



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

Is this permitted through DOB Self Certification: YES [] NO []

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: _____

For Official Use Only:
IRIS Account # _____

Consultation Review Notes

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