***Hancock County Health Department***

***& Home Health Agency***

*671 Wabash Avenue ~ Carthage, IL 62321*

*217-357-2171*

*Fax 217-357-3562*

**Plan Review Checklist**

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Establishment Plan Review Application**

**\_\_\_\_\_\_ New ­­­\_\_\_\_\_\_\_\_ Remodel \_\_\_\_\_\_\_\_ Change of Ownership**

Name of Establishment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (owner, manager, arthitect, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hours of Operation**: Mon \_\_\_\_\_\_\_\_\_ Tues \_\_\_\_\_\_\_\_\_\_\_ Wed \_\_\_\_\_\_\_\_\_\_\_\_ Thurs. \_\_\_\_\_\_\_\_\_\_ Fri. \_\_\_\_\_\_\_\_\_\_Sat. \_\_\_\_\_\_\_ Sun. \_\_\_\_\_\_\_\_\_\_

**Seasonal Operation:**

Months of operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of seats: \_\_\_\_\_\_\_\_\_\_\_\_ Number of Staff:\_\_\_\_\_\_\_(max per shift)

Projected Date for Start of Project: \_\_\_\_\_\_\_\_\_\_

Projected Date of Completion of Project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Service**: Sit Down Meals \_\_\_\_\_\_

(please check all that apply) Take Out \_\_\_\_\_\_\_\_\_\_

Caterer \_\_\_\_\_\_\_\_\_\_\_

Mobile Vendor \_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_ (what type \_\_\_\_\_\_\_\_\_)

**Food Preparation review**

Check categories of Potentially Hazardous Food (PHF's) to be handled, prepared and served.

Category

Yes No

1. Thin meats, poultry, fish, eggs

(hamburger, sliced meats, fillets) ( ) ( )

2. Thick meats, whole poultry

(roast beef, whole turkey, chickens, hams) ( ) ( )

3. Cold processed foods

(salads, sandwiches, vegetables) ( ) ( )

4. Hot processed foods

( soups, stews, rice/noodles, gravy, chowders, casseroles) ( ) ( )

5. Bakery Goods

(pies, custards, cream fillings & toppings) ( ) ( )

6. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Supplies**

1. Provide storage information on the amount of space (in cubic feet) allocated for:

Dry Storage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refrigerated Storage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frozen Storage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How will dry goods be stored off the floor?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cold Storage**

1. Is adequate and approved freezer and refrigeration available to store frozen food and refrigerated foods at 41⁰ and below YES/NO

2. Will raw meats, poultry, seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES/NO

If YES, how will cross contamination be prevented?

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

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3. Is there a bulk ice machine available? YES/NO

**Thawing Potentially Hazardous Food:**

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

|  |  |  |
| --- | --- | --- |
| **Thawing Method** | **\*Thick Frozen Foods** | **\*Thin Frozen Foods** |
| Refrigeration |  |  |
| Running Water (less than 70⁰F |  |  |
| Microwave (as part of the cooking process) |  |  |
| Cooked from frozen state |  |  |
| Other (describe) |  |  |

\*\*Frozen Foods: approximately one inch or less = thin, more than an inch = thick.

**Cooking:**

List types of cooking equipment:

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

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**Hot/Cold Holding:**

1. How will hot PHF's be maintained at 135⁰F or above during the holding for service?

Indicate type and number of hot holding units.

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Hot holding units are not to be used for cooking food in. The food should be hot when placed into the unit.

2. How will cold PHF's be maintained at 41⁰F or below during holding for service?

Indicate type and number of cold holding units.

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

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**Cooling**

Please indicate by checking the appropriate boxes how PHF's will be cooled at 41⁰F within 6 hours (135⁰F to 70⁰F in two hours and 70⁰F to 41⁰F in 4 hours). Also, indicate where the cooling will take place.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| COOLING METHOD | THICK MEATS | THIN MEATS | SOUPS/GRAVY | CASSEROLES | RICE/NOODLES |  |
| Shallow Pan |  |  |  |  |  |  |
| Ice Baths |  |  |  |  |  |  |
| Reduce Volume or Size |  |  |  |  |  |  |
| Rapid Chill |  |  |  |  |  |  |
| Other (describe) |  |  |  |  |  |  |

**Reheating**

1. How will PHF's that are cooked, cooled, and reheated for hot holding, be reheated so that all parts of the food reach a temperature of at least 165⁰F for 15 seconds?

Indicate type and number of units used for reheating foods.

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2. How will reheating food to 165⁰F for hot holding be done rapidly and within 2 hours?

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**Preparation**

1. Please list categories of foods prepared more than 12 hours in advance of service.

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2. Will food employees be trained in good food sanitation practices? YES / NO

Method of training?

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Number of Employees:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES / NO

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and/or lesions?

YES / NO

Please describe:

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

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5. How will cooking equipments, cutting boards, counter tops, and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher to be sanitized?

Chemical Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Concentration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Test Kit: YES / NO

6. Will all produce be washed on-site prior to use? YES / NO

Is there a planned location used for washing produce? YES / No

Describe :

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

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If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

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7. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41⁰F-135⁰F) during preparation.

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8. Will the facility be serving food to highly susceptible population? YES / NO

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and the service area? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Finish Schedule:**

Applicant must indicate which materials (quarry tile, stainless steep, 4" plastic covered molding, etc.) will be used in the following areas:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area | Floor | Coving | Walls | Ceiling |
| Kitchen |  |  |  |  |
| Bar |  |  |  |  |
| Food Storage |  |  |  |  |
| Other Storage |  |  |  |  |
| Toilet Rooms |  |  |  |  |
| Dressing Rooms |  |  |  |  |
| Garbage & Refuse Storage |  |  |  |  |
| Mop Service Area |  |  |  |  |
| Ware Washing Area |  |  |  |  |
| Walk-in refrigerators & freezers |  |  |  |  |

**Insect & Rodent Control:**

Please check the appropriate boxes.

YES NO NA

1. Will all outside doors be self-closing and ( ) ( ) ( )

and rodent proof?

2. Are screen doors provided on all entrances ( ) ( ) ( )

open to the outside?

3. Do all open able windows have a ( ) ( ) ( )

minimum #16 mesh screening?

4. Is placement of electrocution devices ( ) ( ) ( )

identified on the plan?

5. Will all pipes and electrical conduit chases ( ) ( ) ( )

be sealed; ventilation systems exhaust and

intakes protected?

6. Is area around building clear of unnecessary ( ) ( ) ( )

brush & other harborage?

7. Will air curtains be used? ( ) ( ) ( )

If yes, where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GARBAGE & REFUSE:**

YES NO NA

**Inside**

1. Will refuse be stored inside? ( ) ( ) ( )

If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_

2. Is there an area designated for garbage ( ) ( ) ( )

can or floor mat cleaning?

**Outside**

1. Will a dumpster be used? ( ) ( ) ( )

Number \_\_\_\_\_ Size\_\_\_\_\_

Frequency of pickup \_\_\_\_\_\_\_\_\_\_\_\_\_

2. Will a compactor be used? ( ) ( ) ( )

Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of pickup\_\_\_\_\_\_\_\_\_

3. Will garbage cans be stored outside? ( ) ( ) ( )

4. Describe surface and location where dumpster/compactor/garbage cans are to be stored.

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5. Describe location of grease storage receptacle.

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YES NO NA

6. Is there an area to store recycled containers? ( ) ( ) ( )

Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Indicate what materials are required to be recycled.

( ) Glass

( ) Metal

( ) Paper

( ) Cardboard

( ) Plastic

7. Is there any area to store returnable damaged goods? ( ) ( ) ( )

**PLUMPING**

**All plumping must be done by a *licensed plumbing contractor* in the state of Illinois.**

**Plumber being used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**License number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A request will be made by the local health department for a plumbing inspection by the Illinois State Plumbing Inspector.

**WATER SUPPLY:**

1. Is water supply public ( ) or private ( )?

2. If private, has the source been approved? YES / NO / PENDING

3. Is ice made on the premises ( ) or purchased commercially ( ) ?

If made on premise, are specifications for the ice machine provided? YES / NO

Describe provision for ice scoop storage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Provide location of ice maker or bagging operation.

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4. What is the capacity of the hot water generator? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Is the hot water generator sufficient for the needs of the establishment? YES / NO

6. Is there a water treatment device? YES / NO

If yes, how will the device be inspected & serviced? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. How are backflow prevention devices inspected and serviced?

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**SEWAGE DISPOSAL**

1. Is the building connected to a municipal sewer? YES / NO

2. If no, is the private disposal system approved? YES / NO

3. Are grease traps provided? YES / NO

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide schedule for cleaning & maintenance. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DRESSING ROOMS**

1. Are dressing rooms provided for employees? YES / NO

2. Describe storage facilities for employee's personal belongings (i.e. purse, coats, boots, umbrellas, etc.)

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**GENERAL**

1. Are insecticides/rodentcides stored separately from cleaning and sanitizing agents? YES / NO

Indicate location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Are all toxics for use on premise or for retail sale (this includes personal medications), stored away from food preparation and storage area? YES / NO

3. Are containers constructed of safe materials to store bulk food products? YES / NO

Indicate type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SINKS:**

1. Is a mop sink present? YES / NO

If no, please describe facility for cleaning of mops and other equipment.

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2. If the menu dictates, is a food preparation sink present? YES / NO

**DISHWASHING FACILITIES**

1. Will sinks or a dishwasher be used for warewashing?

Dishwasher ( )

2 Compartment sink ( )

3 Compartment sink ( )

2. Dishwasher

Type of sanitation used:

Hot water (temp. provided) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Booster Heat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chemical Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is ventilation provided? YES / NO

3. Do all dish machines have templates with operating instructions? YES / NO

4. Do all machines have temperature/pressure gauges as required that are accurately working?

YES / NO

5. Does the largest pot and pan fit into each compartment of the pot sink? YES / NO

If no, what is the procedure for manual cleaning and sanitizing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. Are there drain boards on both ends of the pot sink? YES / NO

7. What type of sanitizer is used?

Chlorine ( )

Iodine ( )

Quaternary Ammonium ( )

Hot water ( )

Other: \_\_\_\_\_\_\_\_\_\_\_ ( )

**HANDWASHING/TOILET FACILITIES:**

1. Is there a hand washing sink in each food preparation and ware washing area? YES / NO

2. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES / NO

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES / NO

4. Is hand cleanser available at all hand washing sinks? YES / NO

5. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks?

YES / NO

6. Are covered waste receptacles available in each restroom? YES / NO

7. Is hot and cold running water under pressure available at each hand washing sink? YES / No

8. Are all toilet room doors self closing? YES / NO

9. Are all toilet rooms equipped with adequate ventilation? YES / NO

10. If required, is a hand washing sign posted in each employee restroom? YES / NO

**STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from the regulatory authority may nullify the plan approval. Approval of these plans and specifications does not indicate compliance with any other code, law, or regulations that may be required - federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with local and state laws governing food service establishments.**

**Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Owner(s) or responsible representative(s)**

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