

Bakeries

Enclosed are the forms necessary to obtain a plan review from the City of East Moline Health Department. This plan review application provides the inspector with better understanding of your facility, reduces the number of delays that may occur during construction, and ensures compliance prior to opening. **Incomplete applications will be returned without review.**

Church Kitchen

Businesses that fall under the jurisdiction of the *IL Food Service Sanitation Code* and/or the *FDA Model Food Code* need to fill out this application when:

Daycares

- A new establishment is being built
- Remodeling (i.e. after a fire, adding onto the facility, major overhaul)
- Conversions (i.e. auto parts store to a mini-mart)
- A New Owner

Delis

Note: For remodels and conversions provide a drawing of the proposed floor plan even if the building inspector does not require plans to be submitted.

Grocery

Please include the following fee based on your facility:

Hospitals

Facility less than 3,000 feet: \$200
Facility larger than 3,000 feet: \$400
Minor plan review: \$100

Liquor Stores

If you have any questions when completing this application, please contact:

Lindsay Gorishek, East Moline Health Inspector

Meat Markets

309-752-1510, lgorishek@eastmoline.com

Mini-Marts

The City of East Moline operates under the 2017 FDA Food Code, State of IL Part 750 Food Code, and the City of East Moline ordinances.

Plan Review Process:

Nursing Homes

1. Submit the application, proposed menu, specification sheets and attached forms and fee to the Health Department for review. You will receive a written letter detailing approval or denial. However, if the forms are not completed at the time of submission, a time delay may result.

Restaurants

2. Once construction has begun, onsite consultations may be done as needed. An onsite consultation must take place once refrigeration units are functioning before food will be allowed onsite.

Schools

3. Employees who are to become Certified Food Handlers should begin taking classes or getting enrolled in a class. The number required by the State is based on your risk classification, which can be found in your written letter. You will have three (3) months after opening to meet this requirement.

Taverns

4. Schedule your pre-opening inspection and fill out your Food Permit Application. Office hours are Monday, Tuesday and Thursday.

Note: Building, electrical, mechanical, plumbing and fire inspections must be conducted and approved prior to the pre-opening health inspection.



Food Service Establishment Plan Review Application

Projected Start Date: _____ **Projected Date of Opening:** _____

Type of Plan Review: New construction Remodel Conversion New Owner

Items that must be turned in with this packet:

- Completed Plan Review Application and fee
- Copy of menu
- Companion Form for Menu
- Manufacturer specification sheet for every piece of equipment
- A professional drawing of the entire facility
- Equipment Schedule & Plumbing Information Forms

Establishment Name _____

Address _____ Phone _____

Owner's Name _____

Address _____ Phone _____

Name of Certified Food Protection Manager* _____

ID # _____ Expiration Date _____ Class Taken At _____

*Must be certified or enrolled prior to opening date, if already certified provide copy of license.
 Provide copies for any other employee who is certified.

OPERATIONAL INFORMATION

Type of facility _____

Facility will provide (check all that apply):

- Dine in
- Catering
- Delivery
- Buffet
- Salad Bar
- Take-out (fully cooked)
- Take-out (not cooked)
- Other _____

Alcohol sold for: • On Premise Consumption • Off Premise Consumption • No alcohol

Number of Seats: _____ Total Square Footage: _____

Hours of Operation: Monday _____ Tuesday _____ Wednesday _____
 Thursday _____ Friday _____ Saturday _____ Sunday _____



Food Service Establishment Plan Review Application

FACILITY DESIGN

Submit a professional design of the entire facility which meets the requirements below. The professional design must come from a licensed architect or professional kitchen equipment designer.

1. Include all areas such as: bathrooms, dry storage, dining, patio, dishwashing, garbage rooms and outside dumpsters
2. Show location of all equipment, sinks, storage racks, etc.
3. Show all plumbing fixtures, mechanical ventilation and lighting
4. Show all entrances, exits, loading/unloading areas and docks
5. Show where trash cans, cleaning chemicals and tools will be stored

STORAGE

Products are required to be stored 6 inches off the floor. This includes food, ice, dishes, utensils and single service items.

Will dry goods be stored under sewer or water lines: • Yes • No

Will there be a separate room for dry good storage: • Yes • No

If yes give dimensions: Length _____ Width _____ Height _____

Will raw meat be stored in the same refrigerators and freezers with cooked or ready-to-eat foods: • Yes • No

How will cross-contamination be prevented _____

Are thermometers located in all refrigeration and warmer units: • Yes • No

Is there a bulk ice machine available • Yes • No Will ice be bagged onsite for retail sale • Yes • No

Where will the ice scoop be stored: _____

Where will the ice bucket be stored: _____

Are all toxics for use on the premise or for retail sale (this includes personal medications and cleaning supplies), stored away from food preparation and storage areas: • Yes • No

Where will employee's personal belongings be stored: _____



Food Service Establishment Plan Review Application

PREPARATION

Will you be thawing any frozen foods: • Yes • No Will produce be washed on-site prior to use: • Yes • No

How will bare hand contact with ready-to-eat foods be prevented: _____

How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through dishwashers be sanitized?

Chemical Type _____ Concentration _____ Ppm Test Kit Provided • Yes • No

Will any meats be smoked or cured onsite: • Yes • No

Will any food products use modified atmospheric packaging, vacuum packaging or sous vide processes: • Yes • No

Will leftovers be kept for future service or used in another menu item: • Yes • No

Will some foods be prepared more than 12 hours in advance of service: • Yes • No

How will you keep hot foods 135°F or above: _____

WAREWASHING (specific sink information on plumbing schedule)

What method(s) will be used to wash dishes / utensils (check all that apply):

- Manual washing in 3-well
- Pot sink
- Dishwasher

MANUAL CLEANING INFORMATION

Does the largest pot and pan fit into each compartment of the 3-well sink: • Yes • No

If not, what is the procedure for proper manual cleaning and sanitizing: _____

MECHANICAL DISH AND/OR GLASS WASHING INFORMATION

Do all dish machines have templates with operating instructions: • Yes • No

Do all dish machines have working temperature and pressure gauges as required: • Yes • No

Unit sanitizes using the following: • Chemical Sanitizer • Hot water

If low temp, what chemicals will be used (check all that apply): • Detergent • Drying aid

• Sanitizer Type: _____ • Other: _____

Is there a Service Agreement: • Yes • No If yes list company: _____



Food Service Establishment Plan Review Application

GARBAGE DISPOSAL AND RECYCLING

Type of Disposal: · Dumpster · Compactor · Other: _____

Waste Hauler: _____ Phone: _____

Pick-up frequency: _____

Is there a grease storage receptacle? · Yes · No

Hauler: _____ Phone: _____

Will there be a cardboard recycling container? · Yes · No Size of Unit: _____

Is location of container(s) identified on the plans: · Yes · No

What will the container(s) be sitting on: · Concrete · Asphalt · Other: _____

Will the area be enclosed: · Yes · No Will there be locks on the containers if not enclosed: · Yes · No

Platform drains to: _____

Ensure the containers meet the following requirements: Insect and rodent proof, Lids are tight fitting and in good repair, there is a drain plug in container to prevent drainage, but can be removed for cleaning, labeled with proper company name

PEST PROTECTION

Area around building is clear of unnecessary brush, litter, boxes and other harborage? · Yes · No

DOORS / LOADING DOCKS

All outside doors are self-closing and rodent proof: · Yes · No Will air curtains be used: · Yes · No

Where: _____

Screens provided on all entrances left open to the outside: · Yes · No

Screens provided on ventilation units: · Yes · No 16-inch mesh on all screening open to the outside: · Yes · No

Will all pipes & electrical conduit chases be sealed as pipes enter facility? · Yes · No

Pest Control Company: _____ Phone: _____

How often will they be coming? _____



Food Service Establishment Plan Review Application

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The plan review process is intended to identify items that do not meet Illinois Food Code Requirements or City Ordinance prior to construction, however there are instances that additional items will need to be addressed prior to opening. Once construction begins please feel free to have me stop by and answer any concerns you may have. Also know that any changes made to the drawing or your operation must first be approved through this department.

A preliminary inspection must be conducted after all equipment has been installed. The preliminary inspection should be scheduled 1 to 1½ weeks prior to the anticipated date of opening. At that time refrigeration units must be at proper temperature. Food product of any kind shall not be brought in until the Health Inspector has approved the refrigeration units.

Notice must be given to the Health Department for final inspection prior to opening. The final inspection should be scheduled 1 to 3 days prior to the anticipated date of opening. Everything must be in compliance at that time before your facility is allowed to open.

Signature of owner or authorized agent: _____

Date: _____

Please include the following plan review fee:

- Facilities less than 3,000 square feet: \$200.00
- Facilities larger than 3,000 square feet: \$400.00
- Minor plan review: \$100.00

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Submit to: The City of East Moline
912 16th Avenue
East Moline, IL 61244
ATTN: Health Department

Lindsay Gorishek, Health Inspector
Phone: 309-752-1510 | Fax: 309-752-1572
Email: lgorishek@eastmoline.com



Plumbing Information Form

Employee Hand Washing Stations (Do not include restrooms)

Number of hand wash sinks in facility _____ Constructed of what material _____

Dimensions: Length _____ Width _____ Depth _____

Faucet Types Hands Free faucet Mixing Valve / Combination faucet
 Self Metering Faucets --- Runs for at least 15 seconds:

Hand drying devices **Note: Must be completely non-touch, no lever, cranks or buttons due to potential contamination**

Round Center Pull Tri-fold Motion Sensor **Soap Dispenser** Mounted Pump

Will hand sanitizer be used in conjunction with hand washing? Yes No

Restroom Facilities

Outside doors are self-closing Yes No Garbage cans have lids? Yes No

Exhaust fans provided in restrooms Yes No

Women's restroom - each stall has a covered waste receptacle? Yes No

Faucet Types Hands Free faucet Mixing Valve / Combination faucet
 Self Metering Faucets --- Runs for at least 15 seconds:

Hand drying devices Paper Towel Dispenser Air / Heat Dryer

Cloth Towel dispenser Service by: _____

Grease Traps

Size of interceptor New Existing

Location(s) _____

Water Heaters

Provide cut sheets of all water heaters and booster heaters

Utility Sinks

Type of sink installed Floor Mounted () Wall Mounted New Existing



Plumbing Information Form

Three-well, Four-well and Prep Sink Information (*must be UL approved product)

Sink 1 Common Name _____ To be used for _____

New Used Constructed of what material _____

Number of Wells _____ Dimension of Wells Length _____ Width _____ Depth _____

Dimension of Drain Board One (1) Length _____ Width _____ N/A _____

Dimension of Drain Board Two (2) Length _____ Width _____ N/A _____

Spray Nozzle Attached? Yes No Garbage Disposal Attached? Yes No

Faucet Information separate faucets for each well OR 1 faucet extends to all wells

threaded OR non-threaded faucet head Chemical Station Installed Yes No

If yes, provided by: _____ automatic feed pump type

Sink 2 Common Name _____ To be used for _____

New Used Constructed of what material _____

Number of Wells _____ Dimension of Wells Length _____ Width _____ Depth _____

Dimension of Drain Board One (1) Length _____ Width _____ N/A _____

Dimension of Drain Board Two (2) Length _____ Width _____ N/A _____

Spray Nozzle Attached? Yes No Garbage Disposal Attached? Yes No

Faucet Information separate faucets for each well OR 1 faucet extends to all wells

threaded OR non-threaded faucet head Chemical Station Installed Yes No

If yes, provided by: _____ automatic feed pump type

Sink 3 Common Name _____ To be used for _____

New Used Constructed of what material _____

Number of Wells _____ Dimension of Wells Length _____ Width _____ Depth _____

Dimension of Drain Board One (1) Length _____ Width _____ N/A _____

Dimension of Drain Board Two (2) Length _____ Width _____ N/A _____

Spray Nozzle Attached? Yes No Garbage Disposal Attached? Yes No

Faucet Information separate faucets for each well OR 1 faucet extends to all wells

threaded OR non-threaded faucet head Chemical Station Installed Yes No

If yes, provided by: _____ automatic feed pump type

Sink 4 Common Name _____ To be used for _____

New Used Constructed of what material _____

Number of Wells _____ Dimension of Wells Length _____ Width _____ Depth _____

Dimension of Drain Board One (1) Length _____ Width _____ N/A _____

Dimension of Drain Board Two (2) Length _____ Width _____ N/A _____

Spray Nozzle Attached? Yes No Garbage Disposal Attached? Yes No

Faucet Information separate faucets for each well OR 1 faucet extends to all wells

threaded OR non-threaded faucet head Chemical Station Installed Yes No

If yes, provided by: _____ automatic feed pump type



Finish Schedule Form

Indicate which materials (quarry tile, stainless steel, acoustical tile, 4" plastic covered molding, latex paint, etc.) will be used in the following areas.

Area	Flooring	Coving	Walls	Ceiling
Kitchen/Prep Areas				
Behind grills/fryers/ovens				
Behind Bar				
Ware Washing Area				
Food Storage				
Restrooms				
Dressing Rooms				
Dining Room/ Main Patron Area				
Garbage & Refuse Storage				
Walk-in coolers/freezers				
Mop Service Basin Area				
Other Storage				
Wait Stations				
Self-Serve Condiment/Drink Area				