

File Checklist: **New Establishments**

RETAIL FOOD ESTABLISHMENTS

The following is a checklist that will need to be completed and emailed to our food inspector. Yalonda.burris@co.greene.in.us

If we haven't contacted, you please feel free to give us a call to ensure we received your information: 812-384-4496 (ext: 413)

- Permit Application
- Copy of Safe Serve (**Food Managers Certificate**)
- Copy of the establishment's employee sick policy
- Copy of menu
- Floor plan drawing or layout of the establishment.
- Completed Plan Review

NOTE: If your establishment has a septic system and **NOT** municipal you **MUST** seek "A Change of USE" commercial septic application. If this pertains to your establishment we can provide information upon request.

If the **food establishment** is newly constructed (not municipal) a commercial septic application will need to be submitted to the state.



GREENE COUNTY
HEALTH DEPARTMENT

Food Retail Establishment Application

Permit Year: _____

Permit Fee: \$50.00

Late Fee: \$100.00

Please complete and return this application with the appropriate attachment(s) and permit fee to:
Greene County Health Department • 217 East Spring Street, Suite 1 • Bloomfield, IN 47424

A late fee is added to temporary and seasonal applications received less than 10 business days prior to event or start of season. A late fee is added to annual applications (01/01-12/31) received after December 15th.

Missing information or incomplete application will not be processed, and a Food Permit will not be issued.

_____ **Temporary Food Establishment** – means a food establishment that operates at a fixed location for a period of time not more than 14 consecutive days in conjunction with a single event or celebration.

_____ **Seasonal Establishment** – means a retail establishment that operates during specific months of the year, usually weather related, as designated by the operator.

_____ **Annual Establishment** – means a retail establishment that operates on a routine schedule year-round.

Business Owner Information

Owner's Name: _____

Address, City, State & Zip: _____

Phone #: _____ Mobile #: _____

E-mail Address: _____

Type of Business/Ownership: (✓ one) ☐ Individual ☐ Partnership ☐ Corporation ☐ Members

☐ Nonprofit 501(c)(3) Tax ID Number: _____

*Current tax-exempt certificate **MUST** be submitted with a nonprofit application.*

Nonprofits who sale food less than 15 days per calendar year do not require a permit.

Application status: (✓ one) ☐ New ☐ Renewal ☐ Owner/Operator Change

*Plan Review documents **MUST** be submitted with owner/operator change or a new application.*

Food Establishment (the name commonly used or d/b/a & physical location)

Establishment Name: _____ Phone #: _____

Address, City, State & Zip: _____

City, State and Zip Code: _____

Type of Food Establishment: ☐ Convenience Store ☐ Grocery Store ☐ Concession/Food Stand (Walk-up only)

☐ Restaurant/Bar ☐ Commercial Kitchen/Commissary ☐ Custom Processor ☐ Nutrition Site/Pantry ☐ Private Club

☐ Residential Cafeteria ☐ School Lunchroom ☐ Banquette/Conference ☐ Catering ☐ Bed & Breakfast or Hotel Kitchen

Water Source: (✓ one) _____ Municipal _____ Private/Well

Wastewater Disposal: (✓ one) _____ Municipal _____ Private/Septic

Establishment Schedule: Sun: _____ - _____ Mon: _____ - _____ Tue: _____ - _____ Wed: _____ - _____

Thu: _____ - _____ Fri: _____ - _____ Sat: _____ - _____ (times/hours of operations)

☐ Seasonal operations from _____ (mm/dd/yy) to _____ (mm/dd/yy)

☐ Temporary operations from _____ (mm/dd/yy) to _____ (mm/dd/yy)

CONTINUE ON BACK

Establishment Name: _____

On-Site Manager's Name: _____ Manager's Mobile #: _____

Manager's E-Mail Address: _____

Certified Food Protection Manager Name: _____ Expiration Date: _____

*Accredited food protection manager certification **MUST** accompany application unless your food establishment is exempt; see Title 410 IAC 7-26]. An acceptable certification has an Accredited Program by the American National Standards Institute and the Conference for Food Protection (ANSI-CFP).*

Menu Items (list food items or attach menu to application): _____

If selling raw, frozen processed meat products, please indicate the follow:

- 1) ☐ UDSA Approved Process Plant ☐ BOAH Approved Process Plant ☐ Certificate Customer Processor

Name of Plant/Processor: _____

Address, City, State, Zip: _____

- 2) Method for keep product frozen during retail: _____

Event Information (if applicable)

Name of Event: _____

Location of Event: _____

Dates and Hours of Operation: _____

Event Coordinator Name: _____ Mobile #: _____

Event Coordinator's E-mail Address: _____

Applicant's Signature: _____ Date: _____ Amount Enclosed: \$ _____

Notes:

➤ **Permit Fee is Non-Refundable and Permit is Non-Transferable.**

➤ **Annual food permits expire on December 31st.**

➤ **Types of Payment Accepted:**

- **Cash**
- **Money Order**
- **Check (Business checks only; no personal checks.)**
- **Debit/Credit Cards**

**Greene County Health Department 217 E. Spring Street, Suite 1, Bloomfield, Bloomfield, IN 47424
Phone (812) 384-4496; Fax (812) 384-2037; health@co.greene.in.us; www.co.greene.in.us\health**

For Office Use	Paid by: (<input checked="" type="checkbox"/> one) <input type="checkbox"/> Cash <input type="checkbox"/> Business Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card		
	Date Fee Paid: _____ Processed by: _____		Permit #: _____
	Amount Paid: \$ _____ Receipt Book #: _____		

Employee Health and Hygiene



Reporting agreement

The purpose of this agreement is to inform the employee of their responsibility to take appropriate steps of preclusion by accurately reporting current health conditions as it pertains to food-related illness and the transmission of foodborne illness.

The employee will report the following to the Person in Charge (PIC).

1. An onset of the following symptoms, including the date and location of onset

- a. Diarrhea
- b. Vomiting
- c. Jaundice
- d. Sore throat with fever
- e. Exposed/infected cuts, burns or wounds with pus

If the employee experiences these symptoms at work, he or she should stop working immediately, report the symptoms to the PIC and see a health practitioner.

If the employee experiences the symptoms at home, they should notify management and avoid working until the designated time has passed based on diagnosis.

2. A medical diagnosis, including:

- a. Norovirus
- b. Typhoid fever (*salmonella typhi*)
- c. Shigellosis (*shigella* spp.)
- d. *E. Coli* 0157:H7 or other Shiga toxin-producing *E. Coli* (STEC) infection
- e. Nontyphoidal *salmonella*
- f. Hepatitis A

If the employee is restricted from work, they are permitted to work in limited capacities (non-food handling, non-utensil handling).

If the employee is excluded from work, they are not permitted to work and cannot return until approval from a health practitioner is received.

- 3. Exposure to or suspicion of causing any confirmed disease outbreak of norovirus, typhoid fever, shigellosis, *E. Coli* 0157:H7, hepatitis A or other STEC infection.**
- 4. A household member diagnosed with norovirus, typhoid fever, shigellosis, hepatitis A or other STEC infection.**
- 5. A household member attending or working in a setting experiencing a confirmed disease outbreak of norovirus, typhoid fever, shigellosis, *E. Coli* 0157:H7, hepatitis A or other STEC infection.**

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement. I understand these safety procedures are in place to protect me, other employees, the establishment and consumers.

Name of PIC or Owner of

Establishment: _____ Date _____

Employee Signatures:

- _____
- _____
- _____
- _____
- _____
- _____

Source: [U.S Food and Drug Administration Employee Health and Personal Hygiene Handbook 2020](#)

Vomit and Diarrhea Cleanup Procedure



Overview

This procedure brings awareness to the updated requirement of having a written procedure to address vomit and diarrheal events in a retail food establishment. Proper planning and training on this procedure can lead to the establishment being cleaned and disinfected both quickly and correctly in the event of contamination, controlling the spread of Norovirus.

Cleanup response kit materials

- Safety signs/cones
- Eye protection
- Disposable gloves
- Disposable masks
- Disposable aprons
- Disposable bags
- Disposable shovels/scrapers
- Paper towels
- Spray bottles
- Disinfectant
- Sanitizing solution
- Absorbent powder/solidifier
- Mop with disposable mop head
- Mop bucket

Cleanup procedures

Before cleanup, use the **ABC** method.

- **A**sk all individuals within a 25-foot radius to remove themselves from the area and wash their hands immediately.
- **B**lock off the contaminated area, and if applicable, dispose of all uncovered food and single-use equipment within a 25-foot radius.
 - If multi-use equipment is contaminated, follow wash, rinse, disinfect and sanitize procedures.
- **C**lothe yourself in personal protective equipment prior to cleaning.

During cleanup:

- Cover the contaminated area with an absorbent powder or paper towels, soaking up the excessive soil.
- Remove the hardened powder or dampened paper towels and any solid matter, immediately placing them in a disposable bag.
 - Double bagging is recommended.
- Wash all contaminated surfaces with a soapy water solution, including all nearby surfaces and additional surface areas as necessary.
 - Minimize the spread of infectious material by working from the cleanest area towards the most contaminated area.
- Rinse the soapy water solution with clean water.
- Saturate all washed surfaces with an approved disinfectant.

- Avoid application via excessive force or focused stream to prevent aerosolizing any remaining viral particles.
- On floor surfaces, apply the disinfectant with a disposable towel or disposable mop head for the recommended amount of time (found on manufacturer's label), allowing surfaces to air dry.
- Saturate all dried, disinfected surfaces with an approved sanitizing solution.
 - Wash, rinse, disinfect and sanitize all surfaces as necessary.
 - Replace disposable towel or disposable mop head with each cleaning interval.

After cleanup:

- Remove all personal protective equipment and place in disposable bag. Avoid touching any surfaces that were disinfected and sanitized.
- Remove all waste from the facility according to local, state or federal regulations.
- Wash hands thoroughly before performing any other duties.
- Reopen the affected area after it dries.
- Remember, although it may not have been directly impacted, it is important to clean common areas with high potential for hand contact. This may include restrooms and drinking fountains. It is common for sick individuals to use these facilities following an incident.

Disinfecting solution requirements

Use registered antimicrobial products effective against norovirus as [recommended by the Environmental Protection Agency](#) (EPA). Always use the product according to manufacturer's specifications.

Sources: [Cleaning and Disinfecting with Bleach](#) (CDC, 2024), [Norovirus Response and Cleanup](#) (National Parks Service, 2023).





PLAN REVIEW QUESTIONNAIRE

Indiana State Department of Health
Food Protection Program

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 (317) 233-7360.

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 7-26)

5. Please use this rule as it pertains to section numbers referenced at the end of each question.

Name of the facility and location: _____

Contact name and phone number: _____

It is recommended that you provide plans that are a maximum of 11 X 14 inches in size including the layout of the floor plan.

I have submitted plans/applications to the authorities listed below on the following dates:

Zoning _____ Plumbing _____ Septic _____

Planning _____ Electric _____ Fire _____

Building _____

Number of seats: _____ Total square feet of the facility: _____

Number of floors on which operations are conducted: _____

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

Type of service: Sit down meals _____ Mobile vendor _____
(check all that apply) Take out _____ Other _____
Caterer _____

Whom (job title) will be your certified food handler? _____

How will employees be trained in food safety? _____

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 a section applies to your operation

FOOD

1. Please provide a list of all the planned food vendors. _____

2. What is the procedure for receiving food shipments? Are temperatures checked, and containers inspected for damage? _____

What is the anticipated frequency of food deliveries for: Frozen _____ Fresh _____
Dry _____

3. Is your facility required to have pasteurized products? 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? Yes ___ No ___ NA ___ (*Please include a copy of the certification*)

5. Do you intend to make reduced oxygen packaged foods? Yes ___ No ___
If yes, please list out the ROP foods. _____

FOOD PREPARATION

6. If food is prepared a day or more in advance, please list. _____

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.*)?

8. Describe your date marking system for potentially hazardous ready-to-eat foods.

9. Will all produce be washed prior to use? Yes ___ No ___ NA ___

If no, why? _____

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.

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 that the food. (e.g. frozen meats) (sect. 199)

PROCESS	TYPES OF FOOD
Refrigeration	
Running water less than 70 F	
Microwave as part of the cooking process	
Cook from frozen	
Other (describe)	

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).

PROCESS	TYPES OF FOOD
Shallow pans under the refrigeration	
Ice and water bath	
Reduced volume (quartering or large roast)	
Ice paddles	
Rapid chill device (blast freezer)	
Other (describe)	

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

14. Will a buffet be served? Yes ___ No ___ NA ___ If yes, who will be responsible for ensuring that the buffet is protected from consumer contamination? _____

HOT AND COLD HOLDING

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

Yes ___ No ___ NA ___ Note: These procedures must be submitted and approved before their use.

16. Will raw animal food(s) 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.

17. Whom (*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*)?

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*).

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

SANITIZATION

20. Who will be assigned the responsibility of ensuring the correct amount of sanitizer will be used?

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

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

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?

POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS

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

25. Will the facility use hand sanitizer? Yes ___ No ___ If so, what brand? _____

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? _____

27. Will all spray bottles be clearly labeled? Yes ____ No ____

28. Where will first aid supplies be stored? _____

MISCELLANEOUS

29. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters? Yes ____ No ____ NA ____

30. Has the facility registered or applied for a permit from the regulatory authority? Yes ____ No ____

(The rest of this page was intentionally left blank)

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

WAREWASHING/DISHWASHING

31. Dishwashing methods (*check one or both*): 3 Compartment Sink ____ Dish machine ____
32. If a 3-compartment sink is used, which sanitizing method will you use: Hot Water ____ Chemical ____
33. If a dish machine 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? _____
34. Does your chemical dish machine have an alarm that indicates when more chemical sanitizer needs to be added? 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 dish machine? Yes ____ No ____ NA ____
37. Does the facility plan to use alternative manual ware washing equipment? Yes ____ No ____ NA ____
If yes, please submit your procedure 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 dish machine? Please describe below.

WATER SUPPLY

39. Is the water supply public (____) or private (____)? If public, skip question #40.
40. If private, has the source been tested? Yes ____ No ____
If so, when was the last test _____? Did you send us a copy of the lab results?
Yes ____ No ____

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?
Yes ____ No ____

Please provide a copy of the approval.

PLUMBING

43. Are hot and cold-water fixtures provided at every sink? Yes ____ No ____

44. If a water supply hose is to be used for potable water, is it made from food-grade materials?
Yes ____ No ____

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

46. The following technical information is needed on the proposed plumbing. This section is best completed by a licensed plumber, or engineer. Fixture Water Supply Sewage Disposal

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

HANDWASHING/TOILET FACILITIES

49. Handwashing sinks are required in each food preparation and dishwashing area
How many hand sinks will be provided? _____

50. Are all toilet room doors self-closing where applicable? Yes ___ No ___

51. Are all toilet rooms equipped with adequate ventilation? 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.

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? Yes ___ No ___ NA ___

54. Describe the storage location for employees' coats, purses, medicines and lunches.

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

EQUIPMENT

56. Will all the equipment meet the design and construction for the American National Standards Institute (ANSI) standards. Yes ___ No ___

57. Will the utensils and food storage containers be made from food-grade quality materials.
Yes ___ No ___

58. Will any pieces of used equipment be utilized? Yes ___ No ___ NA ___

If so, please list equipment types:

59. Is the ventilation hood system sufficient for the needs of the facility? Yes ___ No ___ NA ___

60. Will all 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 ___

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

62. Will each refrigeration unit have a thermometer? Yes ___ No ___

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

INSECT AND RODENT HARBORAGE

64. Will all outside doors be self-closing, when applicable, and rodent/insect proof? Yes ___ No ___

65. Will screens be provided on any open windows/doors to the outside? Yes ___ No ___

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

67. Will all pipes and electrical conduit chases be sealed (*i.e. ventilation systems, exhaust and intake be protected*)? Yes ___ No ___

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

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?

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

LIGHTING

72. What are the foot candles of light for the following areas?

Food prep areas _____ Dishwashing areas _____

Dry storage areas _____ Restrooms and walk-in refrigeration units _____



FOOD FACILITY SELF-INSPECTION CHECKLIST

The self-inspection checklist is provided as a guideline for the food operator to use in evaluating their facility's operation and food handling practices. It is separated into High Risk Factors and Low Risk Factors that are based on the same food safety principles as the Indiana Retail Food Establishment Inspection Report.

Note: Although the safety principles used on this self-inspection checklist are the same as used on your regulatory inspection report, the order of the categories on this form does not necessarily follow the same order used on the Indiana Retail Food Establishment Inspection Report.

HIGH RISK FACTORS	MET	NOT MET
EMPLOYEE HEALTH, HYGIENE & PRACTICES		
1. At least one (1) Certified Food Protection Manager is required for facilities cooking raw animal proteins (e.g., eggs, chicken, fish, beef, pork, goat). Certificate is valid and available at the site.		
2. Employees have food safety knowledge that is related to their assigned duties (e.g., cooking, cooling, warewashing, etc.).		
3. Employees appear to be in good health. No reports of illness or food employees experiencing persistent sneezing, coughing, or runny nose that is connected with discharges from their eyes, nose, or mouth.		
4. Employees have no open sores or cuts on hands or fingers.		
5. Employees wear clean outer clothing / apron.		
6. Hair of employees is properly confined (e.g., hairnets, caps, etc.).		
7. Food employees' fingernails are trimmed, filed, and clean.		
8. Employees do not eat, drink, chew gum, and smoke in utensil washing/storage areas, food preparation, and storage areas.		
9. Food employees drink from a closed beverage container stored correctly to prevent contamination.		
10. Clothing and personal belongings are stored away from food.		
11. Food employees will not care for or handle animals that are allowed in the food facility, such as service or patrol animals.		
12. A person in charge (PIC) is present and performs his/her duties during all hours of operation.		
PROPER HANDWASHING, SUPPLIES AND PROPER USE OF GLOVES		
13. Employees wash their hands with soap and warm water (85°F) for 15 seconds for the following reasons: a) before starting work, b) immediately after using the restrooms, c) after handling raw animal products or unwashed produce, d) when there is hand contact with hair, skin, and clothes, e) any time needed to prevent food contamination.		
14. Employees wash their hands only in approved hand wash sinks.		
15. Hand sinks are accessible for use.		
16. Single use towels and soap at dispensers are available.		

HIGH RISK FACTORS		MET	NOT MET
17. Gloves are worn by the food employees who have any open sores, cuts on the hands or fingers, jewelries, uncleanable orthopedic support devices, artificial nails or nail polish.			
18. Single-use gloves are used only for one (1) task and shall be discarded when damaged or soiled, or when food handling is interrupted.			
TIME AND TEMPERATURE CONTROL			
HOT AND COLD HOLDING TEMPERATURES			
19. Cold food is held at 41°F or below.			
20. Hot food is held at 135°F or above.			
21. Food preparation is performed diligently so that food items are not in the temperature danger zone (42°F - 134°F) for more than two (2) hours.			
22. An accurate probe thermometer for measuring food temperatures is available.			
TIME AS A PUBLIC HEALTH CONTROL (TPHC)			
23. Food is marked or identified to indicate the time that is four (4) hours past the point in time when the food is removed from temperature control.			
24. Within the four (4) hour time limit, raw food shall be cooked and served; ready-to-eat food shall be served.			
25. Food in unmarked containers or packages or marked to exceed a four (4) hour limit shall be disposed.			
26. Written procedures are maintained and available for review to the Health Inspector upon request.			
27. Food held in the retail food establishment for over 24 hours shall be visibly date marked.			
COOLING METHODS			
28. Food is rapidly cooled from 135°F to 70°F within two (2) hours and from 70°F to 41°F within four (4) hours.			
29. Food is rapidly cooled using an approved method (i.e., use of ice bath, ice paddle, adding ice into food, separating food in smaller portions, using blast chiller, and shallow metal pans.)			
COOKING TEMPERATURES			
30. Raw food products are cooked at the following internal cooking temperatures for at least 15 seconds			
o Raw shell eggs (for immediate service) are cooked to ≥145°F.			
o Fish is cooked to ≥ 145°F.			
o Whole muscle meat (e.g., beef, veal, lamb, pork) is cooked to ≥ 145°F.			
o Ground meat (e.g., ground beef), any food containing raw eggs, sausages are cooked to ≥ 155°F.			
o Poultry, stuffed fish/meat/poultry are cooked to ≥ 165°F.			
REHEATING			
31. Previously cooked and cooled food is reheated quickly to 165°F for at least 15 seconds before being served or placed in the hot holding equipment such as steam table.			
32. Reheating is done quickly, and the time the food is between 41°F and 165°F shall not exceed two (2) hours.			
33. Proper equipment is used to reheat food (e.g., stove, microwave, oven, grill, etc.).			
THAWING			
34. Approved thawing or defrosting methods are used in the food facility (i.e., under running water for ≤ 2 hours, microwave, as part of cooking process, inside refrigerator).			
35. Food is defrosted or thawed in an approved sink.			
36. Thawed foods are not re-frozen.			
37. Frozen food is maintained in a frozen state, unless it is being thawed / defrosted.			
FOOD PROTECTION FROM CONTAMINATION			

38. Foods that have been returned, or have been served to a customer, are not to be re-served, reused, and offered to customers for consumption.		
HIGH RISK FACTORS	MET	NOT MET
39. Minimizing bare hand contact with exposed food that is not ready-to-eat by using utensils, tongs, forks or gloves.		
40. Food is received at proper temperatures when delivered.		
41. Food appears in good condition, no signs of alteration, damage, or contamination when delivered (e.g., swollen canned food).		
42. Ready-to-eat foods are stored separately or above raw animal products and unwashed produce.		
43. Food items stored inside the refrigerator unit are covered with approved material and protected from overhead contamination.		
44. Food preparation is done in an approved and clean area (e.g., not food preparation in the dining room).		
45. Food is prepared / washed in a food preparation sink or other sink approved by the Health Department.		
46. An advisory statement is provided to the customers if serving raw or undercooked food.		
47. When using a HACCP Plan, written procedures and documentation are maintained and available in the food facility.		
48. If a variance has been granted, the food facility operator complies with all the restrictions.		
49. Time/temperature control for safety (TCS) foods that are in a reduced oxygen package (ROP) have not exceeded the "USE BY" date.		
CLEANING AND SANITIZING		
50. Approved sanitizer solution and correct test strip/kit available and maintained on site.		
51. The three (3) compartment sink or manual warewashing sink set up properly when actively washing utensils (1 st compartment: warm water 100°F; 2 nd compartment: rinsing; 3 rd compartment: sanitizer with approved concentration).		
52. All food utensils have enough contact time with the sanitizer (chlorine: 30 seconds; iodine: 1 minute; quaternary ammonium: 1 minute).		
53. All food utensils are washed, rinsed, and sanitized after each use.		
54. After sanitizing, equipment and utensils are air dried or used after enough draining before use and are not cloth dried.		
55. Mechanical dishwasher or warewashing machines are maintained in good repair and comply with manufacturer specifications on water temperature and sanitizer concentration.		
56. Food contact surfaces (e.g., cutting boards, food preparation tables) and equipment are cleaned and sanitized once every four (4) hours or as required.		
FOOD SOURCE		
57. Food is purchased from other licensed and agency-regulated food facilities/establishments.		
58. Food is not obtained from Home-Based Vendor operations.		
59. Food invoices available at the facility upon request by a health inspector.		
WATER AND SEWAGE		
60. All sinks, except hand sinks, are fully operable with hot water (110°F) and cold water under pressure at each faucet.		
61. Hand wash sinks and lavatories are fully operable with warm water (85°F) and cold water under pressure.		
62. Floor drains and floor sinks are in good working order.		
63. Grease trap or interceptor is maintained clean and in good working condition.		
PEST CONTROL & OTHER ANIMALS		
64. Facility is free from insects (e.g., flies, cockroaches, ants) and rodent infestation.		
65. Live animals, birds, fowl, etc. are not located in the food facility, except for service and patrol animals.		
66. All exterior doors are self-closing, in good repair and rodent proof.		
67. Air curtain is operating properly.		

LOW RISK FACTORS		MET	NOT MET
FOOD STORAGE / DISPLAY/ SERVICE			
68. Food items are stored in an approved clean, dry location and at least six (6) inches above the floor on approved racks.			
69. Foods that are removed from original packages and cannot be easily recognized are stored in working containers identified with the common name.			
70. All prepackaged foods are properly labeled in English.			
71. Foods at the customer self-service areas (e.g., buffet lines, salad bars, and salsa bar) have approved sneeze guards and dispensers.			
72. Approved serving utensils to dispense food are provided at the self-service areas.			
EQUIPMENT / UTENSILS / LINENS			
73. All equipment (e.g., stoves, refrigerators, shelves, food preparation tables, cutting board, sinks, etc.) is clean and in good repair.			
74. Damaged or inoperable food equipment and utensils have been repaired, replaced or removed.			
75. All food equipment has ANSI certification (NSF, ETL, UL-Listed, CSA).			
76. Facility has sufficient and approved food equipment that has the capacity to support food operation and storage such as refrigeration units, and cooling pans.			
77. The three (3) compartment sink or manual warewashing sink is large enough to accommodate the largest equipment or utensil that requires washing and sanitizing.			
78. Food equipment, utensils, disposable utensils and linens are stored in an approved area.			
79. Linens used to line food containers for service are replaced each time the container is refilled for a new consumer and laundered prior to reuse.			
80. Soiled linens are kept separate from food, single use utensils, clean equipment and utensils.			
81. Wiping cloths used with raw foods of animal origin are kept separately from cloths used for other purposes.			
82. Reusable wiping cloths are kept in a clean sanitizing solution.			
83. Working containers of sanitizing solutions for reusable wiping cloths are stored separately from food equipment, utensils, linens, or single use articles.			
84. Thermometers are calibrated, available and in good repair.			
VENTILATION AND LIGHTING			
85. Adequate ventilation and lighting is provided throughout the facility.			
86. Hood, grease filters, make-up air vents are clean, installed properly, and well maintained.			
87. All cooking equipment is under the correct type of mechanical exhaust hood system (except exempted cooking equipment approved by the Health Department).			
88. Light fixtures are in good repair and are shatterproof or fitted with light shields and end caps.			
RESTROOM / DRESSING ROOM			
89. Employee restrooms are available, clean and in good repair.			
90. Customer restrooms are clean, and in good repair.			
91. Restroom and dressing room doors have self-closing device and are working properly.			
92. Female restrooms must provide a covered receptacle for sanitary napkins.			
93. Toilet tissue dispensers are full and in good repair.			
94. Ventilation is provided in each restroom and is in proper working order.			
95. Lockers or other suitable facility is available for employees to store personal belongings or other possessions.			

LOW RISK FACTORS		MET	NOT MET
FACILITY SANITATION AND MAINTENANCE			
96. Plumbing fixtures such as faucets and drainpipes are in good repair (i.e., not leaking or clogged).			
97. Minimum one (1) inch air gap between the flood level rims of the floor sink and end of a drainpipe.			
98. Faucet can reach all the compartments in a sink.			
99. Toxic substances are identified if removed from original packaging/container.			
100. Toxic substances used are approved for a food facility and are stored separately from food, food contact surfaces, equipment, utensils, and single use articles.			
101. Floors are clean, well maintained and in good repair.			
102. Walls, ceilings and windows are clean, well maintained and in good repair.			
103. A separate area for refuse, recyclables, and /returnables from food, equipment, utensils and linens.			
104. Janitorial supplies are available and stored separately from food, food contact surfaces, equipment and utensils.			
105. Premises around the food facility and trash area are clean and free of debris. Trash container lids are maintained closed.			
106. Legible handwashing signs are properly posted.			

NOTES:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.