

FEE:  
 New Risk 1 - \$200  
 New Risk 2 - \$250  
 New Risk 3 - \$300  
 New Risk 4 - \$400  
 (See page 17)  
 Renovation - \$75

**WARREN COUNTY HEALTH DEPARTMENT**

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 Oxford, NJ 07863  
 Telephone: 908-475-7960  
 Fax: 908-475-7964



Check # \_\_\_\_\_  
 Receipt# \_\_\_\_\_  
 Date Paid \_\_\_\_\_  
 Bus. ID/App # \_\_\_\_\_

**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

Date \_\_\_\_\_ New Construction Remodel Conversion

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

Category: Restaurant Retail Market Institution Daycare

Other \_\_\_\_\_

Address \_\_\_\_\_

Telephone (if available) \_\_\_\_\_

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

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

Telephone \_\_\_\_\_

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

Title (owner, manager, architect, etc.) \_\_\_\_\_

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

Telephone \_\_\_\_\_

I have submitted plans/applications to the following authorities on the following dates:

_____ Municipal Governing Body	_____ Building
_____ Zoning	_____ Plumbing
_____ Planning	_____ Electrical
_____ Police	_____ Fire

Hours of Operation: Tues \_\_\_\_\_ Fri \_\_\_\_\_

Sun \_\_\_\_\_

Wed \_\_\_\_\_

Sat \_\_\_\_\_

Mon \_\_\_\_\_

Thurs \_\_\_\_\_

Number of Seats \_\_\_\_\_ Number of Floors on which Operations are Conducted \_\_\_\_\_

Total Square Feet of Facility \_\_\_\_\_ Number of Staff (Max. per shift) \_\_\_\_\_

Maximum Meals to be Served (approximate number):

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

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

Projected Date for Completion of Project \_\_\_\_\_

Type of Service (check all that apply): Sit Down Meals

Take Out

Catering

Mobile Vendor

Other

Please enclose the following documents:

Proposed Menu (including seasonal, off-site, and banquet menus)

Manufacturer Specification Sheets for each piece of equipment shown on the plan

Site plan showing location of business in building; location of building on the site including alleys and streets; and location of any outside equipment (dumpsters, well, septic system)

Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation

Equipment schedule

## **CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS**

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. Include proposed menu, seating capacity, and projected daily meal volume for food service operations.
3. Show the location and elevations of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of selfservice hot and cold holding units with sneeze guards.

4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment of the floor plan.
8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
9. Include and provide specifications for:
  - a. Entrances, exits, loading/unloading areas and docks
  - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases
  - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections
  - d. Lighting schedule with protectors
    - 1) At least 110 lux (10 foot candles) at a distance of 30 inches above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning
    - 2) At least 220 lux (20 foot candles):
      - (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption
      - (b) Inside equipment such as reach-in and under-counter refrigerators
      - (c) At a distance of 30 inches above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms
    - 3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor
  - e. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program
  - f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with
  - g. A color coded flow chart demonstrating flow patterns for:
    - Food (receiving, storage, preparation, service)
    - Food and dishes (portioning, transport, service)
    - Dishes (clean, soiled, cleaning, storage)
    - Utensil (storage, use, cleaning)
    - Trash and garbage (service area, holding, storage)
  - h. Ventilation schedule for each room
  - i. A mop sink or curbed cleaning facility with facilities for hanging wet mops
  - j. Garbage can washing area/facility
  - k. Cabinets for storing toxic chemicals

- l. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required
- m. Completed application
- n. Site plan (plot plan)

## **FOOD PREPARATION REVIEW**

Check categories of Potentially Hazardous Foods (PHFs) to be handled, prepared and served.

### **Category**

1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets) Yes  
No
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams) Yes  
No
3. Cold processed foods (salads, sandwiches, vegetables) Yes    No
4. Hot processed foods (soups, stews, rice/noodles, gravy, casseroles) Yes  
No
5. Bakery goods (pies, custards, cream fillings & toppings) Yes    No 6.
- Other \_\_\_\_\_

### **PLEASE ANSWER THE FOLLOWING QUESTIONS:**

#### **Food Supplies**

1. Are all food supplies from inspected and approved sources? Yes    No
2. Projected frequencies of deliveries for: frozen food \_\_\_\_\_ refrigerated food  
\_\_\_\_\_ dry goods \_\_\_\_\_
3. Provide information on the amount of space (in cubic feet) allocated for:  
frozen storage \_\_\_\_\_ refrigerated storage \_\_\_\_\_ dry storage \_\_\_\_\_
4. How will dry goods be stored off the floor? \_\_\_\_\_

#### **Cold Storage**

1. Is adequate and approved freezer and refrigeration available to store frozen  
foods frozen, and refrigerated foods at 41°F and below? Yes    No Show  
method and calculations for cold storage space.

2. Will raw meats, poultry and 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?
- 

3. Does each refrigerator/freezer have a thermometer? Yes No  
 Number of refrigeration units: \_\_\_\_\_  
 Number of freezer units: \_\_\_\_\_

4. Is there a bulk ice machine available? Yes No

**THAWING FROZEN POTENTIALLY HAZARDOUS FOOD**

Please indicate by checking the appropriate boxes how frozen potentially hazardous food (PHFs) 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 70°F		
Microwave (as part of cooking process)		
Cooked from frozen state		
Other (describe)		

\* Thick = more than an inch thick; Thin = one inch or less

**COOKING:**

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHFs? Yes No

Indicate type of temperature measuring device: \_\_\_\_\_

2. Indicate number and types of cooking equipment:
-

**HOT/COLD HOLDING:**

1. How will hot PHFs be maintained at 135°F or above during holding for service?  
Indicate type and number of hot holding units:

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2. How will cold PHFs be maintained at 41°F 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 PHFs will be cooled to 41°F within 6 hours (135°F to 70°F in 2 hours or less and 70°F to 41°F in 4 hours or less). Also, indicate where the cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES
Shallow pans					
Ice baths					
Reduce volume or size					
Rapid chill					
Other (describe)					

**REHEATING:**

1. How will PHFs that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds?  
Indicate type and number of units used for reheating foods.

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2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

\_\_\_\_\_

**PREPARATION:**

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

\_\_\_\_\_

2. Will food employees be trained in good food sanitation practices? Yes No

Method of training: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Dates of completion: \_\_\_\_\_

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 lesions? Yes No

Please describe briefly:

\_\_\_\_\_

\_\_\_\_\_

Will employees have paid sick leave? Yes No

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

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

Concentration: \_\_\_\_\_

Test Kit Provided: Yes No

6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? Yes No

7. 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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8. Describe the procedure used for minimizing the length of time PHFs will be kept in the temperature danger zone (41°F to 135°F) during preparation:

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9. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by this Department.

10. Will the facility be serving food to a highly susceptible population?      Yes      No

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

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**FINISH SCHEDULE**

Please indicate which materials (quarry tile, stainless steel, 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 Basin Area				
Warewashing Area				
Walk-in Refrigerators & Freezers				

**INSECT AND RODENT CONTROL**

1. Will all outside doors be self-closing and rodent proof? Yes No NA
2. Are screen doors provided on all entrances left open to the outside? Yes No NA
3. Do all openable windows have a minimum #16 mesh screening? Yes No NA
4. Is the placement of electrocution devices identified on the plan? Yes No NA
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? Yes No NA
6. Is area around building clear of unnecessary brush, litter, boxes and other harborage? Yes No NA
7. Will air curtains be used? Yes No NA

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

**GARBAGE AND REFUSE Inside**

1. Do all containers have lids? Yes No NA
2. Will refuse be stored inside? Yes No NA

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

3. Is there an area designated for garbage can or floor mat cleaning? Yes No NA  
**Outside**
4. Will a dumpster be used? Yes No NA

Number \_\_\_\_\_ Size \_\_\_\_\_ Frequency of pickup \_\_\_\_\_

Contractor \_\_\_\_\_

5. Will a compactor be used? Yes    No    NA

Number \_\_\_\_\_ Size \_\_\_\_\_ Frequency of pickup \_\_\_\_\_

6. Will garbage cans be stored outside? Yes    No    NA

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

\_\_\_\_\_

8. Describe location of grease storage receptacle:

\_\_\_\_\_

9. Is there an area to store recycled containers? Yes    No    NA

Indicate what materials are required to be recycled:

Glass

Metal

Paper

Cardboard

Plastic

10. Is there any area to store returnable damaged goods? Yes    No    NA

**PLUMBING CONNECTIONS**

	AIR GAP	AIR BREAK	INTEGRAL TRAP*	"P" TRAP*	VACUUM BREAKER	CONDENSATE PUMP
Toilet						
Urinals						
Dishwasher						

<b>Garbage Grinder</b>						
<b>Ice Machines</b>						
<b>Ice Storage Bin</b>						
<b>Sinks:</b>						
Mop						
Janitor						
Handwash						
3-Compartment						
2-Compartment						
1-Compartment						
Water Station						
<b>Steam Tables</b>						
<b>Dipper Wells</b>						
<b>Refrigeration condensate/ drain lines</b>						
<b>Hose Connection</b>						
<b>Potato peeler</b>						
<b>Beverage Dispenser w/ carbonator</b>						
<b>Other</b>						

\* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A “P” trap

is a fixture trap that provides a liquid seal in the shape of the letter "P." Full "S" traps are prohibited.

Are floor drains provided and easily cleanable? Yes No

If so, indicate locations: \_\_\_\_\_

**WATER SUPPLY**

1. What is source of water supply: Public Private

If private, has source been approved? Yes No Pending

2. Is ice made on premises or purchased commercially?

If made on premise, are specifications for the ice machine provided? Yes No

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

Provide location of ice maker or bagging operation: \_\_\_\_\_

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

4. Is the hot water generator sufficient for the needs of the establishment? Provide calculations for necessary hot water.

5. Is there a water treatment device? Yes No

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

6. How are backflow prevention devices inspected and serviced? \_\_\_\_\_

**SEWAGE DISPOSAL**

1. Is building connected to a municipal sewer? Yes No

If no, is private disposal system approved? Yes No

2. Are grease traps provided? Yes No

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

Provide schedule for cleaning and maintenance \_\_\_\_\_

**DRESSING ROOMS**

1. Are dressing rooms provided? Yes No

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

**GENERAL**

1. Are insecticides/rodenticides stored separately from cleaning and sanitizing agents? Yes No

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

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

3. Are all containers of toxics including sanitizing spray bottles clearly labeled? Yes No

4. Will linens be laundered on site? Yes No

If yes, what will be laundered and where? \_\_\_\_\_

If no, how will linens be cleaned? \_\_\_\_\_

5. Is a laundry dryer available? Yes No

6. Location of clean linen storage: \_\_\_\_\_

7. Location of dirty linen storage: \_\_\_\_\_

8. Are containers constructed of safe materials to store bulk food products? Yes No

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

9. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS AND/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

How is each listed ventilation hood system cleaned? \_\_\_\_\_

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**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

Two-compartment sink    Three-

compartment sink

2. Dishwasher:

Type of sanitization used:

Hot water (temperature provided) \_\_\_\_\_

Booster heater

\_\_\_\_\_ Chemical

type \_\_\_\_\_

Is ventilation provided? Yes No

3. Do all dish machines have templates with operating instructions? Yes No

4. Do all dish 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?

Chorine

Iodine

Quaternary ammonium

Hot water

Other

- |  |     |    |
|--|-----|----|
| 8. Are test papers and/or kits available for checking sanitizer concentration? | Yes | No |
|--|-----|----|

**HANDWASHING/TOILET FACILITIES**

- |  |     |    |
|--|-----|----|
| 1. Is there a handwashing sink in each food preparation and warewashing area?  | Yes | No |
| 2. Do all handwashing 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 handwashing sinks?  | Yes | No |
| 5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing 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 handwashing 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. Is a handwashing sign posted in each employee restroom?  | Yes | No |

**SMALL EQUIPMENT REQUIREMENTS**

Please specify the number, location, and types of each of the following:

Slicers \_\_\_\_\_

Cutting boards \_\_\_\_\_

Can openers \_\_\_\_\_

Mixers \_\_\_\_\_

Floor mats \_\_\_\_\_

Other \_\_\_\_\_

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Department may nullify final approval.

Signature(s) of owner(s) or responsible representatives(s)

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

Date \_\_\_\_\_

Approval of these plans and specifications by this Department 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 (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with laws governing food service establishments.

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Date of Approval \_\_\_\_\_ Signature \_\_\_\_\_

Name and Title of Authorized Agent \_\_\_\_\_

Comments \_\_\_\_\_

**FOOD ESTABLISHMENT RISK TYPE:**

**Risk type 1 food establishment** means any retail food establishment that:

- 1. Serves or sells only pre-packaged, non-potentially hazardous foods;
- 2. Prepares only non-potentially hazardous foods; or
- 3. Heats only commercially processed, potentially hazardous foods for hot holding and does not cool potentially hazardous foods. Such retail establishments may include, but are not limited to, convenience store operations, hot dog carts, and coffee shops.

**Risk type 2 food establishment** means any retail food establishment that has a limited menu; and

- 1. Prepares, cooks, and serves most products immediately;
- 2. Exercises hot and cold holding of potentially hazardous foods after preparation or cooking; or
- 3. Limits the complex preparation of potentially hazardous foods, including the cooking, cooling, and reheating for hot holding, to two or fewer items. Such retail establishments may include, but are not limited to, retail food store operations, schools that do not serve a highly susceptible population, and quick service operations, depending on the menu and preparation procedures.

**Risk type 3 food establishment** means any retail food establishment that:



1. Has an extensive menu which requires the handling of raw ingredients; and is involved in the complex preparation of menu items that includes the cooking, cooling, and reheating of at least three or more potentially hazardous foods; or
2. Prepares and serves potentially hazardous foods including the extensive handling of raw ingredients; and whose primary service population is a highly susceptible population. Such establishments may include, but are not limited to, full service restaurants, diners, commissaries, and catering operations; or hospitals, nursing homes, and preschools preparing and serving potentially hazardous foods.

**Risk type 4 food establishment** means a retail food establishment that conducts specialized processes such as smoking, curing, canning, bottling, acidification designed to control pathogen proliferation, or any reduced oxygen packaging intended for extended shelf-life where such activities may require the assistance of a trained food technologist. Such establishments include those establishments conducting specialized processing at retail.