF IT COMPLIES WITH THE LOCAL AND STATE LAWS GOVERNING FOOD SERVICE ESTABLISHMENTS.

OWNER/RESPONSIBLE REPRESENTATIVE SIGNATURE: _____

DATE : _____

OWNER/RESPONSIBLE REPRESENTATIVE SIGNATURE: _____

DATE : _____

APPROVED HEALTH DEPARTMENT OFFICIAL SIGNATURE: _____

DATE : _____

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PLUMBING INSPECTION APPROVAL

Please contact IDPH State Plumbing Inspector, Christopher Saylor at **christopher.saylor2@illinois.gov** to schedule an appointment for a plumbing inspection. This must be done and submitted to the health department prior to a pre-operational inspection being scheduled.

Date of Inspection: _____

Project/Business Name: _____

Site Address: _____

INSPECTION STATUS

[ ] APPROVED: The plumbing infrastructure at the location listed above has been inspected and meets the requirements necessary for the Plan Review phase.

[ ] CONDITIONALLY APPROVED: The items listed in the "Corrective Actions" section must be addressed and verified prior to final Plan Review sign-off.

[ ] DENIED: Significant code violations or infrastructure deficiencies were found. A re-inspection is required.

Comments:

Name:_____ Signature:_____ Date:_____

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LOCAL FIRE INSPECTION APPROVAL

Please contact your local fire department to schedule an inspection. This must be done and submitted to the health department prior to a pre-operational inspection being scheduled.

Date of Inspection: _____

Project/Business Name: _____

Site Address: _____

INSPECTION STATUS

[ ] APPROVED (Pass) The facility is in compliance with the International Fire Code (IFC) and local ordinances for the purpose of proceeding to Plan Review / Occupancy.

[ ] CONDITIONAL APPROVAL Minor deficiencies found. Business may proceed to Plan Review provided the "Corrective Actions" below are addressed before the Final Certificate of Occupancy.

[ ] FAILED Immediate life-safety hazards or significant code violations exist. A re-inspection is required.

Comments:

Name:_____ Signature:_____ Date:_____