



# Christian County Health Department

902 W Springfield Road. Taylorville IL 62568  
Phone number 217-824-4113 Fax 217-824-5407  
www.cchdil.org

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*The mission of the Christian County Health Department is to serve our community by preventing the spread of disease, promoting optimal wellness & protecting the public's health.*

## New, Remodeled, or Change of Ownership for Food Establishments in Christian County Required Documentation

- 1. Application**
- 2. Risk Factor Flow Chart**
- 3. Menu**
- 4. HACCP plans for any special processes**
  - a separate plan for each process must be submitted
  - each plan must be approved by the Department
- 5. Copies of Food Managers' Licenses**
  - all medium and high establishments must submit all CFPM that work at the establishment the majority of the time
- 6. Copies of Allergen Training Certificates (Restaurants Only)**
  - all employees that have a Certified Food Manager's License must complete allergen training
- 7. Food Handlers Certificates**
  - all employees must have this, unless they have a certified food manager license
  - includes servers, dishwashers, cooks, and bussers
- 8. To scale floor plan that indicates all necessary and required equipment**
  - 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

## **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 10 business days to review the initial plan submitted.

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.

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	Food Plan Review Fee	Permit Fee (Annually)	Database Fee	Total
Low	\$75.00	\$250.00	\$20	\$345
Medium	\$100.00	\$300.00	\$20	\$420
High	\$150.00	\$350.00	\$20	\$520

\*Fee Schedule as of 3/20/2023. See addendum of the Christian County food ordinance

### Change of Ownership

Food permits are not transferrable from one operator to another or from one location to another. If you are wanting to change ownership of an establishment, please contact our offices to schedule an inspection of the facility with the current and proposed operators prior to the 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 the documents listed above are still required, a food plan review fee and new permit fee must be paid, and the inspection conducted to verify the establishment meets FDA compliance.

### Private Water & Sewage

If your property has well and/or septic, a plan review (\$75) for and 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 (additional \$50) may also be required. Your establishment would also need to register as a Non-Community Water Supply, which requires annually water sampling and bi-annual sanitary surveys of the well. Additional information will be covered during the plan review.

### Helpful Links

- ✓ **FDA Food Code 2017:** <https://www.fda.gov/media/110822/download>
- ✓ **HAACP Plan Information:** <https://www.fda.gov/food/hazard-analysis-critical-control-point-haccp/haccp-principles-application-guidelines>
- ✓ **Certified Food Manager License Online Courses:**  
<https://www.ansi.org/Accreditation/credentialing/personnel-certification/food-protection-manager/ALLdirectoryListing?menuID=8&prgID=8&statusID=4>
- ✓ **Approved Allergen Training:**  
<https://www.ansi.org/Accreditation/credentialing/certificate-issuers/AllDirectoryListing?prgID=263&statusID=4>
- ✓ **Approved Food Handler Training:**  
<https://www.ansi.org/Accreditation/credentialing/certificate-issuers/AllDirectoryListing?prgID=237,238&statusID=4>
- ✓ **Illinois Plumbing Code:**  
<http://www.ilga.gov/commission/jcar/admincode/077/07700890sections.html>



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Fixed Site Food Service Establishment

Please allow 10 business days for a review of the food establishment plans and supporting documentation.

A pre-opening inspection is required for new or extensively remodeled establishments prior to issuance of the Christian County food permit.

Plans cannot be reviewed nor a food permit issued until applicable fees are paid.

Please contact the Christian County Health Department Environmental Division at 217-824-4113 for a determination of fees.

**BUSINESS CONTACTS BASIC OPERATIONAL INFORMATION**

Name of Establishment:		Category <input type="checkbox"/> Restaurant <input type="checkbox"/> Institution <input type="checkbox"/> Concession <input type="checkbox"/> Other _____	
Applicant's Name:		Title (owner, manager, etc...):	
Company Name:		Name of Owner:	
Establishment Phone:		Owner Mailing Address:	
Establishment Fax:			
Establishment e-mail:		Owner Phone:	
Establishment Address:		Owner Fax:	
		Establishment Mailing Address:	
Could this potentially be a seasonal establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No Seasonal Dates: ____/____/____ to ____/____/____ # of seats: _____ # staff (max per shift): _____ Total square feet of facility: _____ Number of floors on which operations are conducted: _____ Maximum meals to be served (approximate number): _____ Breakfast: _____ Lunch: _____ Dinner: _____		Hours of Operation: <input type="checkbox"/> Monday _____ am/pm to _____ am/pm <input type="checkbox"/> Tuesday _____ am/pm to _____ am/pm <input type="checkbox"/> Wednesday _____ am/pm to _____ am/pm <input type="checkbox"/> Thursday _____ am/pm to _____ am/pm <input type="checkbox"/> Friday _____ am/pm to _____ am/pm <input type="checkbox"/> Saturday _____ am/pm to _____ am/pm <input type="checkbox"/> Sunday _____ am/pm to _____ am/pm	
Types of service: <input type="checkbox"/> Sit down meals <input type="checkbox"/> Take out <input type="checkbox"/> Caterer <input type="checkbox"/> Mobile vendor <input type="checkbox"/> Other: _____			
<i>Office Use Only - Estimated Waste Stream for Septic Sizing</i> _____ gal/meal x _____ meals/day + _____ gal/person x _____ persons/day = _____			
Plans/applications have been submitted to the following authorities on the following dates*: ____/____/____ Plumbing _____/____/____ County Building _____/____/____ City/Village of _____ ____/____/____ 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.			
<i>Please see reverse side for a list required supporting documents, grid detailed plan requirements</i>			
Application Type:			
<input type="checkbox"/> New Construction		Proposed opening date: ____/____/____ <input type="checkbox"/> Location Change <input type="checkbox"/> Change of Name	
<input type="checkbox"/> Re-opening/Remodel		Proposed opening date: ____/____/____ <input type="checkbox"/> Change of Ownership	
<b>"FOR OFFICE USE ONLY"</b>			
Plan Read _____	Plan Receipt # _____	Plan Check # _____	Approval Letter St _____
Classification: _____	Annual Fee: \$ _____	Database Fee: \$ _____	Permit #: _____
Date Received: ____/____/____	Permit Receipt # _____	Permit Check # _____	
Database Updated: _____	Copy to Treasurer: _____		

**SPECIAL INSTRUCTIONS ACCORDING TO RISK FACTOR**

\*Prepackaged food service only with no cold holding of PHF/TCS foods, no open food or beverage containers, complete page 1 only, no plan required

\*\*Low Risk Establishments, complete pages 1-7, submit plan and supporting documentation

\*\*\*Medium and High Risk Establishments, complete pages 1-7 and supplement pages 1-3, submit plan and supporting documentation

**PLEASE ENCLOSE THE FOLLOWING DOCUMENTS:**

- Proposed Menu
- A HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or as otherwise required by the regulatory authority
- Site plan showing location of business in building and location of building on site. Include alleys, streets, and location of any outside equipment (dumpster, waste grease trap, well, septic system, if applicable)
- Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services, and mechanical ventilation
- Equipment schedule
- Manufacturer specification sheets for each piece of equipment shown on the plan
- If requesting a waiver of the food permit application fee due to tax-exempt status, must submit documentation of such status

**BASIC PLAN REQUIREMENTS**

1. Provide plans that are a minimum of 11 x 17 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.
2. Include a proposed menu (printed).
3. Show the 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. 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 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 and accessible hand washing sinks 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.
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;
    - (1) 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;
    - (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; and
    - (3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or
  - e. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation
  - f. Locations of approved source of water supply and method of sewage disposal;
  - 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 as required;
  - m. Completed application; and
  - n. Site plan of plot.

**PHYSICAL FACILITIES (pages 3-7)**

**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 & Freezers				

**GARBAGE AND REFUSE**

- | <u>Inside</u>  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> All garbage/refuse containers have lids                                   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <input type="checkbox"/> Refuse will be stored inside<br>If yes, where?<br>_____                   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <input type="checkbox"/> There is/will be an area designated for garbage can or floor mat cleaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Outside</b>   |                          |                          |                          |
| <input type="checkbox"/> A dumpster is/will be used  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> The dumpster will be stored on a non-porous surface                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> A compactor is/will be used   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Dumpster**  
 Number: \_\_\_\_\_  
 Size: \_\_\_\_\_  
 Pickup frequency: \_\_\_\_\_  
 Contractor: \_\_\_\_\_

**Compactor**  
 Number: \_\_\_\_\_  
 Size: \_\_\_\_\_  
 Pickup frequency: \_\_\_\_\_  
 Contractor: \_\_\_\_\_

**INSECT AND RODENT CONTROL**

- |   | YES                      | NO                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> All outside doors will be self-closing and rodent proof  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Screen doors are/will be provided on all entrances left open to the outside  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> All operable windows do/will have a minimum #16 mesh screening   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> The placement of electrocution devices are identified on the plan  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> All pipes and electrical conduit chases are/will be sealed and ventilation systems, exhaust, and intakes are/will be protected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> The area around the building is/will be clear of unnecessary brush, litter, boxes, and other harborage                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Air curtains are/will be used<br>If "yes", where? _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**GENERAL**

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

	Yes	No
<input type="checkbox"/> Insecticides/rodenticides are/will be stored separately from cleaning and sanitizing agents	<input type="checkbox"/>	<input type="checkbox"/>

Indicate location: \_\_\_\_\_

<input type="checkbox"/> All chemicals for use on the premise or for retail sale are/will be stored away from food preparation and storage areas	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Indicate location: \_\_\_\_\_

<input type="checkbox"/> Linens will be laundered onsite	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

If "yes", what will be laundered and where? \_\_\_\_\_

If "no", how will linens be cleaned? \_\_\_\_\_

Location of clean linen storage: \_\_\_\_\_

Location of dirty linen storage: \_\_\_\_\_

<input type="checkbox"/> Bulk food containers are/will be constructed of food grade materials	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Indicate type: \_\_\_\_\_

**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 the ventilation hood systems cleaned?

\_\_\_\_\_  
\_\_\_\_\_

**PLUMBING CONNECTIONS**

Floor drains are/will be provided and easily cleanable Yes  No  N/A

If "yes", indicate location: \_\_\_\_\_

Please mark all that apply on the table below

Plumbing Fixture	Air Gap	Air Break	Integral Trap*	"P" Trap*	Vacuum Breaker	Condensate Pump
Toilet						
Urinal						
Dishwasher						
Garbage Grinder						
Ice Machines						
Ice Storage Bin						
SINKS	Mop					
	Janitor					
	Hand wash					
	3 Compartment					
	2 Compartment					
	1 Compartment					
	Water Station					
	Steam Table					
Dipper Wells						
Refrigeration condensate/drain lines						
Hose connection						
Beverage dispenser w/ carbonator						
Other: _____						
Other: _____						

\*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. 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

**WATER SUPPLY**

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>YES</b>               | <b>NO</b>                |
| <input type="checkbox"/> The water supply is municipal, from _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> The well is currently a Non-Community Public Water Supply?<br>If "yes", who is responsible for sampling the water?<br>_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Ice is purchased commercially   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Ice is made on the premises<br>If "yes", are specifications for the ice machine provided?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Is there a water treatment device?<br>If "yes", how will the device be inspected and serviced?<br>_____                     | <input type="checkbox"/> | <input type="checkbox"/> |

What is the capacity of the water heater? \_\_\_\_\_ gallons

SEWAGE DISPOSAL													
<input type="checkbox"/> The facility is/will be connected to a municipal sewer system	YES <input type="checkbox"/>	NO <input type="checkbox"/>											
Which municipality? _____													
<input type="checkbox"/> The facility is/will be served by a private sewage disposal system	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> Grease traps are provided	<input type="checkbox"/>	<input type="checkbox"/>											
If "yes", where? _____													
Provide schedule for cleaning and maintenance: _____													
SINKS													
<input type="checkbox"/> A mop sink is/will be provided	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> As the menu dictates, a food preparation sink is present													
DISHWASHING FACILITIES													
Will sinks or a dishwasher be used for ware washing? <table style="width: 100%; margin-left: 20px;"> <tr> <td style="padding: 2px;">Dishwasher</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Two compartment sink</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Three compartment sink</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <table style="width: 100%; margin-left: 20px;"> <tr> <td style="padding: 2px;"></td> <td style="text-align: center; padding: 2px;">Yes</td> <td style="text-align: center; padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">Is ventilation provided?</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	Dishwasher	<input type="checkbox"/>	Two compartment sink	<input type="checkbox"/>	Three compartment sink	<input type="checkbox"/>		Yes	No	Is ventilation provided?	<input type="checkbox"/>	<input type="checkbox"/>	Type of sanitization used: <ul style="list-style-type: none"> <li><input type="checkbox"/> Hot water (provide temp): _____</li> <li><input type="checkbox"/> Booster Heater (temp): _____</li> <li><input type="checkbox"/> Chemical (test kit must be provided)               <ul style="list-style-type: none"> <li><input type="checkbox"/> Chlorine</li> <li><input type="checkbox"/> Iodine</li> <li><input type="checkbox"/> Quaternary Ammonium (quats)</li> </ul> </li> <li><input type="checkbox"/> Other: _____</li> </ul>
Dishwasher	<input type="checkbox"/>												
Two compartment sink	<input type="checkbox"/>												
Three compartment sink	<input type="checkbox"/>												
	Yes	No											
Is ventilation provided?	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> Do all dish machines have templates with operating instructions?	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> Do all dish machines have temperature/pressure gauges as required that are accurately working?	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> Do the largest pot and pan fit into each compartment of the sink used for ware washing?	<input type="checkbox"/>	<input type="checkbox"/>											
If no, what is the procedure for manual cleaning and sanitizing? _____													
_____													
<input type="checkbox"/> Are there drain boards on both ends of the sink used for ware washing?	<input type="checkbox"/>	<input type="checkbox"/>											
HANDWASHING/TOILET FACILITIES													
<input type="checkbox"/> Is there a handwashing sink in each food preparation area and warewashing area?	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> Do all self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> Is hand cleanser available at all handwashing sinks?	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> Are hand drying facilities (paper towels, air blowers, etc...) available at all handwashing sinks?	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> Are covered waste receptacles available in each restroom?	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> Are hot and cold running water under pressure available at each handwashing sink?	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> Are all toilet room doors self-closing?	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> Are all toilet rooms equipped with mechanical ventilation?	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/> Is a handwashing sign posted in each employee restroom and at all handwashing sinks?	<input type="checkbox"/>	<input type="checkbox"/>											



### SMALL EQUIPMENT REQUIREMENTS

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

Equipment	Type	Quantity	Location
Slicers			
Cutting Boards			
Can Openers			
Mixers			
Floor Mats			
Other			

### SIGNATURES

I hereby certify that the information contained in this application is correct, and I fully understand that any deviation from the above without prior permission from this Department may nullify final approval.

Signature(s): \_\_\_\_\_  
Owner/Responsible Representative Date

\_\_\_\_\_  
Owner/Responsible Representative Date

Approval of these plans and specifications by this Department does not indicate compliance with any other code, law, or regulation that may be required whether 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 with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Approved: \_\_\_\_\_  
Health Department Official Date

**FOOD PREPARATION REVIEW SUPPLEMENT (pages S1-S3)**

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

Category	Yes	No
o Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)	<input type="checkbox"/>	<input type="checkbox"/>
o Thick meats, whole poultry (roast beef whole turkey, chickens, or hams)	<input type="checkbox"/>	<input type="checkbox"/>
o Cold processed foods (salads, sandwiches, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
o Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	<input type="checkbox"/>	<input type="checkbox"/>
o Bakery goods (pies, custards, cream fillings, and toppings)	<input type="checkbox"/>	<input type="checkbox"/>
o Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

**HACCP PLAN REQUIREMENTS\***

\*HACCP: 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 Criteria for Foods.

Special Processes Requiring a HACCP Plan:

o *Reduced Oxygen Packaging (ROP)*

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.

o *Other Food Manufacturing/Processing Operations*

o *Smoking and Curing (for preservation not for flavoring)*

o *Fermentation and Dehydration*

o *Raw juicing for retail sale*

If you are unsure if you have a special process that would require a HACCP Plan or have questions, please contact an inspector at the health department for more information.

**FOOD SUPPLIES**

	Yes	No
o Are all food supplies from inspected and approved sources?	<input type="checkbox"/>	<input type="checkbox"/>
o What are the projected frequencies of deliveries for:		
Frozen foods _____		
Refrigerated foods _____		
Dry goods _____		
o How will foods be stored off the floor?		
Frozen foods _____		
Refrigerated foods _____		
Dry goods _____		

**COLD STORAGE**

	Yes	No
o Will/does each refrigerator/freezer have a thermostat?	<input type="checkbox"/>	<input type="checkbox"/>
o Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how will cross contamination be prevented?		
_____		

**THAWING PHF/TCS FOOD**

Please indicate by checking the appropriate boxes how frozen PHF/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		
» Running water less than 70°F (21°C)		
» Microwave (as part of cooking process)		
» Cooked from frozen state		
» Other (describe):		

**COOKING**

- o What type of temperature measuring devices will be available: \_\_\_\_\_
- o List types of cooking equipment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COOLING**

Please indicate by checking the appropriate boxes how PHF/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					
» Reduce volume/size					
» Rapid chill					
» Other (describe):					

**REHEATING**

How will PHF/TCS Foods 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 within 2 hours? Indicate type and number of units used for reheating foods:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYEE TRAINING AND FOOD PREPARATION PROCESSES**

Total number of employees: \_\_\_\_\_

Number of certified food managers: \_\_\_\_\_  
 (must provide copies of certification to cchd)

Number of certified food handlers: \_\_\_\_\_

(establishment must maintain training logs or certificates)

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Will disposable gloves be available for handling of ready-to-eat foods?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 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? |                          |                          |

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Hot water                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Chemical                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Chlorine (bleach)                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Iodine  | <input type="checkbox"/> | <input type="checkbox"/> |
| Quaternary ammonium (quats)                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: _____                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Testing kit for chemical sanitizer available? | <input type="checkbox"/> | <input type="checkbox"/> |

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| If "no", how will ready-to-eat foods be cooled to 41°F?   |                          |                          |
| _____   |                          |                          |

- |  |                          |                          |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> All produce will be washed on-site prior to use   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> There is/will be a dedicated sink for washing produce   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Describe the procedure for minimizing the length of time PHF/TCS Foods will be kept in the temperature danger zone (41°F - 140°F) during preparation: |                          |                          |
| _____  |                          |                          |
| _____  |                          |                          |
| _____  |                          |                          |

**HIGHLY SUSCEPTIBLE POPULATIONS**

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

- » Immunocompromised
- » Preschool 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.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> This facility does/will serve a highly susceptible population            | <input type="checkbox"/> | <input type="checkbox"/> |
| If "yes",   |                          |                          |
| <input type="checkbox"/> This facility does/will use only pasteurized egg and milk products       | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> This facility will only offer fully cooked meat products for consumption | <input type="checkbox"/> | <input type="checkbox"/> |



# Fixed Site Establishment Food Service Renewal Risk Factor Flowchart

## Christian County Health Department

Will you prepare food at a location other than your permitted facility or mobile unit?  Yes  No

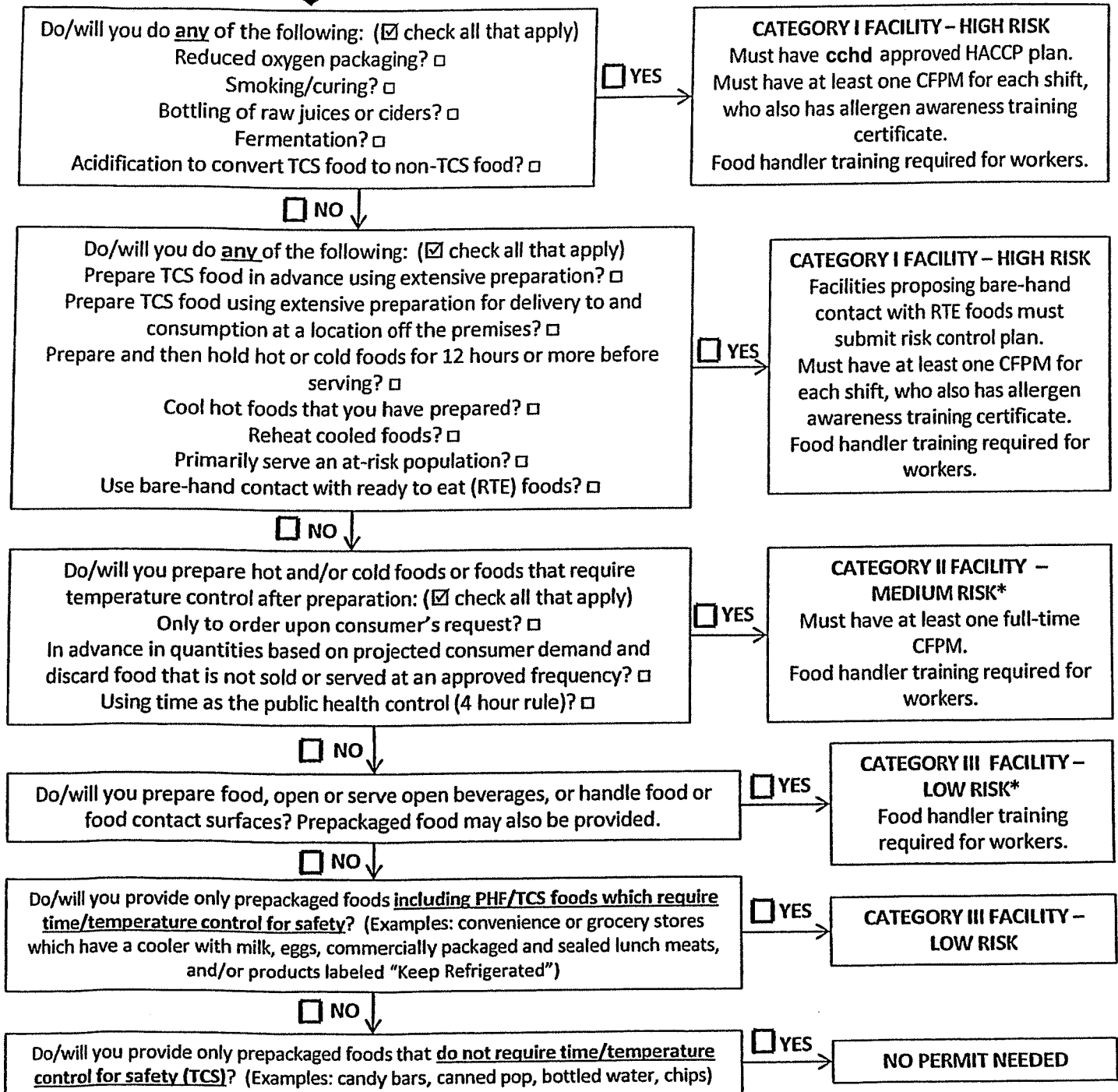
If yes, where? (name of facility, address, County)

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All food must be prepared at a facility with a current food permit from the appropriate regulatory agency. Provide a copy of the current food permit as well as a copy of the most recent health department inspection for the other facility. Failure to provide this documentation may result in a delay in issuing your renewal food permit.

Risk Factor Flow Chart instructions: Answer each question by checking "Yes" or "No". The first time you answer "Yes," follow the arrow to the right to see which risk category you are in. Definitions of key terms are attached.

Start Here



\*Existing establishments with an established history of failing to effectively control risks may be classified at a higher risk level.

## Definition of terms

**At-risk population** - immuno compromised individuals such as the elderly, young children under age four and pregnant women are served, where these individuals compose the majority of the consuming population.

**Category I facility** - a food establishment that presents a high relative risk of causing food-borne illness, based on the large number of food handling operations typically implicated in food-borne outbreaks and/or the type of population served by the facility.

**Category II facility** - a food establishment that presents a medium relative risk of causing food-borne illness, based upon few food handling operations typically implicated in food-borne illness outbreaks.

**Category III facility** - a food establishment that presents a low relative risk of causing food-borne illness, based upon few or no food handling operations typically implicated in food-borne illness outbreaks.

**Commissary** - Food establishment or approved place in which food, containers, supplies, single service articles, single use articles are kept, prepared, packaged or stored for off-site service.

**Extensive preparation** - Processes that include the cooking, hot and cold holding, and reheating of time/temperature control for safety foods.

**Food(s)** - A raw, cooked, or processed edible substance, ice, beverage, or ingredient used or intended for use or for sale in whole or in part for human consumption, or chewing gum.

**Food contact surface(s)** - Includes a surface of equipment or a utensil with which food normally comes into contact; or a surface of equipment or a utensil from which food may drain, drip, or splash into a food, or onto a surface normally in contact with food.

**PHF** - Potentially hazardous food(s). Applies to foods requiring time or temperature controls to prevent the growth of harmful or toxin forming pathogens. Also referred to as time/temperature control for safety (TCS) foods.

**Prepackaged** - Bottled, canned, cartoned, bagged, or wrapped, whether packaged in a food establishment or a food processing plant. Prepackaged does not include wrapped or placed in a carry-out container to protect the food during service or delivery to the consumer, by a food employee, upon consumer request.

**Reduced Oxygen Packaging (ROP)** - The reduction of the amount of oxygen in a package by removing oxygen; displacing oxygen and replacing it with another gas or combination of gases; or otherwise controlling the oxygen content to a level below that normally found in the atmosphere (approximately 21% at sea level); and a process as specified above that involves a food for which the hazards *Clostridium botulinum* or *Listeria monocytogenes* require control in the final packaged form. Includes vacuum, modified atmosphere, controlled atmosphere, cook chill and sous vide packaging.

**Risk factor** - A level of risk assigned to a food service establishment based upon the types of food being offered, level of preparation, population served and associated risk of transmitting food borne illness. In Christian County, IL, risk factors are assigned a Roman numeral of either I (high risk), II (medium risk), or III (low risk).

**TCS** - Time/temperature control for safety. Applies to foods requiring time or temperature controls to prevent the growth of harmful or toxin forming pathogens. Formerly referred to as potentially hazardous foods (PHF).