



Health Department Food Establishment Facility Review Packet

2100 Ridge Avenue, Evanston, IL 60201

Phone 847.448.4311

<http://www.cityofevanston.org/health/permits-licenses>

Submit the following to the Health Department Licensing Coordinator at the time you are applying for the Food Establishment License and/or Building Permit.

1. This review packet.
2. Equipment manufacturer specification sheets for all new equipment.
3. Description of food operations: menu or food items to be sold or scope of food service.
4. Food Establishment License application (if a new business or new ownership).

(The above documents may be emailed to egolden@cityofevanston.org)

If you are applying for a Building Permit, the Building Department will provide the Health Department with a copy of a full set of plans. Please note: site plan drawings should include items indicated on this checklist. Upon receipt of the plans you will be invoiced for the Health Department Plan Review fee.

Address of Food Establishment _____

Primary Contact: Name _____

Email _____

Phone (1) _____ **Phone (2)** _____

Additional Contact: Name _____

Email _____

Phone (1) _____ **Phone (2)** _____

Architect Contact: Name _____
(If applicable)

Email _____

Phone (1) _____ **Phone (2)** _____

An IDPH Food Facility Construction Manual is available on the City of Evanston Food Establishment License webpage. If the food facility does not meet all requirements building permits may be required. Before making any changes or additions to the facility or equipment, please consult with the Licensing Coordinator.

Check Appropriate Box

YES NO NA

REFRIGERATION

- Have you provided cooler space to separate raw meats and poultry from ready-to-eat foods? YES NO NA
 - Are all your walk-in coolers freezers accessible from the inside of the establishment? YES NO NA
 - Will you be cooling large volumes of food? YES NO NA
 - Have you provided enough space and equipment for quick chilling prepared food? YES NO NA
 - Are any of the refrigerators next to heat-producing equipment? YES NO NA
 - Will you be handling large amounts of cold, potentially hazardous foods or cutting large amounts of raw meat? YES NO NA
 - Is the ice machine large enough to meet all operational needs, i.e. drink ice, rapid cooling, etc.? YES NO NA
 - Are you having a buffet line? YES NO NA
 - If yes, is it mechanically refrigerated? YES NO NA
- Indicate the method you plan to use to cool foods _____

STORAGE FACILITIES

Specify the type of shelving 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 # _____

Total Kitchen Area _____ square feet (wall to wall dimensions)
 Food dry storage required = Kitchen area x .25
 Total dry storage _____ square feet (wall to wall dimensions)
 Total Bar Area _____ square feet (wall to wall dimensions)
 Bar dry storage area required = Bar area x .10
 Total bar storage area _____ square feet (wall to wall dimensions)

- Storage areas for food, utensils and beverages? YES NO NA
- Storage area for your cleaning supplies separate from the food and food service operations? YES NO NA
- Separate facility for the storage of toxics? YES NO NA
- Heavy-duty mop rack able to hold wet mops above the mop basin? YES NO NA
- Broom rack(s) in a convenient location? YES NO NA

YES NO NA

Are you using firewood as a fuel source for cooking equipment?
 If yes, specify the location of firewood storage on plans.

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

EMPLOYEE AREAS, RESTROOMS AND HAND WASHING SINKS

EMPLOYEE AREA

Indicate the total number of employees _____

Have you provided for each employee

Coat Hooks (no more than 48" above the floor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you provided

Dressing Room (entry must be 32" wide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you shown the location of personal belongings storage on the plans?

Reminder: Break areas, dressing rooms and personal belongings storage areas cannot be in areas used for food storage, preparation or service or for the washing or storage of utensils

RESTROOMS

Indicate number of seats available to patrons for eating on site: _____*

**If you have 1 or more dining seats, a bathroom available to the public without passing through the kitchen, food prep or storage areas is required.*

Indicate number of restrooms in the establishment **for the public use** _____ **for employee use** _____

Can the public access the restrooms without going through the kitchen, storage area or utensil washing area?

Are the restrooms mechanically vented to the outside?

Have you provided garbage containers with sanitary lids for sanitary items and soiled diapers?

Reminder: If metered faucets are installed in restrooms they must run for at least 20 seconds.

ILLINOIS ACCESSIBILITY REQUIREMENTS:

The following provisions of the Accessibility Code must be met and reflected on plans submitted:

All access to bathrooms must be on an accessible path of travel. Water closet height shall be 17-19 inches from the finished floor. Grab bars are to be installed per code behind the toilet at a minimum of 36 inches and 33-36 inches from the side wall of the water closet. Bars must be installed so as not to block the flow of toilet paper. Flush controls in the restroom shall be mounted no higher than 44 inches from the finished floor. The lavatory rim or counter surface is to be no higher than 34 inches from the finished floor and a clearance of 29 inches above the finished floor to the bottom of the apron. There shall be a clear floor space of 30 inches by 48 inches to allow for a forward approach to the lavatory. Exposed pipes and drains must be insulated to prevent contact. Mirrors are to be located no more than 40 inches from the finished floor. Urinals can be stall type or wall hung with an elongated rim that is 17 inches from the finished floor and flush controls no higher than 44 inches from the finished floor.

YES NO NA

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 and dispensed disposable paper towels? **SANITIZING EQUIPMENT AND FACILITIES****HOT WATER SYSTEM**

Specify the water heater storage capacity in gallons _____

*Reminder: A 40 gallon storage capacity is the minimum allowed.***MANUAL UTENSIL WASHING**Have you specified a standard food service three-compartment sink with two integral drain boards? Do you have a clean-in-place procedure for stationary equipment? Have you provided additional space for the storage of clean utensils, glassware, etc?
If yes, where? _____**MECHANICAL UTENSIL WASHING**Are you installing/is there a dishwashing machine? Have you included a soiled dish table? Have you included a clean dish table? Did you provide mechanical ventilation at the dish machine?

Where is the location for your clean utensil storage? _____

CHEMICAL SANITIZING MACHINEAre you providing a chemical sanitizing machine? Are your chemical supply containers stored off the floor? Did you provide an audible and visual warning indicator installed on the sanitizing dispenser? Have you provided a location for air drying utensils after being washed?

If yes, where? _____

Yes No NA

HOT WATER SANITIZING MACHINE

Are you installing/is there a hot water sanitizing machine?

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

Water heater recovery rate _____ GPH _____ degree Fahrenheit rise.

Manufacturer _____ Model # _____

Booster heater recovery rate _____ GPH

Manufacturer _____ Model # _____

LIGHTING

Are your food preparation and utensil washing areas lit according to specifications?

Have you supplied fluorescent lights with vapor-proof fixtures and cold-tolerant ballasts in your walk-in refrigerator/freezer units?

Are your restrooms lit according to specifications?

Have you provided dimmer switches for lighting in bar areas?

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?

LAUNDRY

Do you have a washer? If yes, a dryer is also required.

Do you have a dryer?

Does a door separate your laundry from the food service operation?

Is shelving provided to keep clean linens stored separately from soiled items?

INSECT & RODENT CONTROL

Type of protection provided for your building: _____

Are all of the voids and gaps around utility lines pipes, etc. sealed?

Are all your openable windows properly screened?

Is your garbage area within 20 feet of the facility's door(s) or window(s)?

Are you providing an air curtain at windows?

Do you have: Drive-through Carry-out Walk-up window(s)

Type(s) of protection provided for your windows:

Spring loaded bump pad Electric eye opener Air curtain Fly fan Self-closing screen/window

	YES	NO	NA
Have you provided self-closing mechanisms for all your exterior doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you have front doors that open to create an open-air atmosphere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, have you provided an air curtain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If installing air curtain provide manufacturer's specification sheets)			

GARBAGE AND REFUSE DISPOSAL

Type of disposal provided: Dumpster(s) Compactor Grease Container(s) Recycling Container(s)

Type of surface for storage of disposal containers: Concrete Pad Machine-laid asphalt

Will an enclosure be installed for the storage of containers?

Describe _____

Reminder: Indoor garbage and grease storage areas need to be in a refrigerated area. Walls need to be durable & washable.

PLUMBING

Have you contacted the City of Evanston Building Department to determine if grease interceptor is necessary?

How will or where is your grease interceptor be installed? Outdoor Indoor Recessed

Type of janitorial sink? Floor Basin Laundry Wall-mounted Slop Sink

Will you install or is there a garbage grinder?

POTABLE WATER BACKFLOW protection is required on the following pieces of equipment.

Check the pieces of equipment that apply to your facility:

- Chemical mixing system
- Toilet(s)
- Urinal(s)
- Dishwashing machine(s)
- Garbage grinder(s)
- Water faucets with hose attachments
- Carbonator(s)
- Pre-rinse sprayer(s)

INDIRECT OPENSITE WASTE CONNECTIONS are required on the following pieces of equipment.

Check the pieces of equipment that apply to your facility:

- | | |
|--|--|
| <input type="checkbox"/> Deli cooler clean out drain(s) | <input type="checkbox"/> Dipper well(s) |
| <input type="checkbox"/> Walk-in refrigerator drain(s) | <input type="checkbox"/> Three-compartment sink—food service & bar service |
| <input type="checkbox"/> Refrigerator/freezer condensation line(s) | <input type="checkbox"/> Food preparation sink(s) |
| <input type="checkbox"/> Steam table(s) | <input type="checkbox"/> Soda dispenser(s) |
| <input type="checkbox"/> Ice maker/ice bin(s) | <input type="checkbox"/> Steam kettle(s) |
| <input type="checkbox"/> Dishwashing machine(s) | |
| <input type="checkbox"/> Salad bar(s) | |

ROOM FINISH SCHEDULE (if existing, please indicate)

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 _____
