



# Chicago Department of Public Health Food Establishment Plan Review Application

Business Owner Name: \_\_\_\_\_  
Name of Establishment: \_\_\_\_\_  
Address of Establishment: \_\_\_\_\_  
Name of Contact Person: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Select if your establishment is:

- New
- Remodel/Conversion

Category:

- Restaurant     Institution     Daycare     Grocery Store
- Retail Food Market     Other \_\_\_\_\_

Projected Construction Start Date: \_\_\_\_\_

Projected Date for Completion: \_\_\_\_\_

## General Information about your Food Establishment's Space

Number of Floors: \_\_\_\_\_  
Number of Meals (if applicable): \_\_\_\_\_  
Number of employees: \_\_\_\_\_  
Maximum # employees per shift: \_\_\_\_\_  
Number of Seats (if applicable): \_\_\_\_\_  
Number of Bathrooms: \_\_\_\_\_

## Food Preparation Review

Please select the categories of Potentially Hazardous Foods (PHF) to be handled, prepared, and served

- Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)
- Thick meats, whole poultry (roast beef, whole turkey, chicken, ham)
- Cold processed foods (salads, sandwiches, vegetables)
- Hot processed foods (soups, stews, rice/noodles, gravy, chowder, casseroles)
- Bakery goods (pies, custards, cream fillings & toppings)
- Ice Cream
- Other: \_\_\_\_\_

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\_\_\_\_\_

**Consultation Review Notes**

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N/A – No Food preparation on-site

**Food Supplies & Storage (Attach cut sheets)**

**Cold Storage**

It is important all cold storage equipment have a thermometer. All PHFs in cold holding must be maintained at 40 degrees F or below. All PHFs in Freezer must be maintained at 0 degrees F or below.

Please check the following pieces of equipment you will have and how many:

- Refrigeration units; Number of Units: \_\_\_\_\_
- Walk-in units; Number of Units: \_\_\_\_\_
- Freezer units; Number of Units: \_\_\_\_\_

**Hot Holding**

All hot PHFs must be maintained at least 140 degrees F (60 degrees C) or above.

Please list all types and number of hot holding units.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Thawing/Cooling/Reheating Equipment**

To ensure that you have all the necessary equipment, please list any equipment used for thawing and cooling.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Cooking**

Type of Temperature Measuring Device: \_\_\_\_\_

List and number of Cooking Equipment:

- Stove \_\_\_\_\_  Fryer \_\_\_\_\_  Oven \_\_\_\_\_
- Other \_\_\_\_\_

Is there a hood (ventilation) above cooking equipment?  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?

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

Will all produce be washed on-site prior to use?  Yes  No

Is there a planned location used for washing produce?  Yes  No

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**Consultation Review Notes**

If no, describe the procedure for cleaning and sanitizing multiple use sinks between uses. \_\_\_\_\_

**Specialized Processes**

Do you plan to vacuum package items on-site?  Yes  No

Do you plan to prepare sushi on-site?  Yes  No

Provide a HACCP plan for specialized processing methods such as vacuum packaged foods items prepared on-site or otherwise required by the regulatory authority.

**Small Equipment Requirements**

Specify the number, location, and types of each of the following:

- Slicers: \_\_\_\_\_
- Cutting Boards: \_\_\_\_\_
- Can Openers: \_\_\_\_\_
- Mixers: \_\_\_\_\_
- Bulk Ice Machines: \_\_\_\_\_
- Other: \_\_\_\_\_
- Soft serve (frozen dessert) machine \_\_\_\_\_

**Sinks (Attach cut sheets)**

Will you have commercial dish machine?  Yes  No

Will you have a Three Compartment Sink with an attached drain board and grease trap?  Yes  No

Will you have a mop/slop sink?  Yes  No

Number of hand washing sinks: \_\_\_\_\_ Location(s): \_\_\_\_\_

**Finish Schedule**

Do you have a Finish Schedule?  Yes  No

Indicate the type of material that will be used in the following areas:

LOCATION	FLOOR	COVING	WALLS	CEILING
Kitchen				
Food storage				
Toilet Rooms				
Dressing Room				
Garbage/Refuse Area				
Warewashing Area				
Walk-in Cooler/Freezer				

Submit to:

Food Protection Program  
 2133 West Lexington Street  
 Chicago, IL 60612  
 Phone: 312-746-8046  
 Fax: 312-746-4240

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**Consultation Review Notes**