



Paid
Fee Receipt Number

Food Service Establishment
PLAN REVIEW FORM

I. **INFORMATION**

- A full set of plans, the equipment list (including the method of equipment installation), the menu, and the plan review fee of _____ are to be submitted with this form.
- Any changes in plans or on this form must receive advance approval.
- Page numbers in parentheses correspond to those in the City of Rolling Meadows Environmental Health Division Food Service Design & Construction Manual.

- Establishment Name _____
Address _____ City _____ Zip _____
- Owner _____ Phone _____
Address _____ Fax _____
City _____ Zip _____
- Project Contact _____ Phone _____
Address _____ Fax _____
City _____ Zip _____
- Architect _____ Phone _____
Address _____ Fax _____
City _____ Zip _____
- Contractor _____ Phone _____
Address _____ Fax _____
City _____ Zip _____
- Equipment Supplier _____ Phone _____
Address _____ Fax _____
City _____ Zip _____
- Signature of Owner or Authorized Agent _____ Date _____

Plan Review # _____ Chain: Yes # _____ NO _____

Risk Type _____ Initial Contact Date _____ Remodel _____ New _____

Authorized Environmental Health Practitioner _____ Date _____

III. REFRIGERATION (Pages 10-12)

CIRCLE your response to each

- | | | | | |
|----|---|-----|----|-----|
| 1. | Are your walk-in coolers and walk-in freezers accessible from inside the establishment? | Yes | No | N/A |
| 2. | Have you specified a refrigerated meat cutting room for trimming raw meats? | Yes | No | N/A |
| 3. | Have you provided an ice machine? | Yes | No | N/A |
| 4. | Are you installing a buffet or salad bar? | Yes | No | N/A |
| 5. | If yes, is the buffet or salad bar mechanically refrigerated | Yes | No | N/A |
| 6. | Have you designated refrigerated space for: | | | |
| | cooling large quantities of food | Yes | No | N/A |
| | marinating food product | Yes | No | N/A |
| | separating meat, poultry, fish, and other food items | Yes | No | N/A |
| | quick chilling of food | Yes | No | N/A |
| | special events, large volumes of food | Yes | No | N/A |
| 7. | Have you made provisions for refrigeration and freezer storage involving the six major areas?
STORAGE | | | |
| | Short-term refrigeration (reach-in), explain _____ | | | |
| | Long-term refrigeration which includes frozen products and deliveries (walk-ins), explain
_____ | | | |
| | Cooling product (blast chiller additional walk-in cooler) space, explain _____ | | | |
| | Assembly or preparation of product, explain _____
_____ | | | |
| | Display of product, explain _____ | | | |
| | Product for customer service, explain _____ | | | |

IV. STORAGE FACILITY (Pages 13-15)

Specify the type of shelving unit that will be provided in the following areas

Dry storage Manufacturer _____ Model #
Walk-in freezers Manufacturer _____ Model #
Walk-in cooler(s) Manufacturer _____ Model #
Beer cooler Manufacturer _____ Model #
Kitchen utensils Manufacturer _____ Model #

STORAGE CALCULATIONS

Total kitchen area _____ sq. ft. (wall to wall dimensions) Food dry storage
required = Kitchen area X .25
Total dry storage _____ sq. ft. (wall to wall dimensions)
Total bar area _____ sq. ft. (wall to wall dimensions) Bar dry storage
required = Bar area X .10
Total bar storage area _____ sq. ft. (wall to wall dimensions)

CIRCLE your response to each

Have you included the storage areas for food, utensils and beverages? Yes No N/A
Have you provided a storage area for your cleaning supplies separate
from the food and food service operations? Yes No N/A
Have you specified a heavy-duty-mop-rack capable of holding wet mops
above the mop basin? Yes No N/A
Are you using firewood as a fuel source for cooking equipment? Yes No N/A
If yes, specify the location of firewood storage _____

*REMINDER: Firewood must be stored separate from the food storage and food service operations.
Additional measures must be taken to prevent rodent and insect infestations.*

V. EMPLOYEE AREAS, RESTROOMS, & HAND WASHING SINKS (Pages 15-18)
 CIRCLE your response to each

EMPLOYEE AREA

Indicate the total number of employees _____

Have you shown the location for personal belonging storage on the plans? Yes No N/A
 Have you provided for each employee: Coat hooks Lockers Other _____

REMINDER: *Break area, office area, dressing room, and personal belonging storage areas cannot be located in areas of food and/or utensil storage, preparation, food service or dish areas.*

RESTROOMS

Have you provided the number of toilets/facilities as required by the Illinois State Plumbing Code and verified with the local Sanitary District or local Building Department? Yes No N/A

Can the public access the restrooms without going through the kitchen, storage area, or utensil-washing area? Yes No N/A

Are the rooms mechanically vented to the outside? Yes No N/A

Have you provided garbage containers with lids for sanitary items and also diapers? Yes No N/A

HAND WASHING SINKS

How many hand washing sinks excluding bathroom lavatories are you providing? _____

Indicate the locations of the hand sinks _____

Are all hand washing sinks supplied with dispensed soap? Yes NO

Are all hand washing sinks supplied with dispensed towels? Yes No

VI. PLUMBING (Pages 18-22)
CIRCLE your response to each

Type of Water Supply	Public	Private			
Public Sewer will be provided?			Yes	No	N/A
Is a grease interceptor required by local Building Department or local Sanitary District?			Yes	No	N/A
If yes, how will it be installed?	Outdoor	Indoor Recessed			
Type of Janitorial Sink	Pre-Fabricated Floor Basin	Laundry Tub	Wall Mounted	Slop Sink	
Will you install a garbage grinder?			Yes	No	N/A

If yes, SEE diagram on page 22 for installation requirements.

POTABLE WATER BACKFLOW protection is required on the following pieces of equipment.
CIRCLE the pieces of equipment that apply to your facility

chemical mixing system	toilet(s)	urinal(s)
dishwashing machine(s)	garbage grinder(s)	carbonator(s)
water faucets with hose attachments	pre-rinse sprayer(s)	
other		

IN DIRECT OPENSITE WASTE CONNECTIONS are required on the following pieces of equipment.
CIRCLE the pieces of equipment that apply to your facility

deli cooler clean out drain(s)	walk-in refrigerator drain(s)
refrigerator/freezer condensation line(s)	steam table(s)
ice maker/ice bin(s)	three compartment sink -- food service
food preparation sink(s)	three-compartment sink -- bar service
dipper well(s)	dishwashing machine(s)
salad bar(s)	soda dispenser(s)
steam kettle	buffet line
other	

VII. SANITIZING EQUIPMENT AND FACILITIES

CIRCLE your response to each

HOT WATER SYSTEM (Page 23)

Specify the water heater storage capacity in gallons _____

REMINDER: 40 gallon storage capacity is the minimum allowed.

Specify the water heater recover rate _____ GPH _____ °F, if mechanical (chemical or hot water) sanitizing machine is being proposed.

MANUAL UTENSIL WASHING (Page 23)

Have you specified a standard food service three-compartment sink with two integral drain boards? Yes No N/A

Is your largest item able to be submerged into the three-compartment sink? Yes No N/A

Do you have a clean-in-place procedure for stationary equipment? Yes No N/A

Have you provided additional space for the storage of clean utensils, glassware, etc.? Yes No N/A

If yes, where?

MECHANICAL UTENSIL WASHING (Page 23)

If not applicable, proceed to next section

Are you installing a dishwashing machine? Yes No N/A

If yes, Manufacturer _____ Model # _____

Dishwashing machine demand of rinse water _____ GPH @ 20 PSI flow pressure

Have you included a soiled-dish table? Yes No N/A

Have you included a pre-rinse sink? Yes No N/A

Have you included a clean-dish table? Yes No N/A

Did you provide mechanical ventilation at dishwashing machine? Yes No N/A

Where is the location for your clean utensil and dish storage? _____

CHEMICAL SANITIZING MACHINE (Page 24)

If not applicable, proceed to next section

Are you providing a chemical sanitizing machine? Yes No N/A

Have you provided an audible and visual warning indicator on the sanitizer dispenser? Yes No N/A

Have you provided a location for air drying utensils after being washed? Yes No N/A

If yes, where _____

HOT WATER SANITIZING MACHINE (Page 24)

If not applicable, proceed to next section-

Are you installing a hot water sanitizing machine? Yes No N/A

Manufacturer (Booster Heater) _____ Model # _____

Booster Heater recovery rate _____ GPH _____

Have you provided for a temperature gauge before booster heater? Yes No N/A

VIII. LIGHTING (Pages 25-26)

CIRCLE your response to each

Are your food preparation and utensil washing areas lighted according to specifications? Yes No N/A

Are your food storage rooms lighted according to specifications? Referenced in the *REQUIREMENTS* on Page 25. Yes No N/A.

Are your restrooms lit according to specifications? Referenced in the *REQUIREMENTS* on Page 25 Yes No N/A

Have you provided dimmer switches or on/off switches in bar areas for clean-up purposes? Yes No N/A

Have you supplied fluorescent lights with vapor-proof fixtures or additional incandescent light kits for your walk-in refrigerator and freezer units? Yes No N/A

Are all of your light fixtures over food preparation, display, service, storage, and utensil-washing areas shielded with explosion tubes and end caps, shatterproof lenses, or shatterproof bulbs? Yes No N/A

IX. LAUNDRY FACILITY (Page 26)

CIRCLE your response to each

If not applicable proceed to the next section.

Do you have a washer? Yes No N/A

If yes, a dryer is also required.

Is your laundry facility separated by a door from the food service operation? Yes No N/A

Is shelving provided to keep clean linens stored separately from soiled linens? Yes No N/A

X. ROOM FINISH SCHEDULE (pages 27-31)

Specific brand names and colors for materials should be specified whenever possible to ensure acceptability.

ROOM OR AREA	FLOOR	FLOOR BASE OR COVE	WALLS	CEILING
FOOD PREPARATION				
UTENSIL WASHING				
FOOD STORAGE				
WALK-IN				
REFRIGERATOR/ FREEZER				
JANITORIAL STATION				
WAITRESS AREAS				
BAR				
RESTROOMS				
DRESSING AND LOCKER ROOM				
BUFFET AND SALAD BARS				
OTHER				

Remarks

XI. INSECT & RODENT CONTROL (Pages 32-33)
CIRCLE your response to each

The type of protection provided for your building:
 Are all the vents covered with screening? Yes No N/A
 Referenced in the *REQUIREMENTS* on Page 32.

All the voids and gaps around utility lines, pipes, etc. sealed? Yes No N/A

Are openable windows properly sealed? Yes No N/A

Is the garbage area more than 20 feet from the facility's door(s)? Yes No N/A

Did you specify an air curtain? Yes No N/A

If yes, Manufacturer _____ Model # _____
 Do you have: drive-through window carry out window walk-up window(s)

The type(s) of protection provided for your windows:

Spring loaded bump pad Electric eye opener Air curtain Fly fan Self-closing screen/window
 REMINDER: A combination is strongly recommended.

The type(s) of protection for your delivery and entrance doors:

Self-closing device Threshold and threshold sweep
 If you have a garage-type door, have you provided an air curtain? Yes No N/A
 If yes, Manufacturer _____ Model# _____
 Other _____

REMINDER: Daylight is NOT to be observed around door

XIII. EXHAUST HOOD VENTILATION FOR COOKLINE (Pages 35-40)

Establishment Name _____
Address _____ City _____
Ventilation Contractor _____ Telephone _____

Determine Exhaust Hood Type (Refer to Section C):

Water Wash System _____ Ventilator _____ Wall Canopy _____
Island Canopy _____ Other _____

Determine Exhaust Hood Size and Performance (Refer to Section D):

Formula: Total Length and Depth of Equipment _____ inches x _____ inches
Total Length & Depth of Wall/Canopy Hood (including 12" front & side overhangs)
W _____ ft. x L _____ ft. = _____ ft.² x 100 CFM/ft.² = _____ CFM

Total Length & Depth of Island/Canopy Hood (including 12" front & side overhangs)

W _____ ft. x L _____ ft. = _____ ft.² x 150 CFM/ft.² = _____ CFM

Total Length of Non-Canopy Hood _____ L _____ ft. x 300 CFM/ft. = _____ CFM

Determining Exhaust Duct(s) Needs (Refer to Section E):

Number: _____
Formula (Using Square or Rectangular Duct Work): L _____ x W _____ = _____ inches² ÷ 144 = ft² = _____ ft.²
CFM _____ ÷ ft.² _____ (1500-2200 FPM Range)

Determining Exhaust Filter Needs (Refer to Section F):

Number: _____
Total Length of Filter Bank _____ inches Size: _____ Type: _____

Determining Exhaust Fan Needs (Refer to Section G):

Number: _____
Total CFM to be exhausted: _____ at _____ SPWG (Minimum Static Pressure shall be one half (.5) inch).
Fan manufacturer and model number: _____

Determining Make-Up Air Needs (Refer to Section H):

Total CFM of make-up air to be supplied _____
Described method of introducing make-up air into area _____

Review the Construction Needs and Criteria Check List (Refer to Section I).

The following are required - check () to verify:

- _____ List equipment to be installed under the hood on the back side of this form.
- _____ Exhaust hood design and installation have met or exceeded the specifications in "Exhaust Hood Ventillation for Cookline Equipment."
- _____ Hood and components are NSF approved or fabricated in compliance with NSF Basic Criteria C-2.
- _____ Exhaust system will have a minimum of 50 FPM capture velocity at the cooking surface.
- _____ No exposed horizontal piping on any portion of the hood in front of the filter bank.
- _____ The point where the air is exhausted shall not be within ten feet of any air intake into the building.
- _____ No insulation installed in the interior of the duct work.

