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**Dave Koch, Director**

## New Food Establishment Application Packet

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## Johnson County Public Health Food Establishment License Application (including Mobile Units)

This is an application for obtaining a food establishment license from Johnson County Public Health. Iowa law prohibits a food establishment or food processing plant from opening or operating until a license has first been obtained from the appropriate regulatory authority. ***Completed applications and documents must be submitted at least 30 days prior to the anticipated opening date.***

The application must be fully completed and returned with all necessary documents and fees to the Johnson County Public Health. **INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT REVIEW.**

Once applications and other required documents and fees are received and processed, the Department will review the documents and provide the applicant with the assigned inspector's contact information by letter once the application is processed. The applicant is responsible for contacting the inspector to schedule a pre-operational inspection. Plan submission is required for new construction and remodels; the Department will review the plans and communicate the results of the plan review to the applicant. Plan reviews generally take 3 to 4 weeks. It would be beneficial to submit the application prior to beginning construction, remodeling, or alteration of a facility. There is no fee for plan review. Please note, failure to provide all required information could delay plan approval. If you are remodeling a licensed facility already owned by you submit plans only with your license number and notify your inspector.

***\*Remodel facilities with no change in ownership or location need only submit a floor plan and the list of equipment for the specific area(s) of the food establishment that are affected by the remodel submitted to the address below.***

MAILING ADDRESS:     **Johnson County Public Health  
855 S Dubuque St Suite 217  
Iowa City IA 52240  
Phone Number: (319) 356-6040**

Application Checklist: Your application must include all of the following information:

- A fully completed Plan Review Application
- A fully completed Food Establishment License Application
- A copy of your intended menu
- Facility floor plan and equipment schedule (new construction or remodel)
- Water test (if using well water)
- Appropriate fee (check, money order, or cash)
- Copy of your or your staff member(s) current Certified Food Protection Manager Certificate(s) (if available, due within 6 months of opening)
- Procedures and plans where specified in the Iowa Food Code
  - HACCP plans (if applicable ) see Iowa Food Code section 8-201.13
  - Procedures for clean-up of bodily fluids (all establishments) see Iowa Food Code Section 2-501.11
  - Employee health reporting policy (all establishments) see 2-103.11

Date of Application: \_\_\_\_\_

Anticipated Date of Opening or Ownership Change: \_\_\_\_\_

**PHYSICAL LOCATION INFORMATION**

NAME OF FOOD ESTABLISHMENT: \_\_\_\_\_

**ADDRESS OF FOOD ESTABLISHMENT:**

\_\_\_\_\_  
Address and Suite # City State Zip Code

\_\_\_\_\_  
County

( ) \_\_\_\_\_

\_\_\_\_\_  
Email address – (we do not share this).

\_\_\_\_\_  
Cell or Alternate Phone Number

( ) \_\_\_\_\_  
Business Phone Number

( ) \_\_\_\_\_  
Fax Number

**MAILING ADDRESS (If Other Than Above): All licensing, renewals and regulatory correspondence will be sent to this address:**

\_\_\_\_\_  
Name Address and Suite # City/State Zip Code

**On-Site Contact (attach additional contacts if needed)**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**EMERGENCY CONTACT**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**License Type:** (please select one of the following)

- Food Service Establishment** (“Food service sales” are taxable food or beverage sales or food or beverages sold for on premises consumption including alcoholic beverages, this may include up to \$20,000 in retail sales)
- Retail Food Establishment** (“Retail sales” are non-taxable food or food products and beverages to consumer customers intended for preparation or consumption off the premises.)
- Both Food Service and Retail Food** (needed if establishment has “food service sales” and more than \$20,000 per year in “retail sales”).
- Mobile Food Unit** – also select Food Service if you have a commissary at the same physical address. If you have a commissary at a different location an additional application is required for that location.

**All applicants must select one of the following:**

- New construction of a food establishment – plan review & Equipment Schedule required.
- A New food business in a physical structure not previously a food related business. Plan review & Equipment Schedule required.
- Moving an existing food business to a new location.  
Current Location Address: \_\_\_\_\_  
Plan review & Equipment Schedule are required only if remodeling the new location.  
Current License # \_\_\_\_\_.
- A currently operating food business that will have new ownership with same menu type and food service style and the facility has been actively licensed and has been operational within the last 3 months.  
Name of previous owner \_\_\_\_\_.
- Opening a food business that has been non-operational for more than 3 months. List name of previous owner (if known) \_\_\_\_\_.
- Opening a new food business in a food facility that has been operational within the last 3 months AND there will be a significant menu or food service style change. For example – change from a fast food style restaurant to a full service facility. List name of previous owner \_\_\_\_\_.
- Other, Describe \_\_\_\_\_.  
**(If you are sharing a kitchen with another licensed business please note here.**

**ESTABLISHMENT SERVICE INFORMATION**

**TYPE OF SERVICE (Check all that apply)**

**Retail Service (perishable non-taxable food and ingredients sold for off premises consumption)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Retail Grocery Store      | <input type="checkbox"/> Retail Deli Department   | <input type="checkbox"/> Retail Candy Store                  |
| <input type="checkbox"/> Retail Meat Department    | <input type="checkbox"/> Retail Bakery Department | <input type="checkbox"/> Variety Store                       |
| <input type="checkbox"/> Retail Seafood Department | <input type="checkbox"/> Retail Salvage Food      | <input type="checkbox"/> Other Retail Store<br>Specify _____ |
| <input type="checkbox"/> Retail Produce Department | <input type="checkbox"/> Retail Convenience Store |  |

**Food Service (taxable food sales of prepared food or beverages for consumption on the premises)**

- |   |  |
|---|--|
| <input type="checkbox"/> Dine-in Food Service                               | <input type="checkbox"/> Commissary (service or preparation location for company owned outlets including vending machines and mobile food units) |
| <input type="checkbox"/> Take-out Food Service                              | <input type="checkbox"/> Concession Stand  |
| <input type="checkbox"/> Buffet Service                                     | <input type="checkbox"/> Food Service Deli   |
| <input type="checkbox"/> Salad Bar Service                                  | <input type="checkbox"/> Convenience Store Food Service  |
| <input type="checkbox"/> Alcoholic Beverage Service (no food preparation)   | <input type="checkbox"/> Continental Breakfast   |
| <input type="checkbox"/> Alcoholic Beverage Service (with food preparation) | <input type="checkbox"/> Other Food Service Specify _____  |
| <input type="checkbox"/> Catering   |  |

**Mobile Food Unit**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Ice Cream (pre-packaged) | <input type="checkbox"/> Concessions Truck/Trailer  | <input type="checkbox"/> Other Mobile<br>Specify _____ |
| <input type="checkbox"/> BBQ Unit                 | <input type="checkbox"/> Taco Truck                 |  |
| <input type="checkbox"/> Push Cart                | <input type="checkbox"/> Frozen Food (pre-packaged) |  |

**Food Service in an Institutional setting**

- |   |   |
|---|---|
| <input type="checkbox"/> Assisted Living (production and/or service site)                   | <input type="checkbox"/> Elderly Nutrition Program/Senior Center (production and/or service site) |
| <input type="checkbox"/> Assisted Living (service site only)                                | <input type="checkbox"/> Elderly Nutrition Program/Senior Center (service site only)              |
| <input type="checkbox"/> Elementary School (including K-5) (Production and/or service site) | <input type="checkbox"/> Hospitals (non-patient food service)                                     |
| <input type="checkbox"/> Elementary School (including K-5) (service site only)              | <input type="checkbox"/> Other Institutional Food Service Specify<br>_____                        |
| <input type="checkbox"/> School (not including K-5) (production and/or service site)        |   |
| <input type="checkbox"/> School (not including K-5) (service site only)                     |   |

**MENU INFORMATION**

Full Service Menu (numerous items) \*\* attach menu       Limited Menu (a few items) \*\* attach menu

Do you plan on serving any animal food undercooked, raw, or cooked to order?     YES     NO  
List: \_\_\_\_\_ If yes, is a consumer advisory on your menu?     YES     NO

Do you have or have you applied for an alcoholic beverage license?     YES     NO     N/A

**PROJECTED CAPACITY**

Number of seats = \_\_\_\_\_ (Include inside and outside seating as described in the instructions. Mark '0' if no seating provided)

Patrons served daily (projected) = \_\_\_\_\_

**EMPLOYEE INFORMATION**

Anticipated # of employees/volunteers, including owner = \_\_\_\_\_

Do you have one or more Certified Food Protection Manager(s) on Staff who has supervisory responsibility?  
 YES     NO     Exempt (only prepackaged food and beverages)

If YES, **Please attach a copy of your National Certificate(s)**

If NO, Do you have a Person-In-Charge enrolled in Food Safety Training?     YES     NO

If YES, Name, Date, and Location of Course \_\_\_\_\_

Do you have procedures and plans where specified in the Iowa Food Code (for example, HACCP plan if required, Employee Health Reporting Policy, Standard Operating Procedures, Bodily Fluid Clean-up Procedures):     Yes     No     N/A

If yes, attach copies

If no, please have any required plans and procedures available at the pre-opening inspection

**FACILITY FLOOR PLAN & EQUIPMENT SCHEDULE REQUIREMENTS**

**ALL "NEW FACILITIES" AS DESCRIBED IN THE FACILITY TYPE SECTION MUST ATTACH FACILITY PLANS AND SIGN BELOW.**

All facilities must submit **ONE** copy of a facility floor plan/layout. This plan must include;

- the basic lay out of the facility,
- the location of all food service equipment,
- a listing of the equipment (including manufacturer's names and model numbers),
- water and sewer connection locations,
- restroom locations and fixtures,
- lighting schedules,
- surface or finish coat materials of floors, walls and ceilings, and
- A site plan showing exterior building structures (including storage areas, trash receptacles, outside refrigeration units, etc....).

Plans may be hand drawn, to approximate scale, and must be neat and legible. Plans will not be returned to you.

**\*The appropriate floor plan AND equipment list are attached to this application.**

Applicant Signature \_\_\_\_\_

**WATER, SEWER, WASTE INFORMATION**

**WATER: The facility is using: (Check which one applies)**

- A public or municipal water supply.
- A non-public / non-municipal / private water supply (example: well water). **A current water test must be provided.**
- Mobile Unit: Operators must always use water from a tested and approved source. Water source documentation must be maintained on the mobile food unit.

**SEWER: The facility is using: (Check which one applies)**

- A municipal/public sewage disposal system.
- A non-public sewage disposal system
- For Mobile Units: Appropriate sewage/waste holding tanks that will be disposed of at approved sanitary sewage disposal sites.

**REFUSE (trash collection): (Check all that apply & complete fully)**

- The food facility refuse/trash collector is \_\_\_\_\_(company name)
- List any other refuse/waste collection companies (ex: grease collection) \_\_\_\_\_
- This facility is a mobile unit and will use various approved refuse sites for disposal of refuse and waste.

**DAYS OF OPERATION & TIME** (Check days which apply & complete time facility is open and accessible)

- |                                    |            |                                   |            |
|------------------------------------|------------|-----------------------------------|------------|
| <input type="checkbox"/> Sunday    | Time _____ | <input type="checkbox"/> Thursday | Time _____ |
| <input type="checkbox"/> Monday    | Time _____ | <input type="checkbox"/> Friday   | Time _____ |
| <input type="checkbox"/> Tuesday   | Time _____ | <input type="checkbox"/> Saturday | Time _____ |
| <input type="checkbox"/> Wednesday | Time _____ |                                   |            |

**If Seasonal:** Indicate months of operation:

\_\_\_\_\_

**If Mobile:** List events or locations at which you intend to set up/sell:

\_\_\_\_\_  
\_\_\_\_\_

**OWNERSHIP INFORMATION** (Select the ownership type and complete the corresponding ownership box in the next section)

- |  |   |
|--|---|
| <input type="checkbox"/> SOLE PROPRIETOR         | <input type="checkbox"/> LIMITED LIABILITY CO. (LLC) OR PARTNERSHIP (LLP) |
| <input type="checkbox"/> PARTNERSHIP             | <input type="checkbox"/> SCHOOL (K-12)                                    |
| <input type="checkbox"/> CORPORATION             | <input type="checkbox"/> GOVERNMENT/MUNICIPALITY                          |
| <input type="checkbox"/> NON-PROFIT ORGANIZATION |   |

**Please complete only the section that applies to your type of ownership structure:**

**Sole Proprietor**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )
Phone ( )	Signature Print Name

**Partnership****General Partner#1**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )
Phone ( )	Signature Print Name

**General Partner#2**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )
Phone ( )	Signature Print Name

**Please list additional Partners on a separate sheet of paper**

**Corporation**

Corporation Name	Alternate or Cell Phone ( )
Address: City: State: Zip:	Fax ( )
Phone ( )	Email
President/CEO	Official Title of Signatory
Name of Corporate Official	Signature of Corporate Official Print Name

**Non-Profit Organization**

Name of Non-Profit Organization	Alternate or Cell Phone ( )
Address: City: State: Zip:	Fax ( )
Phone ( )	Email
Organization President	Official Title of Signatory
Name of Organization Official	Signature of Organization Official Print Name

**Limited Liability Company (LLC)**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )
Phone ( )	Signature Printed Name & Title



**Limited Liability Partnership (LLP)**

**Member #1**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )
Phone ( )	Signature Printed Name

**Member #2**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )
Phone ( )	Signature Printed Name

**Please list Additional Partners on a separate sheet of paper.**

**Government/Municipality**

Name of Agency	Email
Address City: State: Zip:	Agency Official's Name (PRINT)
Phone ( )	Agency Official's Title
Alternate or Cell Phone ( )	Agency Official's Signature
Fax ( )	

**School (K-12)**

Name of School District	Fax ( )
Address City: State: Zip:	Name of Superintendent
Phone ( )	Name of Signatory
Alternate or Cell Phone ( )	Title of Signatory
Email	Signature of Official

**PLEASE CONTINUE TO THE LAST PAGE IF YOU ARE NOT APPLYING FOR A MOBILE LICENSE**

**PLEASE COMPLETE THE SECTION BELOW ONLY IF YOU ARE APPLYING FOR A MOBILE FOOD UNIT LICENSE:**

**Mobile Food Unit Applicants:** Please verify that all information is accurate and sign where required, **you may copy this page and include it with this application form for each unit owned provided the Home Base address is the same for all units.**

**Unit Identification: REQUIRED** Complete all sections. Mark N/A if not applicable.

VIN Number or Serial Number \_\_\_\_\_  
License Plate No. and State \_\_\_\_\_  
Unit and/or Truck Number \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_  
Year \_\_\_\_\_ Size \_\_\_\_\_ Color \_\_\_\_\_

**Home Base of Operation**

List the address of the Home Base for the Mobile Food Unit (This is where the unit will be serviced or stored when not in operation)

\_\_\_\_\_  
Street Number and Name City State Zip Code  
\_\_\_\_\_  
County

If the Home Base is a licensed food establishment, provide the license number. If not, state N/A: \_\_\_\_\_

*All food storage and preparation must be done in the mobile unit or in your licensed food establishment/commissary.*

**Additional Requirements**

If the unit is normally set up in the same location each day and does not have a plumbed restroom, an agreement with a neighboring business for use of a restroom must be obtained. (Please attach restroom agreement and enter address here)

\_\_\_\_\_

I understand mobile food units may only operate up to three days in one location unless they return to their home base of operation each day. Signature \_\_\_\_\_

I understand all food service operations must be conducted within the mobile food unit with the exception of grills and smokers. Signature \_\_\_\_\_

**Additional Permits**

Check with City and County government agencies to if additional permits are required

**Verification**

A copy of the unit license and most recent inspection report must be posted on the unit in a conspicuous location.

I have read, and understand, the requirements in the Iowa Mobile Food Unit Operation Guide.

I verify all of the information contained in the application is accurate.

Signature \_\_\_\_\_  
Printed name of Signatory \_\_\_\_\_

**LICENSE FEES**- All applicants must select the appropriate license type and fee. Refer to page 3-4 of this application to ensure that license types match.

**\*Pay from the appropriate Fee Schedule based on the following:** *A new establishment, as described on page 3 of this application, must pay the maximum fee indicated in the fee box that is applicable to the license(s) applied for. If this food establishment is a Change in Ownership as described on page 3 the fee level is set based on the gross annual sales of the previous owner, if the previous owner has operated the business within the last 3 months. Proof of the last 12 months of the previous owner’s sales must accompany this application otherwise; the maximum fee must be paid.*

**Food Service Establishment** - Examples include restaurants, bars or taverns, take-out food, catering commissary, concession stands, etc. License fees are based on annual gross sales of “Food service sales” which are taxable food or beverage sales **and/or** food or beverages sold for individual portion service intended for consumption on the premises, including alcoholic beverages, and may include up to \$20,000 in retail sales. Select the appropriate fee:

- \$0.00**- Schools
- \$150**- Annual gross sales of \$1 to \$100,000
- \$300**- Annual gross sales of \$100,001 to \$500,000
- \*\$400**- Annual gross sales of \$500,001 +

**OR:**

**Retail Food Establishment** - Examples include grocery and convenience stores without prepared foods, bakeries without seating, etc. License fees are based on annual gross sales of non-taxable food or food products and beverages to consumer customers intended for preparation or consumption off the premises. Select the appropriate fee:

- \$150**- Annual gross sales of \$1 to \$250,000
- \$300**- Annual gross sales of \$250,001 to \$750,000
- \*\$400**- Annual gross sales of \$750,001 +

**OR:**

**Both Food Service and Retail Food** (needed if establishment has “food service sales” and more than \$20,000 per year in “retail sales”). **Examples include- Grocery and Convenience stores that prepare food, Bakery with a sit down coffee shop, etc.**

**To determine the amount owed, select your dominant form of business above (Food Service Establishment or Retail Food Establishment) and select the corresponding fee based on sales (if proof of sales is not provided this fee will be \$400). Then add \$150 for the secondary license.**

- \$150** for the secondary form of business (ensure Food Service or Retail Food Establishment Fee box is checked above)

**OR:**

**\$250 Mobile Food Unit** – Examples include Food trucks and Push Carts. Must also select Food Service Establishment above if you have a commissary at the same physical address.

If you have a commissary at a different location an additional application is required for that location.

Submit payment to: **Johnson County Public Health**  
**855 S Dubuque St Suite 217**  
**Iowa City IA 52240**

**Phone Number: (319)356-6040**  
**Make Checks payable to Johnson County Public Health**

FOR OFFICE USE ONLY	
Check #	_____
Check Date	_____
Amount Received	_____
Check Name	_____
Penalty amount	_____
Amount Due	_____

### Food Establishment Plan Review Application

Fill out the following form and submit with plans to:

**Johnson County Public Health**  
**855 South Dubuque Street Suite 217**  
**Iowa City, Iowa 52240**

Johnson County Public Health Food Safety Program staff will review the submitted materials within 30 days of receipt. Applicant will receive a Plan Approval Letter once plans are reviewed and approved. If you have any question regarding this form, contact the Health Department prior to submittal.

Please ensure all fields are entered before submission. Any incomplete application will not be accepted.

<b>NAME OF PROPOSED ESTABLISHMENT:</b>	
<b>PHYSICAL ADDRESS OF ESTABLISHMENT:</b>	
<b>TARGET DATE OF CONSTRUCTION:</b>	<b>TARGET OPENING DATE:</b>
<b>NAME OF OWNER:</b>	
<b>MAILING ADDRESS DURING CONSTRUCTION:</b>	
<b>NAME AND TITLE OF AGENT COMPLETING THIS APPLICATION (if different than name of owner):</b>	
<b>E-MAIL ADDRESS OF OWNER:</b>	
<b>PHONE AND FAX NUMBER DURING PLAN REVIEW PROCESS:</b>	
<b>PHONE NUMBER DURING CONSTRUCTION:</b>	
<b>HAVE PLANS BEEN SUBMITTED TO THE JOHNSON COUNTY BUILDING DEPARTMENT / APPLICABLE CITY BUILDING DEPARTMENT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	

*A healthful and supportive environment where all people of Johnson County can achieve optimal physical, mental, and social well-being.*

NAME OF THE BUILDING DEPARTMENT SUBMITTED TO:

HAVE THE PLANS AND APPLICATIONS BEEN SUBMITTED TO THE APPLICABLE FIRE MARSHALL / DEPARTMENT?:  YES  NO

NAME OF FIRE AUTHORITY SUBMITTED TO:

TOTAL SQUARE FEET OF THE KITCHEN:

SEATING OCCUPANCY:

NUMBER OF KITCHEN STAFF PER SHIFT:      NUMBER OF GRILL AREA STAFF PER SHIFT:

TYPE OF SERVICE (check all that apply):		
<input type="checkbox"/> SIT DOWN MEALS	<input type="checkbox"/> GROCERY	<input type="checkbox"/> TAKE OUT
<input type="checkbox"/> CONVENIENCE STORE	<input type="checkbox"/> CATERING	<input type="checkbox"/> BAR

OTHER (define):

Approval of these plans by the Johnson County Public Health Department Food Program; **does not** indicate compliance with any other code, law, or regulation that may be required federal, state, or local. It further **does not** constitute endorsement or acceptance of the completed establishment. A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with local and state laws governing a food service establishment.

PLEASE INDICATE WHAT MATERIALS WILL BE USED AS FINISHES IN THE FOLLOWING AREAS			
	FLOOR	WALLS	CEILING
KITCHEN			
REST ROOMS			
STORAGE			
BAR			
OTHER			

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Please ensure all questions are marked with a YES, NO, or N/A. Incomplete applications  
will not be accepted.

KITCHEN	YES	NO	N/A
Are hand sinks provided at all food prep areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the hand sinks provide hot water with a temperature of at least 100F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the hand sinks under pressure & do they provide water flow through a single mixing valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a separate food prep/culinary sink required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the food prep/culinary sinks indirectly connected to the drain system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a hood system required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a grease trap or grease interceptor provided? Size (____) gallons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any sewer lines exposed overhead in food preparation areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BAR	YES	NO	N/A
Is a three compartment sink provided at the bar area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a hand sink provided at the bar area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the hand sink provide hot water with a temperature of at least 100F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any sewer lines exposed overhead in the bar area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a dump/waste sink provided for disposal of liquids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STORAGE AREAS	YES	NO	N/A
Is adequate shelving provided to properly store all items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the shelving in good repair and smooth, durable, and easily cleanable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any sewer lines exposed overhead in the storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is an outside storage area provided? If yes, list the purpose:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISH AREA	YES	NO	N/A
Is a three compartment sink provided? <b>List the dimensions</b> (_____x____x_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a dishwasher provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the dishwasher sanitize by using high temperature (i.e. do all surface temperatures reach >160F)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the dishwasher sanitize by using chemicals? <b>If yes, list chemicals used</b> <b>Who will be the chemical supplier:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a hand sink provided in the dishwashing area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the hand sinks provide hot water with a temperature of at least 100F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are hand sinks under pressure & do they provide water flow through a single mixing valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any sewer lines exposed overhead in the dishwashing area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there sufficient storage for air drying of all equipment after warewashing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*A healthful and supportive environment where all people of Johnson County  
can achieve optimal physical, mental, and social well-being.*

<b>RESTROOMS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Are public restrooms provided? (if alcohol is served, are separate men's & women's provided)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employee restrooms provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the hand sinks provide hot water with a temperature of at least 100F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are hand sinks under pressure & do they provide water flow through a single mixing valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the restrooms ventilated to outside air?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do restrooms have self-closing, tight fitting doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>MOP SINK / CHEMICAL AREA</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Is a mop sink with hot and cold running water provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the mop sink located away from food prep and storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>BUSING/SERVER STATIONS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Are hand sinks provided at the busing areas and wait stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the hand sinks provide hot water with a temperature of at least 100F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the hand sinks under pressure & do they provide water flow through a single mixing valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SOLID/LIQUID WASTE DISPOSAL</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Is an outdoor garbage area provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a grease dumpster provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the outdoor garbage area easily cleanable and located on a concrete or asphalt pad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>FLOORS / WALLS / CEILINGS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Are floor materials grease resistant and easily cleanable in all food preparation areas, storage areas, restrooms, dish areas, and wait stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the walls and ceilings light in color, smooth, easily cleanable, and non-absorbent in all food preparation areas, storage areas, restrooms, dish areas, and wait stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the floor/wall juncture coved in all food preparation areas, storage areas, restrooms, dish areas, and wait stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>LIGHTING</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Is sufficient light provided over all food preparation areas, and in areas over all dishwashing, storage areas, hand washing, and restroom areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all light fixtures properly shielded in all food preparation and food storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>EQUIPMENT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Do the plans include an equipment schedule with the name and model number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a commercial hot water heater provided? Size: (_____) gallons GPH Recovery: (_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*A healthful and supportive environment where all people of Johnson County  
can achieve optimal physical, mental, and social well-being.*

<b>INSECT AND RODENT CONTROL</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Will all outside doors be self-closing and tight fitting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will all pipes & clerical conduit chases be sealed; ventilation systems exhaust and intakes protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the area around the building clear of unnecessary brush, litter, boxes, and other harborage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will there be a professional pest service provider under contract? <b>If yes, please provide name of company:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>WATER SUPPLY</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Is the water supply from an approved source? Is water supply PUBLIC (_____) or PRIVATE (_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If private, has source been tested? <b>Please attach copy of most recent water analysis</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SEWAGE DISPOSAL</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Is building connected to a municipal sewer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, is private disposal system approved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>THE FOLLOWING DOCUMENTS ARE <u>REQUIRED</u> CHECK THE BOX TO CONFIRM THEY ARE INCLUDED</b>	
Completed Food Service Establishment application	<input type="checkbox"/>
Copy of intended menu (including method of preparation)	<input type="checkbox"/>
Facility floor plan and equipment schedule	<input type="checkbox"/>
Water Test (if applicable)	<input type="checkbox"/>
Appropriate Fee	<input type="checkbox"/>
Copy of current Certified Food Protection Manager Certificate (if applicable)	<input type="checkbox"/>
Procedures for clean-up of bodily fluids (all establishments)	<input type="checkbox"/>
Employee Illness Reporting Agreement policy (all establishments)	<input type="checkbox"/>

<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>





# FOOD HANDLER'S MANUAL

A guide to safe and healthy food  
handling for food establishments

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## Most common viruses and bacteria:



Salmonella



E-coli



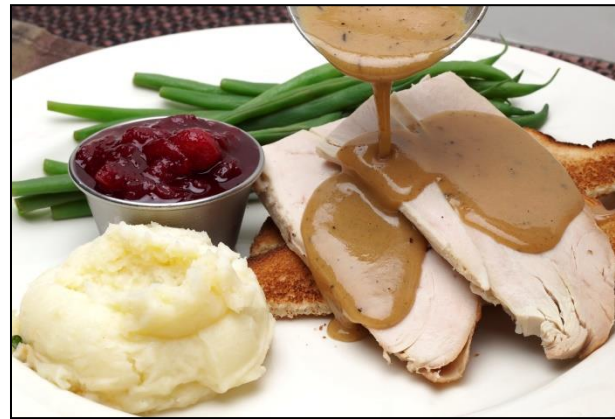
Norovirus



Listeria



Campylobacter



Clostridium perfringens

According to the Center for Disease Control and Prevention (CDC) 1 in 6 people (48 million people) get sick, 128,000 are hospitalized, and 3,000 people die from foodborne illnesses each year in the U.S. Foodborne illnesses cost the U.S. economy about \$8.1 billion every year.

Johnson County Public Health (JCPH) regularly receives and investigates reports of foodborne illnesses in our community. Viruses and bacteria account for 98% of all foodborne illness (viruses 80%; bacteria 18%), both of which can be controlled through proper food handling.

# POTENTIALLY HAZARDOUS FOODS IN DANGER ZONE



All raw meats



Dairy products

Potentially hazardous food (PHF) in danger zone is any food or food ingredient that is capable of supporting the rapid and progressive growth of infectious or toxigenic microorganisms. PHF can be any food that is moist, non-acidic (neutral pH) and a source for bacterial growth. PHF shall be maintained at 41°F or below or 135°F or higher.



Cut melons



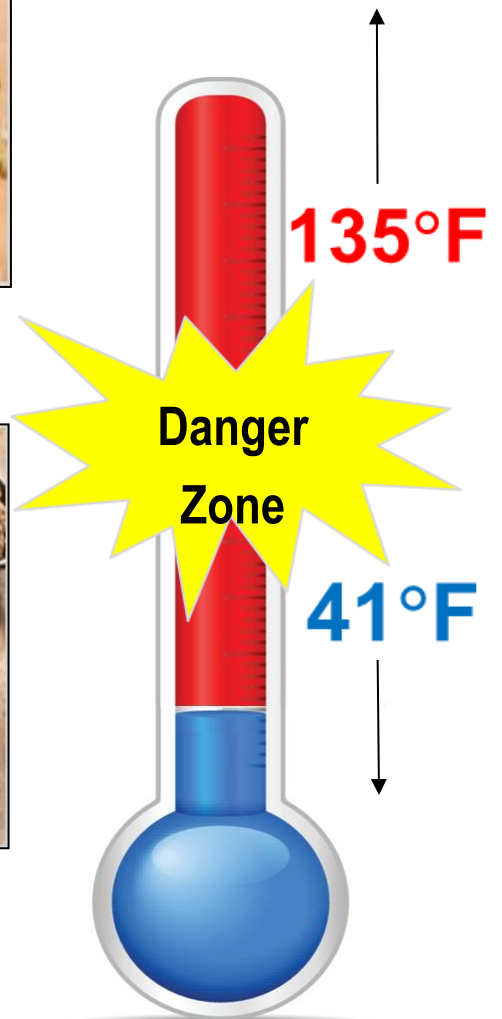
Sprouts



Cooked vegetables



Cooked food



## HIGHLY SUSCEPTIBLE POPULATIONS



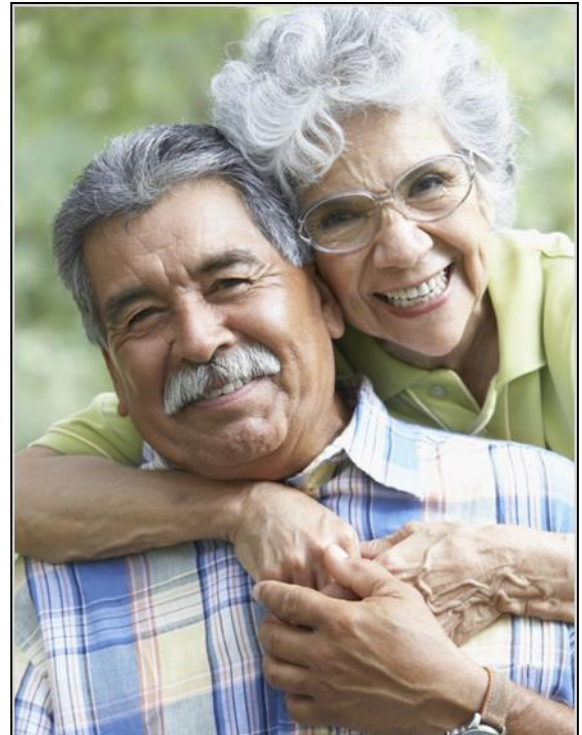
Pregnant women



Children who are under 5 years old



People with compromised immune systems



Adults older than 65 years

Anyone can get sick from food when it is handled in an unsafe manner, however, highly susceptible populations get sick more often or have more serious illness.

Certain foods are more likely to cause foodborne illness to people in highly susceptible populations such as undercooked meats, raw oysters, undercooked eggs, sprouts and unpasteurized milk or juices.



Vomiting



Diarrhea



Severe abdominal cramps



Persistent coughing or sneezing



Lesions containing pus



Sore throat with fever

Sick employees are at high risk for contaminating food and utensils with bacteria or viruses. Sick employees must be restricted or excluded from working with any food or food service equipment.

Sick employees must be symptom free for 24 hours before returning to work.

Employees diagnosed with the following illnesses must report these illnesses to their supervisor\*

- Salmonella Typhi (typhoid fever)
- Shigellosis
- E-coli 0157:H7 or other EHEC/STEC infections
- Norovirus
- Hepatitis A



\*The Person in Charge must immediately report these illness to Johnson County Public Health at 319-356-6040.

## FOOD WORKER POLICIES



Eating food and smoking in designated areas only



Wearing hair restraints and clean outer clothing



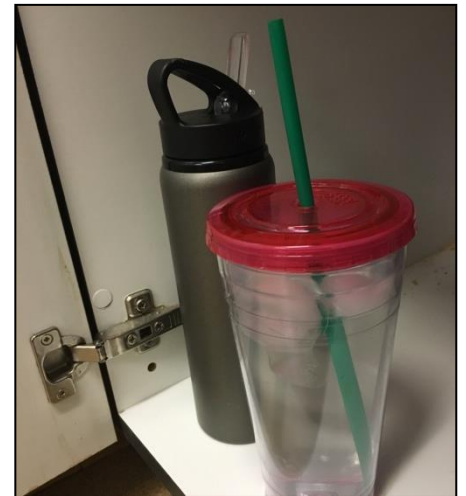
Keeping fingernails trimmed and clean



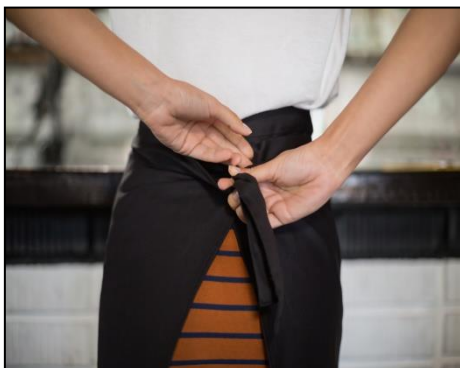
Not using cloth towels or aprons for wiping hands



Storing drinks in clean, closed containers that do not contaminate hands (e.g. cups with lids and straws or handles)



Storing drinks below and separate from food, prep surfaces, utensils, etc.



Removing aprons before entering the restroom or leaving the food prep area



Removing all jewelry from hands and wrists, only smooth bands are permitted



Always wash your hands properly

## PROPER HANDWASHING METHOD



Rub hands vigorously with soap and warm water for 15 seconds

Rinse well for 5 seconds



Dry thoroughly with disposable paper towel

Turn off faucet handles using paper towel





## HANDWASHING AND GLOVE USE

Proper handwashing is the single most effective way to stop the spread of disease. Always thoroughly wash hands.



When using gloves, always wash your hands before putting on a new pair of gloves. Change your gloves and wash your hands whenever the gloves become contaminated, including:

- After handling raw meat, poultry, fish, or eggs
- After touching face with glove or sneezing/coughing into the glove
- After touching unclean dishes or trash
- When changing tasks

Gloves must be worn over any bandages, cuts, burns, or sores, gloves should be considered an extension of your hands. Gloves are **NOT** a substitute for good handwashing practices.

# HAND SINKS



**NOTE:** Do not block handwashing sinks or use these sinks for any other purpose (dumping liquids, rinsing containers, filling sanitizer buckets, filling water pitchers, etc.)

## BARE HAND CONTACT

**DO NOT** touch ready-to-eat foods with bare hands. Avoid bare hand contact by using single-use gloves, utensils, deli tissue, etc.



Ready-to-eat foods are foods that do not require further cooking or heating before being served. These foods are most at risk for transmitting fecal-oral diseases (e.g. E.coli, hepatitis A and norovirus) that are transmitted from contaminated hands.

## PREVENTING CROSS-CONTAMINATION

Cross-contamination is when bacteria or viruses are spread from a contaminated source (raw chicken, meats, fish, eggs; soiled utensils and equipment, etc.) to another food source



Store raw meats, poultry, fish, and eggs on the bottom shelf of the refrigerator, below and separate from all other foods.

Use a drip pan under raw meat, poultry, fish or egg products.



Use separate cutting boards and utensils for raw meat and for produce and ready-to-eat food.

## FOOD TEMPERATURE CONTROL

Proper temperature controls and food handling practices prevents growth of bacteria. The “danger zone” is the temperature range between 41°F and 135°F.



**Hot Holding**  
**135°F or higher**



**Cold Holding**  
**41°F or below**



Proper cooling, reheating, cold holding, hot holding, and cooking temperatures should be carefully monitored. Potentially hazardous foods must be held at 41°F or below or at 135° or above. Bacteria grow very rapidly in the danger zone.

## FOOD TEMPERATURE CONTROL (CONT.)

All potentially hazardous foods need a sufficient amount of ice to allow the middle portions of the food to hold the required cold holding temperature of 41F or below.



## CALIBRATING THERMOMETERS

Daily thermometer calibration is recommended. Thermometers should also be recalibrated if dropped or subjected to extreme temperatures.



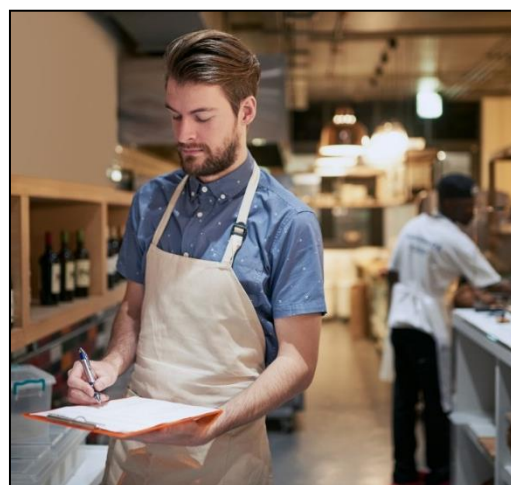
Check metal-stem thermometers for accuracy

1. Place thermometer stem in a glass filled with ice and a little water.
2. Wait 15-20 seconds; if the thermometer does not read 32°F, it needs to be calibrated.

## TEMPERATURE LOGS

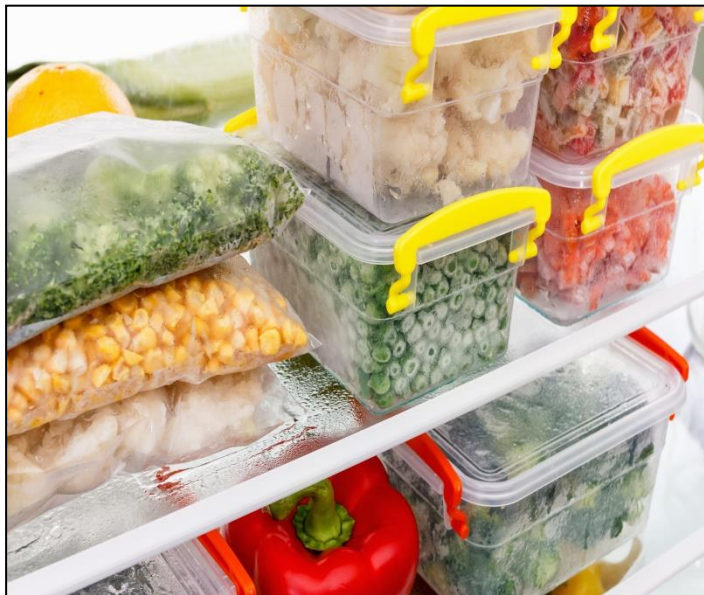
Use temperature charts or logs to record and verify proper temperature.

1. Check and record temperatures every two hours.
2. Monitor food temperatures and food equipment thermometer readings.
3. Be sure to record corrective actions taken.



## THAWING FOODS

Frozen foods must be thawed using methods that maintain temperature control. Approved methods for thawing include:



Refrigeration



Under cold-running water, covering the food and unpackaged



Microwave (if used immediately)



Conventional cooking



## REHEATING FOODS

After cooling, all leftovers and pre-made foods must be reheated to an internal minimum temperature of **165°F** within **two hours**.



Stovetop



Oven



Microwave



Other rapid-heating equipment

Most hot hold equipment **is not** designed to reheat foods. When using a microwave to reheat, cover the food, stir, and wait two minutes before checking temperature and serving.

## PROPER RAPID COOLING

Potentially hazardous foods shall be cooled as quickly as possible to prevent the growth of bacteria as the food drops through the danger zone.

**TIP:** Using shallow food pans (4" or less) allows for quicker cooling.



Place small containers of food into a refrigerator or freezer. Space the containers to allow airflow around the containers. Leave food uncovered until it reaches 41F



Place food into a clean prep sink or larger container filled with ice water. Make sure the ice water and the food are at the same level. Stir regularly. Use ice bath along with refrigeration



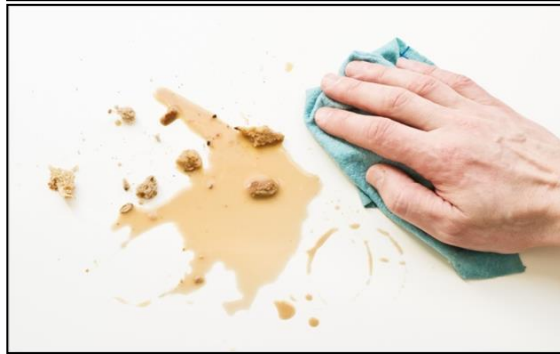
Paddles are best for soups, gravies, and other thin foods. Stir regularly. Use ice paddles along with the refrigeration or ice bath method



Add ice or cold water to the fully cooked product to help the cooling process. This works well for soups, stews, or recipes that have water as an ingredient

## CLEANING AND SANITIZING

**Wet cleaning** is the removal of dirt, soil, and debris; **sanitizing** is the removal of diseases causing microorganisms.



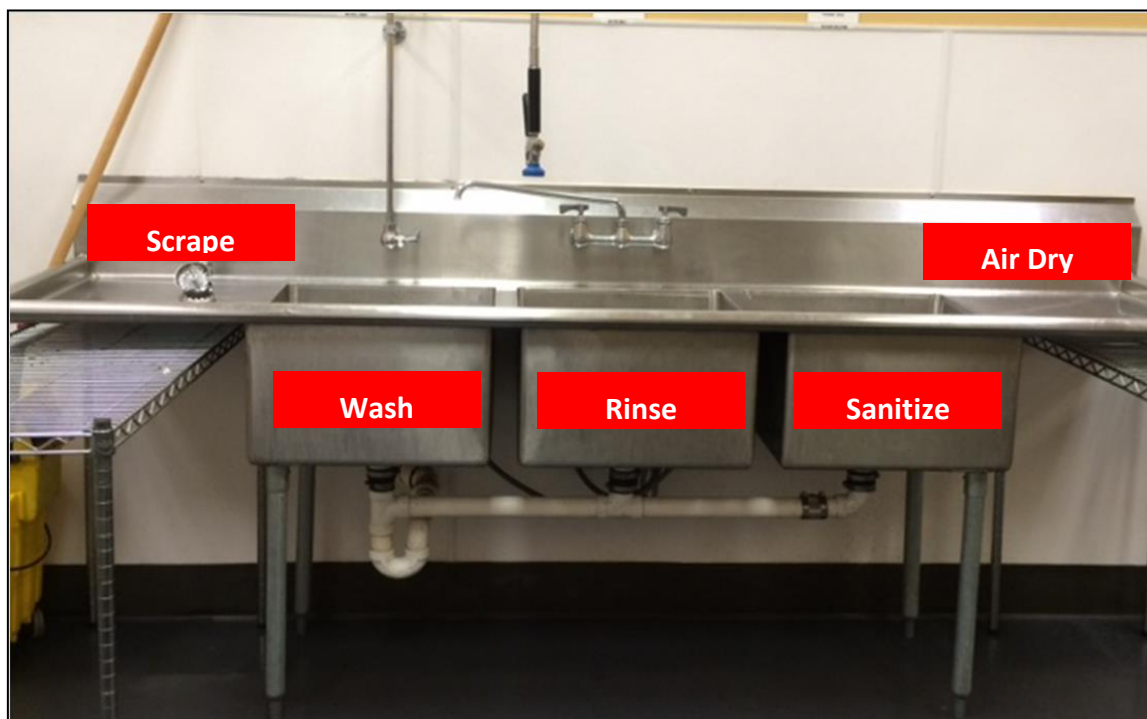
Wet cleaning (soapy water)



Sanitizing (quat ammonia, chlorine, iodine)

## CLEANING AND SANITIZING

**ALL** food service equipment, including utensils, prep tables, sinks, cutting boards, slicers, mixers, and anything else used to prepare food, must be **washed, rinsed, and then sanitized**.



**Wash:** hot water and detergent

**Rinse:** Clean water

**Sanitize:** Water and Sanitizer.

Approved concentrations of sanitizers include:

Chlorine (Bleach)



50-100 ppm

Quaternary ammonium



150-400 ppm

(unless otherwise specified by  
the manufacturer)

Iodine



12.5-25 ppm

## STORING CHEMICALS

Chemical contamination of food may cause serious injury to the consumer. Ensure that all chemicals are stored properly.



In a designated chemical storage area



Below and separate from food and food contact surfaces



In correctly labeled containers



With food

## WIPING CLOTHS

In-use wiping cloths should be stored in clean sanitizer solution between uses.



## IN-USE UTENSILS

In-use utensils may be stored:



In the food, with the handle up and out of the food



On a clean, dry surface that is cleaned and sanitized every 4 hours



In water of 135F or warmer

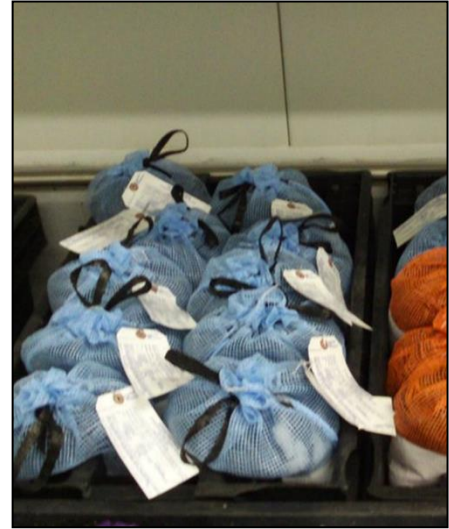


In running water (scoops used for moist foods)

**NEVER** store in-use utensils in sanitizer or in room-temperature water.

## APPROVED SOURCES

All food in food service establishments must be obtained from an approved source. Always verify the supplier's documentation to ensure that the supplier is an approved wholesale distributor.

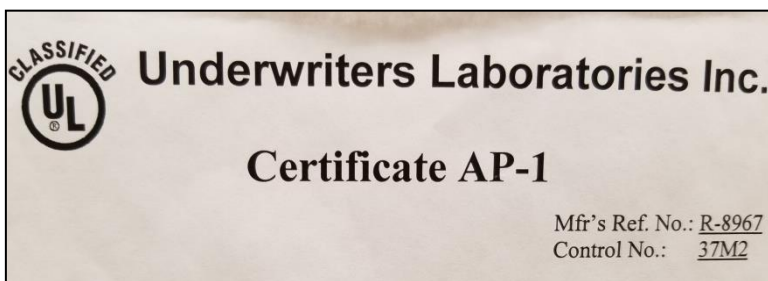
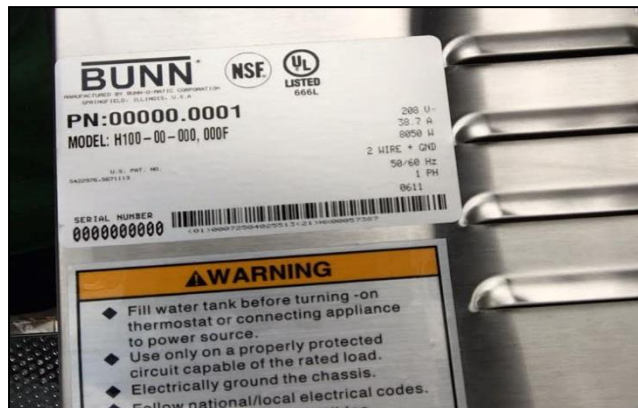


**Shellfish** — Verify that shellfish have complete, attached tags showing that they came from approved harvest sites. Retain shellfish tags for a minimum of 90 days. Discard any shellfish whose shells do not close.

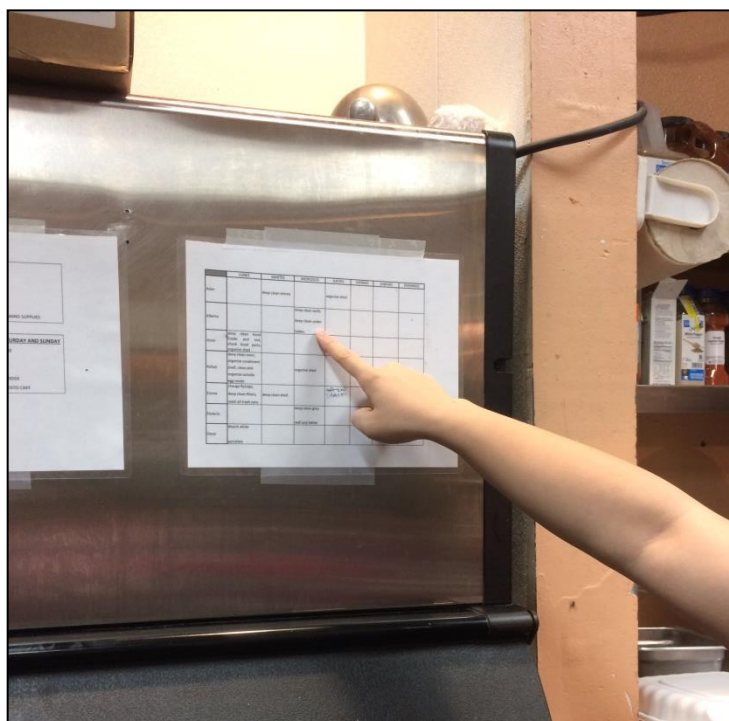
**Raw Eggs** — Eggs must come from a supplier inspected by the U.S. Food and Drug Administration or the Iowa Department of Agriculture and Land Stewardship. Raw, unpasteurized eggs can be used in ready-to-eat food items (e.g. Caesar salad dressing, hollandaise, meringue) as long as a Consumer Advisory is present.

## APPROVED EQUIPMENT AND MAINTENANCE

- All food service utensils and equipment must be approved for use in a retail food establishment.



- Maintain regular cleaning schedules for equipment





## PESTS CONTROL

Control pests in the food service establishment by:



Using a professional exterminator



Using approved traps



Tightly sealing openings



Using screen doors



Using fly fans



Keeping equipment and the interior and exterior of the facility clean

**NEVER** apply household pesticides in a food service establishment.

## EMERGENCIES

In the event of flood, fire, power outage, sewer backup, water shortage, or other emergency, potentially health hazards may exist.



Fire



Water shortage



Power outage



Flood or sewer backup

**IMPORTANT:** If the facility experiences a large fire, a sudden water or power shortage, a flood, sewer backup, or any other similar incident, immediately call Johnson County Public Health at 319-356-6040.

## FOOD SAFETY SELF INSPECTION



Self inspection form



Calibrated metal-stem thermometer



Test strips for sanitizer



A flashlight

Food safety self-inspections are a great tool for managers and staff to make sure their facility is following good practices. Self-inspections also help facilities prepare for regular inspections by Johnson County Public Health. For more information and a sample self-inspection form, visit:

[www.johnson-county.com/dept\\_health.aspx?id=20321](http://www.johnson-county.com/dept_health.aspx?id=20321)

## REFERENCES AND ADDITIONAL RESOURCES

1. Johnson County Public Health  
[https://www.johnson-county.com/dept\\_health.aspx?id=20321](https://www.johnson-county.com/dept_health.aspx?id=20321)
2. Iowa State University Extension  
<https://www.extension.iastate.edu/topic/food-and-environment>
3. Iowa Department of Inspection and Appeals  
<https://dia.iowa.gov/food-consumer-safety>
4. Iowa Food Safety and Protection Task Force  
<https://ia.foodprotectiontaskforce.com/>
5. The Centers for Disease Control and Prevention (CDC)  
[www.cdc.gov](http://www.cdc.gov)
6. U.S. Food and Drug Administration (FDA)  
[www.fda.gov](http://www.fda.gov)
7. U.S. Department of Agriculture (USDA)  
[www.usda.gov](http://www.usda.gov)

**NOTE:** The information provided in this manual is based on the 2013 FDA Food Code and Iowa Food Code, but it does not represent all requirements of established regulations. To download a copy of the Iowa and FDA Codes, visit our website at:

[www.johnson-county.com/dept\\_health.aspx?id=20321](https://www.johnson-county.com/dept_health.aspx?id=20321), or contact us at 319-356-6040.



# Guide to Starting a Food Business

JOHNSON COUNTY PUBLIC HEALTH

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We want you to have a successful business! This guide is for anyone involved in the planning and construction of retail food service facilities, including architects, contractors, restaurant equipment suppliers, food service operators, and kitchen designers.

Our goal is to provide guidance for designing and constructing food facilities to be efficient, easy to clean and maintain, in order to support good food safety practices. Additional information and resources is available at: [https://www.johnson-county.com/dept\\_health.aspx?id=20326](https://www.johnson-county.com/dept_health.aspx?id=20326).

## UNDERSTANDING THE REQUIREMENTS

Nearly every new or significantly altered facility serving or selling food or beverages in Iowa must submit plans to the local health department before a license can be issued. Johnson County Public Health reviews plans for facilities to make sure that the design and equipment in a facility are suitable for the safe storage, preparation, and service of the foods on the proposed menu.

The following types of facilities must create and submit a plan to Johnson County Public Health. Applications for each type of facility are available at: [https://www.johnson-county.com/dept\\_health.aspx?id=20321](https://www.johnson-county.com/dept_health.aspx?id=20321).

**New facility:** New construction and facilities that have never been licensed as a food operation in the past.

**Remodeled or altered facility:** Remodeling or alterations to a facility includes:

- Alterations requiring a building permit by local authorities.
- Diminished capability to handle food and utensils in a sanitary manner, creating potentially hazardous conditions.
- Significant changes in the menu.
- Extensive equipment changes.

**Change of Ownership:** Retail Food Establishment licenses are non-transferrable. A Change of Ownership requires the submission of a Food Establishment application prior to the new ownership operating.

**Mobile Units and Pushcarts:** Retail food facilities that are mobile and moved to the commissary location on a daily basis.

**Events:** are significant occurrences or happenings sponsored by a civic, business, governmental, community, or veterans organization and may include an athletic contest. For example, an event does not include a single store's grand opening or sale. NOTE: Event Coordinators of events with more than 10 temporary vendors are required to submit an Events application.

**Temporary Event:** Used in conjunction with a single event, and may be used up to 14 consecutive days in conjunction with that event at a single location

An "event or celebration" is a significant occurrence or happening sponsored by a civic, a business, an educational, a government, a community, or a veterans' organization, or a flea market that operates periodically for no more than 14 days and may include athletic contents.



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## OTHER REQUIREMENTS

**Wholesale/Processor/Warehouse:** These types of licenses are reviewed and licensed through the Department of Inspection and Appeals (DIA). Please contact DIA at (515) 281-7102 with any questions regarding these types of licenses.

**Cottage Foods:** Iowa does not have a Cottage Foods Act, however, there are food products that are non-potentially hazardous (i.e. do not require refrigeration for safety) that can be sold directly to consumers without licensing or inspection. Click the “Food Managers Resources” tab on the following link for more information regarding these products: <https://ia.foodprotectiontaskforce.com/resources1/farmers-market/>

**NOTE:** these unlicensed food items may not be stored, used, or sold in retail food establishments.

**Home Bakery:** A business on the premises of a residence that is operating as a home-based bakery where potentially hazardous bakery goods are prepared for consumption elsewhere. Annual gross sales of these products cannot exceed \$35,000. “Home Bakery” does not include a residence where food is prepared to be used or sold by churches, fraternal societies, or charitable, civic, or non-profit organizations. Residences which prepare or distribute honey, shell eggs, or nonhazardous baked goods for pick-up by the customer (no delivery or shipping) are not required to be licensed.

**Farmer’s Market:** A marketplace which operates seasonally, principally as a common market for Iowa-produced farm products on a retail basis for consumption elsewhere. A Farmer’s Market Food Establishment license can be obtained to sell foods during these markets.

**Please contact Johnson County Public Health with any questions regarding licensing or requirements.**

## CREATING YOUR PLAN

Plans are reviewed to ensure that the equipment, facilities, and design will be suitable for the food items you plan to serve and/or sell at the facility. Alterations to the plans are commonly required, and any construction started prior to approval could result in unexpected costs and delays.

---

### START WITH THE MENU AND PROCEDURES

Every business is unique. What will be required is based on the space and equipment needed to store, prepare, and serve the foods on your menu safely. Retail stores such as a grocery may not need the facilities and equipment that a full-service restaurant would need, just as small operations may not need as much equipment as larger operations would require.

Start by developing the menu and operational procedures including the type, amount, and variety of foods you'll serve and the operational procedures you'll follow to store, prepare, and serve foods. This will determine the food preparation, storage, refrigeration, and serving equipment needed and help you develop the ideal kitchen layout, including the floor plan, equipment, and plumbing needed.

Adequate provisions will be necessary for handwashing, cooking, cooling, thawing, reheating, cold-holding, hot-holding, and warewashing associated with the menu and operational procedures. ***Special processes such as sous vide or vacuum packaging may require additional information and approval (contact the Department of Inspection and Appeals for more information regarding specialized processes – (515) 281-7102).***

#### IN GENERAL:

- Plan for adequate space; do not sacrifice necessary food preparation, storage, and dishwashing space to provide “extra room” for customers.
- Plan for an orderly flow of food storage, preparation, and serving areas and for moving soiled and clean dishes and utensils to and from the dishwashing area to minimize contamination throughout the facility.
- Consider your entire floor plan. All areas of the facility used for the storage, preparation, or service of food or drink, and areas used for other facility operations including storage of equipment, single-use items, and linens must meet the requirements of the 2013 FDA Food Code and Iowa Food Code (Chapter 30 & 31). This includes attic spaces, basements, outbuildings, restrooms, and other areas where storage and operations take place.

## SELECTING EQUIPMENT

This section outlines the equipment you may need to open your food business. Please review the Food Equipment Installation Guide for more detailed information about equipment requirements.

All equipment used for a retail food operation should be listed as commercial. This will ensure it is constructed of materials designed and fabricated for food safety and meets American National Standards Institute (ANSI) standards or comparable design criteria.

### PREPARATION TABLES

Preparation tables must be smooth, durable, and easily cleanable and have moisture-proof surfaces. Cutting boards must be made of approved materials.

### FOOD SHIELDS

Display stands, buffets, and salad bars must have food shields to prevent contamination by customers. Food shields are intended to intercept the direct line between the customer's mouth and the food being displayed to prevent contamination by the customer.

### HOT AND COLD HOLDING EQUIPMENT

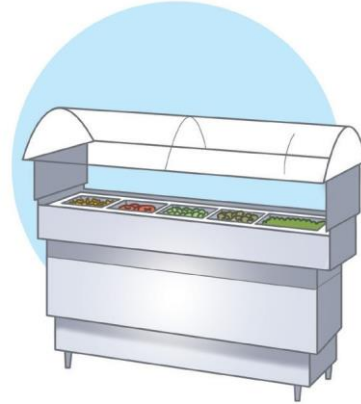
When determining the size and type of refrigeration units, consider the food preparation and assembly processes. Plan for enough hot/cold-holding units to store all hot/cold foods during peak demand.

## TIP

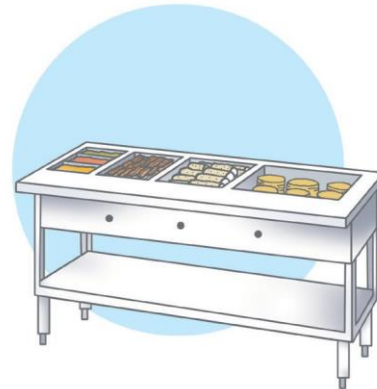
Beverage display refrigerators are not designed for cold holding of potentially hazardous foods. A data plate will describe the type of food and/or beverage the unit is designed to hold.



PREPARATION TABLE



FOOD SHIELDS



HOT HOLDING EQUIPMENT



COLD HOLDING EQUIPMENT

## HANDWASHING SINK

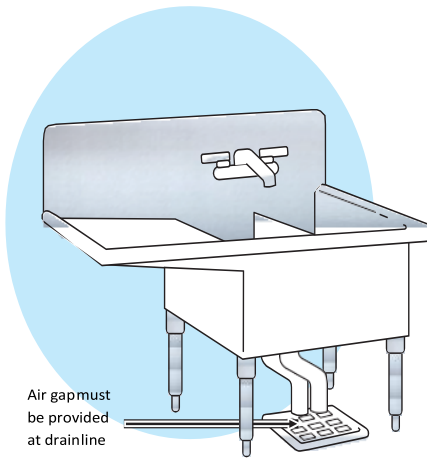
All facilities are required to have hand washing sinks that are easily accessible for employees involved in food preparation and warewashing. Sinks must be equipped with soap and disposable towels or hand dryers, and a hand washing reminder sign. At minimum 100F water is required at all hand sinks.



HAND WASHING SINK

## FOOD PROCESSING SINK (FOOD PREP SINK)

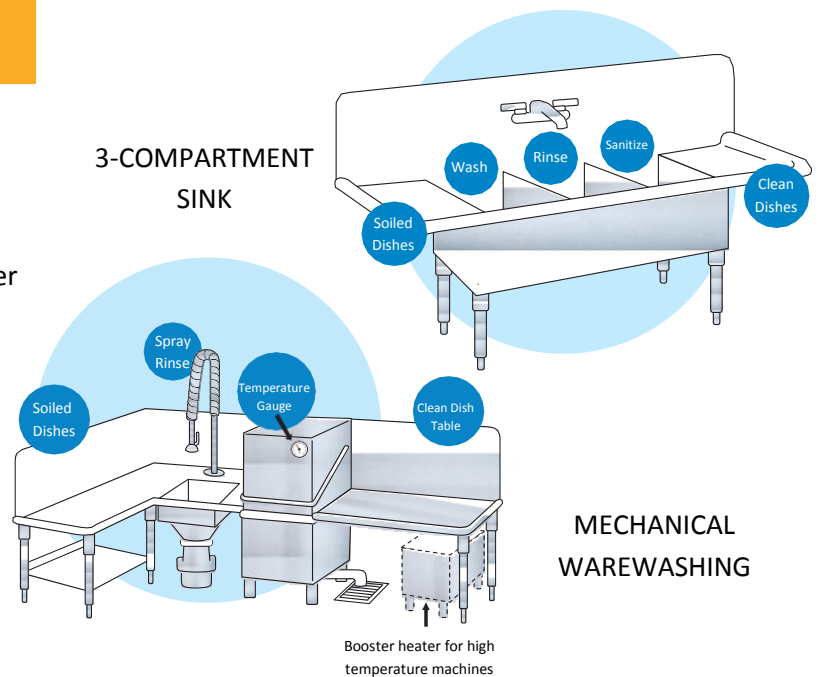
A separate sink may be required for the processing of produce and other foods. Processing can include washing, soaking, thawing, and using ice baths for cooling.



FOOD PROCESSING SINK

## MECHANICAL WAREWASHING MACHINE OR 3-COMPARTMENT SINK

A mechanical dishwasher (high temperature or chemical) or a 3-compartment sink is required in a facility that sells or serves unpackaged food. A 3-compartment sink is recommended to ensure the largest equipment can be washed adequately. Consider a 4-compartment sink to allow for presoaking.

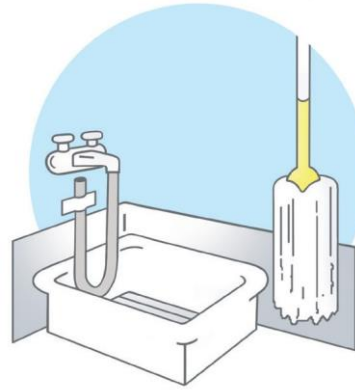


3-COMPARTMENT SINK

MECHANICAL WAREWASHING

## UTILITY (MOP OR SERVICE) SINKS

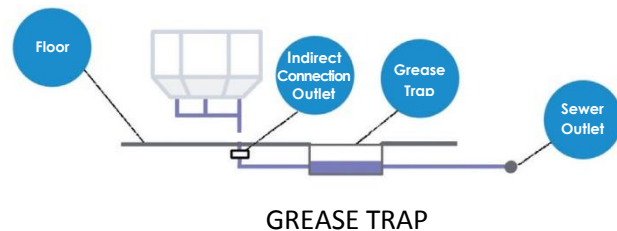
All facilities are required to have a utility sink designated for cleaning mops and tools, and for disposal of mop water. A curbed sink is the ideal option since they make it easier to dump mop water and are a good storage spot for the mop bucket when not in use.



UTILITY SINK

## GREASE INTERCEPTOR (GREASE TRAP)

A grease trap is a device that is attached to sinks and/or drains to prevent fats, oils, and grease from flowing to the sewer system. **Grease traps are not required to comply with health regulations; however, some local jurisdictions may require them.** When installed, they must be easily accessible for cleaning.



### TIP

Grease traps must be cleaned periodically to keep them working properly. An indoor grease trap may need to be cleaned monthly or quarterly, while a larger outdoor unit may only need cleaning once or twice per year.



## VENTILATION

Sufficient ventilation must be installed to keep rooms free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke, and fumes. Contact your local Fire Department or city building inspector to evaluate when, where, and which type of exhaust hoods (Type I or Type II) must be provided.

## DRY STORAGE

Enough designated space must be available for storage of food, dishes, and equipment, including bulk foods, cans, and other items. All food items must be stored at least 6" off floor to prevent contamination.

## CHEMICAL STORAGE

Chemicals must be stored below and/or away from food items, equipment, and utensils to prevent contamination. Chemicals cannot be stored above the 'clean side' dishwashing sink.

## EMPLOYEE AREA

Lockers, shelving, or a designated area must be provided for employee belongings. Personal belongings such as coats, purses, cigarettes, and phones cannot be kept in food areas.

## LIGHTING

Lighting must be bright enough to allow for safe work conditions and to facilitate cleaning. It must also be shielded when it is above food or food preparation areas to prevent contamination in the event of breakage.

## SURFACES

All floors, walls, and ceilings in food areas (service, storage, or preparation) must be smooth and easily cleanable. Carpet is allowed only in areas for packaged food storage but must be tightly woven. Every facility must submit a finish schedule with plan review. Below are approved surfaces that are commonly used.

- **Floors:** quarry tile, ceramic tile, sealed concrete, poured epoxy
- **Walls:** stainless steel, FRP, glossy painted drywall, painted concrete block
- **Ceilings:** vinyl coated ACT (drop ceiling), glossy painted drywall
- **Base Coving:** tile, rubber

NOTE: Complete Plan Review Application if the establishment is a new build or remodeling (See [Appendix A](#))

## TOILET FACILITIES

Conveniently located toilets must be provided that are accessible to employees and patrons without allowing patrons access to food preparation areas, storage areas, or warewashing or utensil storage areas. If the establishment is serving alcohol two separate toilet facilities are required.

## PLANNING FOR DISEASE PREVENTION

The Centers for Disease Control estimates that every year in the U.S. 76 million people get sick, more than 300,000 are hospitalized, and 5,000 die from foodborne illnesses. To ensure food is safely prepared and does not bring illness to your customers, include the following items in your plan; you may be asked about them during future inspections.

## EMPLOYEE TRAINING AND ILLNESS POLICY

The top three causes of foodborne illness are attributed to poor personal hygiene, improper holding temperatures, and improper cooling procedures by food service workers. Training food handlers in food safety is the best way to reduce foodborne illness. If available, include in your plan:

- How you will train your staff about food safety.
- The food safety practices that will be covered during staff orientation.
- An overview of your employee health policy, including how you will handle sick workers and how you will let employees know about your policy.

## WASTE & PEST CONTROL

Waste and pest management is critical to operating a safe and clean business. Include in your plan:

- Who will provide your waste pickup.
- How you will handle grease waste and cleaning your grease interceptor.
- Who will provide certified pest control, if needed.
- How you will secure your facility and food supplies are safe and ensure you are using approved suppliers with food from approved sources.

## EQUIPMENT MAINTENANCE

Include in your plan who will:

- Clean your hood system and/or fire suppression system.
- Provide support and maintenance for your dishwasher.

## WATER SERVICE

Ensure you have enough hot water capacity for the busiest time of day.

## STORAGE

Make sure you have the storage you need to keep foods safe. Ensure you have:

- Enough storage space for dry goods.
- Space needed to expand the operation, if needed.
- Enough space in coolers and freezers to allow for air circulation.
- Storage to keep hot foods hot (135°F or greater) and cold foods cold (41°F or less) and thermometers for all coolers and for food.

## CLEANING

There are several things you can do to prevent the amount of future maintenance necessary for your facility and provide ease of cleaning.

- Construct floors, walls and ceilings with smooth, durable, and easily cleanable materials.
- Consider stainless steel on the walls around the grill line, and behind and around grease producing equipment.
- Place heavy equipment on casters, so it can be easily moved. Every other piece of equipment, especially at the grill line, should be on casters. This makes it easier to clean behind and between equipment.
- Seal sinks to walls as this makes it easier to clean around three compartment sinks, dishwashers, etc.

## FIXED EQUIPMENT

- Install all fixed equipment to allow for easy cleaning by allowing space from nearby equipment or avoiding sealing to walls or equipment.
- Seal table mounted equipment to the table or use moveable legs.
- Seal all floor mounted equipment (in kitchen areas) that is not easily movable to the floor or elevate it on 6 inch legs.

## PROCESSES

To be sure food remains safe, make sure you have processes to:

- Date mark ready-to-eat food products.
- Ensure that a 'first in, first out' system is used for foods.
- Ensure foods are properly thawed by making sure there is enough cooler space to allow for overnight thawing.
- Properly cool large amounts of leftover food by using shallow pans, ice wands, or other necessary cooling equipment.
- Monitor hot and cold temperatures, including when temperatures will be taken, how they'll be recorded, and who will be responsible.
- Monitor food is being cooked to the required temperatures (i.e. chicken – 165F)
- Ensure foods are properly reheated for hot holding.
- Avoid bare hand contact with ready to eat foods by using gloves, tongs, utensils, deli paper, or other tools.



## SUBMITTING YOUR PLAN FOR REVIEW

Nearly every new or significantly altered facility serving or selling food or beverages in Iowa must submit plans to the local health department before a license can be issued. Johnson County Public Health reviews plans for facilities to make sure that the design and equipment in a facility are suitable for the safe storage, preparation, and service of the foods on the proposed menu or food list.

## APPLICATIONS

Applications differ based on the type of food operation you are proposing. Visit [https://www.johnson-county.com/dept\\_health.aspx?id=20321](https://www.johnson-county.com/dept_health.aspx?id=20321) and select the appropriate license type for your business.

## REQUIREMENTS

The plan review application includes instructions for what must be included for review. Missing information will delay the plan review process. Information to include when submitting your plans:

- a) Plan review application form.
- b) Food Establishment License Application
- c) Menu or list of foods prepared on the premises. Plans cannot be approved without submission of a menu or list of foods.
- d) Floor plan drawn to scale consisting of equipment and fixtures. The set of drawings should be approximately to ¼ inch scale or larger. Floor Plan
- e) All areas of the facility used for the storage, preparation, or service of food or drink, and areas used for other facility operations including storage of equipment, single-use items, and linens must be included with the floor plan.
- f) Equipment list showing make and model numbers, and installation methods.
- g) Water test (if applicable)
- h) Appropriate fee
- i) Certified Food Protection Manager certificate
- j) Procedures for clean-up of bodily fluids
- k) Employee Illness Reporting Policy
- l) Finish schedule detailing materials for all floors, wall, ceilings, counters, shelves, etc.
- m) Employee hygiene plan.

## REVIEW PROCESS AND TIMELINE

Johnson County Public Health will notify you within 30 business days after receiving your application packet to inform you if your plans were approved. The inspector will contact you if more information or changes are needed.

- If your plans are **not** approved you will need to submit revised plans. Review of revised plans may take up to 14 additional business days.
- If your plans are approved, you must schedule an opening inspection at least **five** business days before the planned opening date.  
(See “Planning for your opening inspection” section.)

### TIP

Arrange for a pre-opening inspection 7 days in advance of the date of the intended inspection. Allow 5 working days to schedule an opening inspection.



NOTE: If your plans change after they’ve been approved you are required to submit revised plans and approval by the department shall be communicated before changes occur.

Approval of plans does not constitute acceptance of the completed structure. It also does not waive the responsibility of the owner or contractor to make necessary changes that may be required if the facility is not in compliance with the applicable requirements.

## FEES

License fees vary depending on the type of license required for your establishment. The plan review fee is collected when the plan review application is submitted. The license fee is collected at the opening inspection when the facility is approved and the licensing paperwork is completed. See license fee schedules on page 9 of the application.

## LETTER OF APPROVAL

A new establishment, or establishment under significant remodeling, shall not operate until you have received a written letter of approval from Johnson County Public Health. The letter will include any requirements and stipulations required prior to operating; be sure to notify others involved in the project, especially the construction manager, of these requirements and stipulations.

While this guide has been developed by Johnson County Public Health, contacting the local building department will be required if construction is taking place. All required permits must be obtained before Johnson County Public Health can issue a retail food establishment license. The next page includes contact information for agencies that you may need to contact to ensure that you have taken all needed steps and obtained all required permits.

SERVICE	DEPARTMENT	PHONE NUMBER
Building Permits and Inspections	Johnson County (PD&S)	(319) 356-6085 (319) 356-6083
	City of Coralville	(319) 248-1700
	City of Iowa City	(319) 356-5230
	City of North Liberty	(319) 626-5713
	City of Solon	(319) 624-3755
	City of Tiffin	(319) 545-2572
	Towns not listed please contact your local City Hall	
Sales Tax Number Issuance	Iowa Department of Revenue	(515) 281-3114
Liquor Licenses	Iowa Alcoholic Beverage Division	(515) 281-7375
Wholesale/Processor/Warehouse	Iowa Department of Inspections and Appeals	(515) 281-7102

## PLANNING FOR YOUR OPENING INSPECTION

An onsite inspection of the facility shall be conducted by Johnson County Public Health prior to final approval. If the facility is approved at the opening inspection, the paperwork will then be completed to issue the retail food license. Retail food facilities, once approved and operating, must maintain ongoing compliance with regulatory requirements.

## SCHEDULING

Arrange for a pre-opening inspection seven days in advance of the date of the intended inspection. Please allow five working days to schedule an opening inspection.

## REQUIREMENTS

The following is required prior to the opening inspection of a retail food operation:

- Complete construction/Installation: All construction/installations must be complete and in full compliance with the Iowa Food Code, 2013 FDA Food Code, and all applicable local regulations. Multiple inspections may be required to ensure full compliance prior to approval.
- Fully Operational Equipment: All refrigeration units must be fully operational and be able to maintain the required cold holding temperature. Dish machines must provide adequate sanitizer concentration and/or reach minimum final sanitizing rinse temperature. Sanitizer must be provided for all manual cleaning and wiping cloths.
- Test Equipment: All required test equipment must be provided, including accurate thermometers for refrigeration units, hot holding units, and mechanical dish machines; an accurate metal stem food thermometer with a 0°F to 220°F temperature range; and appropriate test kits for sanitizer.
- Operational Sink Areas: All hand washing sinks must be provided with hot and cold water, soap, paper towels, and a trash can.
- Clean and Operational: Establishment must be clean and operational. This means all construction must be completed and the establishment should be free of all construction debris.
- No Food Stocked or Prepared. No food stocking or preparation is allowed until approval from Public Health has been attained.
- Certificate of Occupancy paperwork should be available upon request.

## LICENSE APPLICATION AND FEES

The license is renewable annually and is valid for one year from the date of opening.

- Fees are non-transferable for new establishments.
- A separate license is required for each facility/unit.
- Fees are payable by check, money order, or cash (debit/credit cards are accepted at the front desk) and vary depending on gross sales and number of licenses. The license fee schedules are available on page 9 of the Food Establishment License application.

# Inspection Report Item 2: Certified Food Protection Manager

Code References: IAC 481.31.1(2), FDA Food Code 2-102.12(A)

At least one employee that has supervisory and management responsibility and the authority to direct *and* control food preparation and service shall be a certified food protection manager who has *shown proficiency of required information through passing a test* that is part of an accredited program. The following in BOLD are ANSI Accredited Programs from [www.ansica.org](http://www.ansica.org)

❖ **360training.com, Inc.**

- Learn2Serve Food Protection Manager Certification Program
- On-line Food Manager course, in person exam proctored by a 3<sup>rd</sup> party testcenter

❖ **AboveTraining/StateFoodSafety.com**

- Certified Food Protection Manager (CFPM) Exam
- On-line Food Manager course, in person exam proctored by a 3<sup>rd</sup> party test center
- On-line exam available (see website for details)
- Courses available in English and Spanish
- Website and resources available in multiple languages

❖ **National Registry of Food Safety Professionals**

- Food Protection Manager Certification Program
- On-line Food Manager course, in person exam at a Pearson Vue testing center
- International Certified Food Safety Manager courses available

❖ **National Restaurant Association**

- ServSafe Food Protection Manager Certification Program
- On-line Food Manager course, in person exam proctored by a 3<sup>rd</sup> party testcenter
- On-line classes in multiple languages
- In person classes and exams offered through the [Iowa Restaurant Association](http://www.nra.org) and through many local County Extension offices and [ISU Extension](http://www.isu.edu).

❖ **Prometric Inc.**

- Food Protection Manager Certification Program
- On-line course, in person testing at a proctored location