



APPLICATION FOOD PLAN AND SEPTIC REVIEW

Date: _____ Township: _____

New _____ Remodel _____ Change of Ownership _____ Expanded Use _____

Trade Name _____ Owner/Operator _____
(circle)

Address _____ Telephone Number _____

Mailing Address _____

Applicants Name _____ Telephone Number _____

Title (Owner, Manager, etc) _____ E-Mail Address _____
(circle)

Total Square Feet of Facility _____ # of Seats _____

Please enclose the following documents:

- (N.J.A.C. 8-24) Plan drawn to scale of food establishment showing location of equipment, plumbing electrical services & mechanical ventilation (attachments pg 4&5).
- Equipment schedule / Spec sheets
- Proposed Menu.
- Specifications to include finish schedule for each room including floors, walls & ceiling. Separate food preparation sinks when the menu dictates.
- (N.J.A.C. 8:24-5.1) Source of water supply (well water bacteria analyses report if applicable).
- (N.J.A.C. 824-5.4) Method of sewage disposal. If property is served by an individual sewage disposal system, include engineer's certification that system is suitably sized and in conformance with current regulations (attachment pg. 6).

Should the Department of Health determine after review that this is an expansion or change of use, an engineers drawing of all sewage system components and location is required (see attachment pg. 6 "expansion or change of use, commercial properties")

NOTE – Failure to comply with the above requirements could result in delay or denial.

FOOD PREPARATION REVIEW

Check categories of potentially hazardous foods to be handled, prepared and served:

	Yes	No
Deli meats, poultry, fish, eggs	<input type="checkbox"/>	<input type="checkbox"/>
Cold processed foods (salads, sandwiches, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
Hot processed foods (soup, stew, rice, noodles, gravy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Bakery goods (pies, custards, cream fillings, toppings)	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

WATER SUPPLY (WELL ONLY)

PSWID# _____ DATE OF LAST WATER TEST _____

PROVIDE COPY OF LAST WATER TEST RESULT (TOTAL COLIFORM RESULTS)

NUMBER OF CUSTOMERS PER DAY _____ NUMBER OF SEATS _____

WATER SAMPLE MUST BE TAKEN FROM ESTABLISHMENT APPLYING FOR APPROVAL WITHIN ONE WEEK OF PROPOSED OPENING DATE BY A STATE CERTIFIED LABORATORY

Dry Goods Storage

Is appropriate dry goods storage space provided for based upon menu, meals & frequency of deliveries? (Yes or No)
(circle)

Owner or Authorized Representative:

Print

Signature

Title

Date

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

Provide plans that are a minimum of 11" x 14" 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. Architectural drawings required for new construction. (Two copies of the plans are required)

Include: proposed menu, seating capacity, and projected daily meal volume for food service operations

Show the location and when requested, the height and specs 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.

Designate clearly on the plan, equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.

Label and locate separate food preparation sinks when the menu dictates, to preclude contamination and cross-contamination of raw and ready-to-eat foods.

Clearly designate adequate hand washing lavatories for toilet room(s) and in the **immediate area** of food preparation.

Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.

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.

Include and provide specifications for:

- A. Entrances, exits, loading/unloading areas and loading docks;
- B. List complete type of finished surfaces for each room including floors, walls, ceilings and covered juncture bases;
- C. Provide plumbing layout 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 waste-water line connections;
- D. Lighting schedule with protectors;
 1. At least (10 foot candles) at a distance of 30" above the floor; in walk-in refrigerator units and dry food storage areas and in other areas and rooms during periods of cleaning
 2. At least (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" above the floor in areas used for hand washing, and equipment and utensil storage, and in toilet rooms; and
- 3. At least (30 foot candles) at a surface where an employee is working with food or working with utensils ware washing 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 (when applicable). What is refrigerator and freezer capacity?
- 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 (see attached);
- G. Describe flow pattern 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 and electrical services;
- I. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
- J. Garbage can washing area/facility;
- K. Outside garbage and recycling storage containers and location.
- L. Cabinets for storing toxic chemicals;
- M. Dressing rooms, locker areas, employee rest areas/toilet, and/or coat rack as required;
- N. Hours of operations, number of staff, number of floors on which operation conducted;
- O. Site plan (show business, alleys, streets, location of outside equipment).

Note: Approval of these plans and specifications by this Health Authority does not indicate compliance with any other codes, law or regulations that may be required – federal, state or local (building and fire department). It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection with equipment in place and operational, will be necessary to determine compliance with the State & Local laws governing food service establishments.

If you have any questions concerning this application, please call 973-579-0370.

The Application Fee Schedule is attached and the fee shall be submitted with the completed application. Checks are payable to the Sussex County Department of Health.

Sussex County Administration Center
1 Spring Street
Second Floor
Newton, NJ 07860