

NAME OF ESTABLISHMENT: \_\_\_\_\_

LOCATION/ADDRESS: \_\_\_\_\_

**PLEASE RETAIN THIS SHEET AND HOLD FOR THE FINAL INSPECTION AND APPROVAL TO OPERATE FROM THE HEALTH DEPARTMENT.**

**PLEASE HAVE THE FOLLOWING AGENCY REPRESENTATIVE SIGN OFF ON THE FOLLOWING LINE(S) NEXT TO THEIR AGENCY WHEN THEY COMPLETE THEIR INSPECTION AND APPROVAL OF YOUR FACILITY.**

I have submitted plans/applications to the authorities listed below: (Check Off)

- Zoning: ..... (765) 747-7740
- Sanitary Sewage System: ..... (765) 747-4896
- Fire Department: ..... (765) 747-4876
- Building Commissioner: ..... (765) 747-4862
- Indiana State Fire and or Building Commission: [planreview@dhs.in.gov](mailto:planreview@dhs.in.gov) ..... (317)-232-6422
- Private Well – Water: Indiana Department of Environmental Management: ..... (800) 451-6027
- Private Sewage System: Indiana State Department of Health: ..... (317) 233-7811
- Weights and Measure: ..... (765) 747-7714

ZONING AND PLANNING: \_\_\_\_\_ DATE: \_\_\_\_\_  
*Agency Representative Signature*

BUILDING COMMISSIONER: \_\_\_\_\_ DATE: \_\_\_\_\_  
*Agency Representative Signature*

FIRE DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
*Agency Representative Signature*

SANITARY SEWAGE DISTRICT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(PRIVATE OR PUBLIC) *Agency Representative Signature*

WATER (IF PRIVATE WELL): \_\_\_\_\_ DATE: \_\_\_\_\_  
*Agency Representative Signature*

OTHER: \_\_\_\_\_ DATE: \_\_\_\_\_  
*Specify Agency Agency Representative Signature*

LEFT BLANK



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

**DELAWARE COUNTY HEALTH DEPARTMENT**  
**125 NORTH MULBERRY STREET**  
**MUNCIE, INDIANA 47305**  
*PHONE #:* (765)747-7721  
*FAX #:* (765)747-7747  
*dchealth@co.delaware.in.us*  
*www.co.delaware.in.us*

DATE SUBMITTED AND PAID: \_\_\_\_\_ \$ \_\_\_\_\_

NAME OF ESTABLISHMENT: \_\_\_\_\_

LOCATION/ADDRESS: \_\_\_\_\_

ANTICIPATED DATE OF OPENING: \_\_\_\_\_

(Check one) New Construction: \_\_\_\_ Existing/Remodel: \_\_\_\_ New Ownership/Only: \_\_\_\_

### APPLICATION FOR PLAN REVIEW

Please complete the following, as is applicable to the retail food establishment.

Owner/Corporation Information:

Engineer/Architect Information:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Owner E-Mail: \_\_\_\_\_

Establishment Information:

Establishment Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Establishment Telephone #: \_\_\_\_\_ Contact Telephone #: \_\_\_\_\_

Establishment Mailing Address, City, State, Zip: \_\_\_\_\_

\_\_\_\_\_

Establishment Street Address, City, State, Zip: \_\_\_\_\_

Projected Date for Start of Project: \_\_\_\_\_

Projected Date for Completion of Project: \_\_\_\_\_

Hours of Operation: Days of Operation: \_\_\_\_\_

Contents and Specifications for Facility and Operating Plans as required in Section 110 of 410 IAC 7-24:

(Please check items submitted for review)

- Proposed menu (including seasonal, off-site and banquet menus).
- Anticipated volume of food to be stored, prepared, and sold or served.
- Proposed layout, mechanical schematics, construction materials, and finish schedules.
- Proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities, and installation specifications.
- Evidence that standard procedures that ensure compliance with ISDH Rule 410 IAC 7-24 are developed or are being developed.
- Plan review questionnaire completed and submitted to the regulatory authority.
- Please list any other information that may be required by the regulatory authority for the proper review of the proposed construction, conversion or modification, and procedures for operating a retail food establishment in the comment section listed below.

Additional Information:

Signature of Applicant: \_\_\_\_\_

Print Name of Applicant: \_\_\_\_\_

Relationship to Project: \_\_\_\_\_

Date Signed: \_\_\_\_\_

***Note: If all the required information is not submitted to the regulatory authority, it may delay the review process of your plans and possibly delay construction.***

OFFICE USE ONLY:

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Instructions for the Plan Review Questionnaire Form

The enclosed questionnaire was designed for the operator and/or architect to utilize in the plan review process.

Please feel free to contact your local health department for further assistance when completing the questionnaire.

The questionnaire is designed in 2 parts. Part one is the Standard Sanitary Operating Procedures (SSOP's). This part should be completed by the owner/operator of the facility. SSOP's are procedures that will help your operation to be in compliance with the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24. The referenced section numbers at the end of each question will help you in answering the questionnaire. The following bulleted items are the sections covered under part one:

- Food (will the food be received in a safe and sanitary manner)
- Food Preparation (limits/restricts the amount of pathogen growth in food)
- Hot and Cold Holding (keeps pathogens from growing in food)
- Sanitization (ensure the proper amount and application of sanitizer levels)
- Poisonous or Toxic Materials and Personal Care Items (covers the storage and use of these items)
- Miscellaneous (covers registration/permitting and food handling in the home)

Part two is the physical facility requirements. This part may need to be completed by the architect/contractor/engineer, since these requirements are more of a technical basis. The following bulleted items are the sections covered under part two:

- Warewashing/Dishwashing (covers the proper use and capacity of your equipment)
- Water Supply (is the water potable/drinkable)
- Waste Water/Sewage Disposal (is the sewage system in compliance)
- Plumbing (covers backflow, hot water capacity, hoses, and grease traps)
- Handwashing/Toilet Facilities (quantity, door closure, and ventilation)
- Room Finish Schedule (covers the interior of the kitchen and ensures that the materials are made to be smooth and easily cleanable)
- Personal Belongings (prevents contamination of food from employees)
- Equipment (requires all equipment materials be food-grade quality and approved for use in a commercial kitchen)
- Insect and Rodent Harborage (prevents insects and rodent activity)
- Reuse and Recyclables (covers the storage and disposal)
- Lighting (minimum amount of light needed to conduct operations)

***The Plan Review Application Form must be completed and submitted with the accompanying questionnaire.***

## Instructions:

1. Please answer the following questions and return this form and the application to our office.
2. If you have any questions please call (765) 747-7721.
3. This questionnaire is not designed as a complete list of requirements but should be used as a guideline only.
4. **The sanitation requirements noted in this document are specified under the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24.**
5. Please use this rule as it pertains to section numbers referenced at the end of each question.

It is required that you provide a set of plans that are a minimum of **11 X 14** inches in size including the layout of the entire floor plan of the facility.

The set of plans must show any and all pieces of cooking equipment, refrigeration units, hot and cold holding units, sinks, dishware washing, mop sinks, restrooms, dry storage, door entries, and any other equipment being used for your food service operation.

Number of seats: \_\_\_\_\_ Total square feet of the facility: \_\_\_\_\_

Number of floors on which operations are conducted: \_\_\_\_\_ (include basement, etc.)

Maximum meals to be served: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_  
(approximate number)

**Type of service: (check all that apply)**

Sit down meals: \_\_\_\_\_ Mobile vendor: \_\_\_\_\_ Take out: \_\_\_\_\_

Caterer: \_\_\_\_\_ Other: \_\_\_\_\_

Who (job title) will be your certified food handler? (Title 410 IAC 7-22) (Title 410 IAC 7-24 sect.118 )

Title: \_\_\_\_\_

Name: \_\_\_\_\_ Certificate #: \_\_\_\_\_

How will employees be trained in food safety? (sect. 119): \_\_\_\_\_

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

**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).**

*This section should be completed by the operator.*

*Please indicate (by either checking or completing the answers) whether or not a section applies to your operation.*

**FOOD**

1. Please provide a list of all planned food vendors. (sect. 142)

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

2. What is the procedure for receiving food shipments? (sect. 166) Are temperatures checked and containers inspected for damage?

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What is the anticipated frequency of food deliveries for:

Frozen \_\_\_\_\_ Fresh \_\_\_\_\_ Dry \_\_\_\_\_?

3. Is your facility required to have pasteurized products? (sect. 153) Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you intend to make low-acid or acidified foods and intend your products to be shelf stable? If so, have you passed the Better Process and Control School exam? (sect. 143) Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

*(Please include a copy of the certification.)*

5. Do you intend to make reduced oxygen packaged (ROP, definition sect 73) foods? (sect. 195)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list out the ROP foods.

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## **FOOD PREPARATION**

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

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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 (such as, sushi, lettuce, buns, etc.)? (sect. 171)

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8. Describe your date marking system (described under sect. 191) for potentially hazardous (defined under sect. 66) ready-to-eat foods (defined under sect. 72). (sect. 191)

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9. Will all produce be washed prior to use? (sect. 175) Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

If no, why?

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10. Describe the procedure to minimize the amount of time potentially hazardous foods will be kept in the temperature danger zone (41°F-135°F) during preparation. (sect. 189)

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11. 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) (sect. 199)

PROCESS

TYPES OF FOOD

Refrigeration

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Running water  
less than 70°F

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Microwave as part  
of the cooking process

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Cook from frozen

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Other (describe)

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Comments: \_\_\_\_\_

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12. 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). (sects. 189, 190)

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)

\_\_\_\_\_

13. What procedures will be in place to ensure that foods are reheated to 165°F or above? (sect. 188)

\_\_\_\_\_

\_\_\_\_\_

14. Will a buffet be served? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

If yes, who will be responsible for ensuring the buffet is protected from contamination? (sect. 181)

\_\_\_\_\_

## HOT AND COLD HOLDING

15. Will "Time as a Public Health Control" (see sect. 193) be used for potentially hazardous food(s) (either hot or cold)?

Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

**Note: These procedures must be submitted and approved by the Health Department before their use.**

16. Will raw animal food(s) will be offered to the public in an undercooked form (sushi, rare hamburgers, eggs over easy, made from scratch Caesar dressing, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

If so, please attach your consumer advisory statement. (sect. 196)

17. Who (line cook, kitchen manager, etc.) will be assigned the responsibility of taking food temperatures and at what steps will temperatures be taken (cooking, cooling, reheating, and hot holding)? (sect. 119)

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18. Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in a refrigeration unit(s) (i.e. walk in coolers, under the counter coolers). (sect. 173)

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19. Describe the storage of different types of raw meat and seafood in the same unit, and how cross-contamination will be prevented. (sect. 173)

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## **SANITIZATION**

20. Who will be assigned the responsibility of ensuring the correct amount of sanitizer will be used? (sect. 119)

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21. What type of chemical sanitizer(s) will the facility use? (sect. 294)

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22. Will the facility have test kits/papers on site for all types of chemical sanitizers? (sect. 291)

Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

23. 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? (sect. 303)

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**POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS**

24. Where will poisonous or toxic materials be stored (including the ones for retail sale)? (sect. 439)

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25. Will the facility use a hand sanitizer? (sect. 131) Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what brand?

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26. Will the facility ensure that insecticides and rodenticides are "Approved for Use in Food Establishments" and that they are applied in a safe manner? (sect. 119)

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27. Will all spray bottles be clearly labeled? (sect. 438) Yes \_\_\_\_\_ No \_\_\_\_\_

28. Where will first aid supplies be stored? (sect. 421)

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**MISCELLANEOUS**

29. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters? (sect. 423) Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

30. Has the facility registered or applied for a permit from the regulatory authority? (sect. 107) Yes \_\_\_ No \_\_\_

Comments:

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The following list of questions should be generally completed by the architect/contractor/engineer.

## WAREWASHING/DISHWASHING

31. Dishwashing methods (sect. 269) (check one or both):

3 Compartment Sink \_\_\_\_\_ Dishmachine \_\_\_\_\_

32. If a 3 compartment sink is used, which sanitizing method will you use:

Hot Water \_\_\_\_\_ Chemical \_\_\_\_\_?

33. If a dishmachine is used, which sanitizing method will you use:

Hot Water \_\_\_\_\_ Chemical \_\_\_\_\_?

If hot water, do you have a booster heater? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

If hot water, how will you ensure that the unit is sanitizing the utensils? (sects. 258, 303)

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34. Does your chemical dishmachine have an alarm that indicates when more chemical sanitizer needs to be added? (sect. 281) Yes \_\_\_\_\_ No \_\_\_\_\_

35. What type of alarm will be used to detect when the sanitizer is too low? Sound \_\_\_\_ Visual \_\_\_\_

36. Can the largest piece of equipment be submerged into the 3 compartment sink or dishmachine? (sect. 270)

Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

37. Does the facility plan to use alternative manual warewashing equipment? (sect. 270)

Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

*If yes, please submit your procedure and written policy for review.*

38. Does your facility have enough drainboards/utensil racks/carts for the air drying of equipment and utensils for either the 3 compartment sink or the dishmachine? (sect. 289) Please describe below.

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**WATER SUPPLY**

39. Is the water supply public (\_\_\_\_\_) or private (\_\_\_\_\_)? If public, skip question #40.

40. If private, has the source been tested? (sect. 327) Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when was the last test (Date)\_\_\_\_\_ and did you send us a copy of the lab results? Yes \_\_\_\_\_ No \_\_\_\_\_

IF PRIVATE WELL, YOU WILL BE REQUIRED TO REGISTER WITH INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT – DIVISION OF WATER QUALITY - (800) 451-6027

**WASTE WATER/SEWAGE DISPOSAL**

41. Is the sewage disposal system public (\_\_\_\_\_) or private (\_\_\_\_\_)? If public, skip question #42.

42. Has the waste treatment system been approved by the state or local septic inspector? (sect. 376)

Yes \_\_\_\_\_ No \_\_\_\_\_ *Please provide a copy of the approval.*

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**PLUMBING**

43. Are hot and cold water fixtures provided at every sink? (sect. 330) Yes \_\_\_\_\_ No \_\_\_\_\_

44. If a water supply hose is to be used for potable water, is it made from food-grade materials? (sect. 364)

Yes \_\_\_\_\_ No \_\_\_\_\_

45. What is the recovery time, volume, and capacity of the hot water heater? (sect. 329)

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46. The following technical information is needed on the proposed plumbing. This section is best completed by a licensed plumber, or engineer. (sect. 336)

***Circle 1 for the type of backsiphonage device used for water supply and sewage disposal***

<u>Fixture</u>	<u>Water Supply</u>					<u>Sewage Disposal</u>		
Dishwasher	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Ice Machine(s)	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Mop/Service Sink	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
3 Compartment Sink	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
2 Compartment Sink	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
1 Compartment Sink	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Hand Sink(s)	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Dipper Well	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Hose Connections	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Asian Wok/Stove	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Toilet(s)	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Kettle(s)	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Thermalizer	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Overhead Spray Hose	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Other Spray Hose(s)	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Other:	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Other:	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect

AVB=Atmospheric Vacuum Breaker

HB=Hose Bib Vacuum Breaker

PVB=Pressure Vacuum Breaker

VDC=Vented Double Check Valve

47. Has contact been made to the municipality to determine if a grease trap is required?

Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

48. What would be the frequency of cleaning for the grease trap? (sect. 378)

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## HANDWASHING/TOILET FACILITIES

49. Handwashing sinks are required in each food preparation and dishwashing area. (sect. 344)

How many handsinks will be provided? \_\_\_\_\_

50. Are all toilet room doors self-closing where applicable? (sect. 352) Yes \_\_\_\_\_ No \_\_\_\_\_

51. Are all toilet rooms equipped with adequate ventilation? (sect. 309) Yes \_\_\_\_\_ No \_\_\_\_\_

## ROOM FINISH SCHEDULE (What the interior of the facility will look like.)

52. Please indicate which materials (i.e. quarry tile, stainless steel=SS, plastic cove molding, etc.) will be used in the following areas. (sect. 402)

(QT = Quarry Tile, SS = Stainless Steel, PCM = Plastic Cove Molding)

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	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

## PERSONAL BELONGINGS

53. Are separate dressing rooms/lockers provided? (sect. 417) Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

54. Describe the storage location for employees' coats, purses, medicines and, lunches. (sects. 418, 422)

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55. Where is the designated area for employees to eat, drink, and use tobacco? (sect. 136)

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## **EQUIPMENT**

56. Will all of the equipment meet the design and construction for the American National Standards Institute (ANSI) standards or meet section 205? Yes \_\_\_\_\_ No \_\_\_\_\_

57. Will the utensils and food storage containers be made from food-grade quality materials? (sect. 205)  
Yes \_\_\_\_\_ No \_\_\_\_\_

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58. Will any pieces of used equipment be utilized? (sect. 106) Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_  
If so, please list equipment types: \_\_\_\_\_

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59. Is the ventilation hood system sufficient for the needs of the facility? (sect. 307)  
Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

60. Will all of the equipment used for the storage of potentially hazardous foods be able to meet the minimum temperature requirements (frozen food 0°F, cold food 41°F, hot food 135°F)?  
Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

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61. Please list equipment types for the hot and cold holding of foods; also during serving or transporting.

(sect. 187)

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62. Will each refrigeration unit have a thermometer? (sect. 256) Yes \_\_\_\_\_ No \_\_\_\_\_

63. What types of counter protective guards for food (sneeze guards) will be used for consumer self-service?

(sect. 179)

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## **INSECT AND RODENT HARBORAGE**

64. Will all outside doors be self-closing, when applicable, and rodent/insect proof? (sect. 413)

Yes \_\_\_\_\_ No \_\_\_\_\_

65. Will screens be provided on any open windows/doors to the outside? (sect. 413)

Yes \_\_\_\_\_ No \_\_\_\_\_

66. Will air curtains be installed (made from either plastic or mechanical); if so, where on outer openings? (sect. 413)

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67. Will all pipes and electrical conduit chases be sealed (i.e. ventilation systems, exhaust and intake be protected)?

(sect. 414) Yes \_\_\_\_\_ No \_\_\_\_\_

68. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions?

(sect. 426) Yes \_\_\_\_\_ No \_\_\_\_\_

69. Do you plan to use a pest control service? Yes \_\_\_ No \_\_\_ Frequency \_\_\_\_\_

Company \_\_\_\_\_

**REFUSE AND RECYCLABLES**

70. Describe the surface (for refuse/recyclables) that the outside dumpster will be located on? (sect. 382)

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

71. Where will recyclables be stored prior to pick-up?

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

**LIGHTING**

72. What are the foot candles of light for the following areas? (sect. 411)

Food prep areas \_\_\_\_\_ Dishwashing areas \_\_\_\_\_

Dry storage areas \_\_\_\_\_ Restrooms and walk-in refrigeration units \_\_\_\_\_

Comments:

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





