



## Food Service Establishment Plan Review Application

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.**

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:

- 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

**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.

Please include the following fee based on your facility:

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

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

**Lindsay Gorishek, East Moline Health Inspector**  
**309-752-1510, [lgorishek@eastmoline.com](mailto:lgorishek@eastmoline.com)**

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:**

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.

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.

Note: Building, electrical, mechanical, plumbing and fire inspections must be conducted and approved prior to obtaining a food and beverage license.



# 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:**

**Plan Review Fees**

- |  |                         |          |
|--|-------------------------|----------|
| <input type="checkbox"/> Completed Plan Review Application and fee                     | Facilities <3,000 sq ft | \$200.00 |
| <input type="checkbox"/> Copy of menu  | Facilities >3,000 sq ft | \$400.00 |
| <input type="checkbox"/> Companion Form for Menu                                       | Minor Plan Review       | \$100.00 |
| <input type="checkbox"/> Manufacturer specification sheet for every piece of equipment |                         |          |
| <input type="checkbox"/> A professional drawing of the entire facility                 |                         |          |
| <input type="checkbox"/> Equipment Schedule & Plumbing Information Forms               |                         |          |

## OPERATIONAL INFORMATION

Number of Seats \_\_\_\_\_ Total Square Footage \_\_\_\_\_

Facility will provide (check all that apply):

- Dine In  Catering  Delivery  Buffet  Salad Bar
- Take Out (fully cooked)  Take Out (not cooked)  Other \_\_\_\_\_

Alcohol Sales  On Premise Consumption  Off Premise Consumption  No alcohol

## 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.

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



## Food Service Establishment Plan Review Application

### STORAGE

- All food and nonfood products are required to be stored 6 inches off the floor.
- Food and equipment may not be stored under sewer lines
- If raw meat and ready to eat food are stored in the same unit the storage must be from top to bottom:
  - Ready to eat food
  - Raw whole or ground fish
  - Raw whole cuts of beef, pork
  - Raw ground meats
  - Raw whole or ground chicken
- All refrigeration units must have a working thermometer
- Ice scoops must be stored in a clean, dry container. If stored inside the ice bin it must be in the manufacturers designated holding area.
- All toxics for use on the premise or for retail sale (this includes personal medications and cleaning supplies), are to be stored away from food preparation and food storage areas

### PREPARATION

The following processes require a variance and/or HACCP plan:

1. Smoking meat for preservation
2. Curing food
3. Using food additives for preservation to render food non potentially hazardous
4. Using modified atmospheric packaging, vacuum packaging or sous vide
5. Operating a live molluscan shellfish tank where shellfish will be offered for consumption
6. Sprouting seeds or beans

Bare hand contact with ready to eat food is not permitted, this includes garnishes for food and/or drinks

Adequate equipment is required to keep foods out of the temperature danger zone. Food must be cold (below 41deg F) and/or hot (135deg F or above).



## Food Service Establishment Plan Review Application

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### **WAREWASHING** (specific sink information on plumbing schedule)

- Warewashing can either be done manually, in a 3-compartment sink, or mechanically, using a dishwasher.
- When using a 3-compartment sink, the largest pot/pan must fit into the compartments or provide another way to wash/rinse/sanitize
- Chemical test kits are required when sanitizing by chemical
- Dishwashers must have operating instructions posted on the machine

### **PEST PROTECTION**

- Pest control must be performed by a licensed pest control operator
- Area around building should be free of unnecessary brush, litter, boxes and other harborage
- Outside doors should be self-closing and rodent proof
- 16-inch mesh screening should be used on all doors left open to the outside
- Seal pipes and electrical conduit chases that enter from exterior walls



## 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:** \_\_\_\_\_

**Submit to:**  
East Moline Health Department  
Attn: Lindsay Gorishek, Health Inspector  
912 16<sup>th</sup> Avenue  
East Moline, IL 61244



## New Food and Beverage Application

Any establishment that stores, prepares, packages, serves, or vends food directly to the consumer, or otherwise provides food for human consumption including delivery and take out is required to have a food and beverage license from the City.

For a newly constructed facility or a facility that is opening in an existing building, not currently operating as a food establishment, you must complete a plan review packet.

**Food and beverage licenses are valid January 1 to December 31, annual renewal is required.**

Please attach:

1. Menu, including consumer advisory if necessary
2. Proof of certified food protection manager (CFPM)
3. Norovirus cleanup procedure
4. Any HACCP or SOP's needed for special processes

License Type (please select one):

- |   |  |
|---|--|
| <input type="checkbox"/> Food service establishment (includes bars)   | <input type="checkbox"/> Mobile              |
| <input type="checkbox"/> Retail food service establishment            | <input type="checkbox"/> Seasonal Concession |
| <input type="checkbox"/> Food service <i>and</i> retail establishment | <input type="checkbox"/> Farmers Market      |

Fee Schedule (check one):

- \$225 facilities 2,000 sq ft or less
- \$300 facilities 2,001-3,000 sq ft
- \$400 facilities 3,001 sq ft or more
- \$100 convenience area selling non potentially hazardous foods
- \$125 convenience area selling potentially hazardous foods
- \$ 50 additional area add-ons
- \$100 retail food service selling non potentially hazardous foods
- \$125 retail food service selling potentially hazardous foods
- \$150 mobile selling potentially hazardous foods
- \$100 mobile selling non potentially hazardous foods and pushcarts
- \$ 80 seasonal concession stand
- \$ 75 farmers market food vendor
- \$ 50 farmers market retail vendor



## New Food and Beverage Application

### Facility Information

Facility Name \_\_\_\_\_ Facility Phone \_\_\_\_\_

Facility Address \_\_\_\_\_

Facility Manager \_\_\_\_\_ Manager Phone \_\_\_\_\_

Hours of Operation Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

### Waste & Grease Disposal

Dumpster must:

- Be stored on smooth, non absorbent material such as concrete or asphalt, and sloped to drain
- Be insect and rodent proof
- Have tight fitting lids
- Have a drain plug in container to prevent drainage (but can be removed for cleaning)
- Labeled with proper company name and contact

Waste Hauler \_\_\_\_\_ Phone \_\_\_\_\_

Pick Up Frequency \_\_\_\_\_

Is there a grease storage receptacle?  Yes  No

Grease Hauler \_\_\_\_\_ Phone \_\_\_\_\_

Is there an inline grease interceptor?  Yes  No Location \_\_\_\_\_

Pick Up Frequency \_\_\_\_\_

### Pest Protection

Pest Control Company \_\_\_\_\_ Phone \_\_\_\_\_

Service Frequency \_\_\_\_\_



East Moline Health Department  
912 16<sup>th</sup> Avenue | East Moline, IL 61244 | 309-752-1510

## New Food and Beverage Application

### Owner Information (Not Facility Information)

Corporation \_\_\_\_\_ Owner \_\_\_\_\_

Owner Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone (best contact) \_\_\_\_\_ Email \_\_\_\_\_

### If you want your renewal sent to an address other than the facility – please list

Attn: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

### Contact Info for Emergency Info

Check your preference:  text  email

Contact Person(s) \_\_\_\_\_ Mobile Provider \_\_\_\_\_

Contact Email \_\_\_\_\_ Contact Phone \_\_\_\_\_

### Food Protection Manager Certification (FPMC)

**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.

Name \_\_\_\_\_ ID# \_\_\_\_\_ Exp: \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ Exp: \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ Exp: \_\_\_\_\_

**SIGN & DATE HERE**   
**Applicant Signature**

\_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Fee Amount \_\_\_\_\_ Total Fee submitted \_\_\_\_\_ Date Received \_\_\_\_\_

Cash  Check # \_\_\_\_\_  MO# \_\_\_\_\_ Permit # \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_





**FORM**  
**1B**

**Conditional Employee or Food Employee Reporting Agreement**

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, *Salmonella* Typhi, *Shigella* spp., or Shiga toxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* or Hepatitis A Virus

**The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.**

**I AGREE TO REPORT TO THE PERSON IN CHARGE:**

**Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:**

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

**Future Medical Diagnosis:**

**Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella* Typhi), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other STEC infection, nontyphoidal *Salmonella* or hepatitis A (hepatitis A virus infection)**

**Future Exposure to Foodborne Pathogens:**

1. **Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.**
2. **A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.**
3. **A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.**

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) \_\_\_\_\_

Signature of Conditional Employee \_\_\_\_\_ Date \_\_\_\_\_

Food Employee Name (please print) \_\_\_\_\_

Signature of Food Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Permit Holder or Representative \_\_\_\_\_

# Clean-up and Disinfection for Norovirus ("Stomach Bug")

**THESE DIRECTIONS SHOULD BE USED TO RESPOND TO ANY VOMITING OR DIARRHEA ACCIDENT**

**Note:** Anything that has been in contact with vomit and diarrhea should be discarded or disinfected.

## 1 Clean up

- Remove vomit or diarrhea right away!**
  - Wearing protective clothing, such as disposable gloves, apron and/or mask, wipe up vomit or diarrhea with paper towels
  - Use kitty litter, baking soda or other absorbent material on carpets and upholstery to absorb liquid; do not vacuum material: pick up using paper towels
  - Dispose of paper towel/waste in a plastic trash bag or biohazard bag
- Use soapy water to wash surfaces that contacted vomit or diarrhea and all nearby high-touch surfaces, such as door knobs and toilet handles**
- Rinse thoroughly with plain water**
- Wipe dry with paper towels**

**DON'T STOP HERE: GERMS CAN REMAIN ON SURFACES EVEN AFTER CLEANING!**

## 2 Disinfect surfaces by applying a chlorine bleach solution

Steam cleaning may be preferable for carpets and upholstery. Chlorine bleach could permanently stain these. Mixing directions are based on EPA-registered bleach product directions to be effective against norovirus. For best results, consult label directions on the bleach product you are using.

### a. Prepare a chlorine bleach solution


Make bleach solutions fresh daily; keep out of reach of children; never mix bleach solution with other cleaners.

**IF HARD SURFACES ARE AFFECTED...**  
e.g., non-porous surfaces, vinyl, ceramic tile, sealed counter-tops, sinks, toilets

**3/4 CUP OF CONCENTRATED BLEACH** + **1 GALLON WATER**

**CONCENTRATION ~3500 ppm**

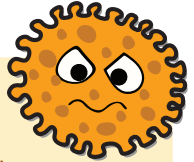
**IF USING REGULAR STRENGTH BLEACH (5.25%), INCREASE THE AMOUNT OF BLEACH TO 1 CUP.**



- Leave surface wet for at least 5 minutes**
- Rinse all surfaces intended for food or mouth contact with plain water before use**

## 3 Wash your hands thoroughly with soap and water

Hand sanitizers may not be effective against norovirus.



### Facts about Norovirus

Norovirus is the leading cause of outbreaks of diarrhea and vomiting in the US, and it spreads quickly.

Norovirus spreads by contact with an infected person or by touching a contaminated surface or eating contaminated food or drinking contaminated water. Norovirus particles can even float through the air and then settle on surfaces, spreading contamination.

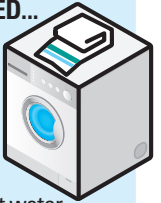
Norovirus particles are extremely small and billions of them are in the stool and vomit of infected people.

Any vomit or diarrhea may contain norovirus and should be treated as though it does.

**People can transfer norovirus to others for at least three days after being sick.**

### IF CLOTHING OR OTHER FABRICS ARE AFFECTED...

- Remove and wash all clothing or fabric that may have touched vomit or diarrhea
- Machine wash these items with detergent, hot water and **bleach** if recommended, choosing the longest wash cycle
- Machine dry



Scientific experts from the U.S. Centers for Disease Control and Prevention (CDC) helped to develop this poster. For more information on norovirus prevention, please see <http://www.cdc.gov/norovirus/preventing-infection.html>.



co.somerset.nj.us/health



neha.org



waterandhealth.org



americanchemistry.com



cfour.org

[disinfect-for-health.org](http://disinfect-for-health.org)

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