

**WARREN COUNTY HEALTH DEPARTMENT**

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Peter Summers  
Health Officer

**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 self-service 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)



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: \_\_\_\_\_

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 coved 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
<b>Toilet</b>						
<b>Urinals</b>						
<b>Dishwasher</b>						
<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? \_\_\_\_\_

**SINKS**

1. Is a mop sink present? Yes No

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

\_\_\_\_\_

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?<br>If no, what is the procedure for manual cleaning and sanitizing? | Yes | No |
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6. Are there drain boards on both ends of the pot sink?	Yes	No
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7. What type of sanitizer is used?

Chlorine

Iodine

Quaternary ammonium

Hot water

Other

8. Are test papers and/or kits available for checking sanitizer concentration?	Yes	No
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### **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 \_\_\_\_\_

\_\_\_\_\_