WESTFIELD REGIONAL HEALTH DEPARTMENT

PREVENT • PROMOTE • PROTECT

RETAIL FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

TYPE OF APPLICATION ☐ New ☐ Remodel ☐ Conversion	**Projected Start Date:** _____ **Projected Completion Date:** _____

TYPE OF FOOD OPERATION: ☐ **Restaurant** ☐ **Institution** ☐ **Daycare** ☐ **Retail food store** ☐ **Other** _____

FOOD ESTABLISHMENT INFORMATION			
Name of Establishment:			
Establishment Address:	**City:**	**State:**	**ZIP:**

OWNERSHIP INFORMATION			
Name of Establishment Owner:			
Address:	**City:**	**State:**	**ZIP:**
Email:	**Phone Number:**		

APPLICANT INFORMATION (e.g., ARCHITECT/ENGINEER)			
Applicant Name:	**Contact Person:**		
Applicant Mailing Address:	**City:**	**State:**	**ZIP:**
Email:	**Phone Number:**		

FOOD OPERATION INFORMATION

Hours/Days of Operation

Sun: _____

Mon: _____

Tues: _____

Wed: _____

Thurs: _____

Fri: _____

Sat: _____

Restaurant Seating Capacity

# of Indoor Seats:

_____

# of Outdoor Seats:

_____

Square footage of facility

_____

Fee Based upon seating capacity for restaurants, or square footage of the structure

Seating Capacity and Fee

☐ Up to 49 $100 per plan
☐ Over 50 $150 per plan

Other than restaurant – Sq Feet:

Square Footage
☐ Less than 9,999 $125 per plan
☐ Over 10,000 $75 per plan

Type of Service (check all that apply)

☐ On-site consumption
☐ Off-site consumption
☐ Catering
☐ Single-use utensils
☐ Multi-use utensils
☐ Other: _____

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Cash/Check _____ Date Paid _____

Comments _____

The following documents must be submitted along with this application:

- Proposed menu or complete list of food and beverages to be offered (including seasonal, catering and banquet menus) – ***Standard Operating Procedures or HACCP plans may be required.***
- Plans must be clearly drawn to scale (minimum 11 x 14 inches in size) and include these items below:
- The floor plan must identify: food preparation, serving and seating areas, restrooms, office, employee change room, storage, warewashing, janitorial and trash area. Include location of any outside equipment or facilities (dumpsters, well, septic system- if applicable).
- Provide equipment layout and specifications, clearly numbered and cross-keyed with the equipment list.
    - *Elevation drawings may be requested by the Regulatory Authority.*
- Identify handwashing, warewashing and food preparation sinks.
- Provide plumbing layout showing the sewer lines, cleanouts, floor drains, floor sinks, vents, indirect-drain, grease trap or grease interceptor, hot and cold water lines, and direction of flow to sanitary sewer.
- Provide exhaust ventilation layout including location of hood and make-up air returns and ducts, if applicable.
- Lighting plan, indicating the exact foot candles for each area as required.
- Finish schedule showing floor, coved base, wall and ceilings for each area shown on the plans.

Signature:	**Date:**
Print Name:	**Title:**

The New Jersey State Sanitary Code, Chapter 24, Sanitation in Retail Food Establishments, N.J.A.C. 8:24-9.1 requires that plans and specifications be submitted to the health authority for review whenever a retail food establishment is constructed, renovated/remodeled, or significantly altered or when a structure is converted to use as a retail food establishment. Construction, renovation, alteration, or conversion may not be initiated until plans and specifications have been approved by the health and construction authorities.

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Date Submitted _____ Date Approved _____ Signature of Inspector _____

Regulatory Compliance Review List
& Food Preparation Procedures

FOOD SUPPLY DELIVERIES

1. How often will frozen foods be received? ☐ Daily ☐ Weekly ☐ Other: _____

2. How often will refrigerated foods be received? ☐ Daily ☐ Weekly ☐ Other: _____

3. How do you verify the receiving temperature? _____

FOOD STORAGE* - Identify amount of space (in cubic feet) allocated for:

Dry Storage _____; Refrigerated Storage (41°F) _____;
Frozen Storage _____; Utensil Storage _____

* Identify on plans where storage will be located.

INSTRUCTIONS: Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

Process	Identify Food Items	Indicate Location and Equipment	Meets Criteria (Staff Use Only)
Washing			YES/NO
Thawing			YES/NO
Cooking			YES/NO
Hot Holding Hot food maintained at 135°F			YES/NO
Cooling Time/Temperature Control for Safety food will be cooled to 41°F within 6 hours; 135°F to 70° in 2 hours			YES/NO
Reheating Food must be reheated to a temperature of 165° for 15 seconds within 2 hours			YES/NO

FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, 4" plastic coved molding, etc.). Indicate Not Applicable (NA) as appropriate.

Room/Area	Floor	Floor/Wall	Walls	Ceiling	Meets Criteria (Staff Use Only)
Food Preparation					YES/NO
Dry Food Storage					YES/NO
Warewashing Area					YES/NO
Walk-in Refrigerators and Freezers					YES/NO
Service Sink					YES/NO
Refuse Area					YES/NO
Toilet Rooms and Dressing rooms					YES/NO
Other: Indicate					YES/NO
Identify the finishes of cabinets, countertops, and shelving:					

PHYSICAL FACILITIES

INSTRUCTIONS: Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

Topic	Minimum Criteria	Meets Criteria (For Staff Use Only)
Handwashing Facilities	**Identify number of the Handwashing Sinks in food preparation and warewashing areas:** _____ Food Preparation _____ Warewashing area Type of hand drying device? ☐ Disposable Towels ☐ Hand-Drying Device	YES/NO
Warewashing Facilities	**MANUAL DISHWASHING** Identify the length, width, and depth of the compartments of the 3- compartment sink: _____ Will the largest pot/ pan fit into each compartment of the 3-compartment sink? ☐ Yes ☐ No If no, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments? _____ Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air-drying space. _____ What type of sanitizer will be used? ☐ Chemical Type: _____ ☐ Hot Water	YES/NO

Warewashing Facilities	**MECHANICAL DISHWASHING** Identify the make and model of the mechanical dishwasher. _____ What type of sanitizer will be used? ☐ Chemical Type: _____ ☐ Hot Water Will ventilation be provided? ☐ Yes ☐ No	YES/NO
Water Supply	Is ice made on PREMISES or purchased commercially? ☐ Made on-site ☐ Purchased	YES/NO
Sewage Disposal	Will grease traps/interceptors be provided? ☐ Yes* ☐ No *Identify location on plan. Name of professional company that will clean grease traps and how often will it be cleaned? _____	YES/NO
Backflow Prevention	Will all potable water sources be protected from backflow? ☐ Yes ☐ No Are all floor drains identified on the submit floor plan? ☐ Yes ☐ No	YES/NO
Toilet Facilities	Identify locations and number of toilet facilities: _____ Hot and cold water provided? ☐ Yes ☐ No Can the public access bathrooms without going through food prep, food storage, or dishwashing areas? ☐ Yes ☐ No	YES/NO
Dressing Rooms	Will dressing rooms be provided? ☐ Yes ☐ No Describe storage facilities for employee personal belongings: _____	YES/NO

Linens	Will LINENS be laundered on site? ☐Yes ☐No If yes, what will be laundered and where? _____ If not, how and where will LINENS be cleaned? _____ Identify location of clean and dirty LINEN storage: _____ _____ How often will LINENS be delivered and picked up? _____	YES/NO
Poisonous/ Cleaning Storage	Identify the location and storage of POISONOUS OR TOXIC MATERIALS. _____ Where will cleaning and sanitizing solutions be stored at workstations? How will these items be separated from food and food contact surfaces? _____ Identify the location of the facilities for cleaning mops and other cleaning equipment. _____ Is hanger supplied for air drying mops? ☐Yes ☐No	YES/NO

Pest Control	Will all outside doors be self-closing and rodent proof? ☐Yes ☐No ☐NA Will screens be provided at all entrances left open to the outside? ☐Yes ☐No ☐NA Will all openable windows have a minimum #16 mesh screening? ☐Yes ☐No ☐NA Will insect control devices be used? ☐Yes ☐No ☐NA Will air curtains be used? ☐Yes ☐ No If yes, where? _____ Name of pest control company and how often will location be serviced? _____ Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.	YES/NO
REFUSE, Recyclables, and Returnables	Will REFUSE/garbage be stored inside? ☐Yes☐No If yes, where? _____ Identify how and where garbage cans and floor mats will be cleaned. _____ Will a dumpster or a compacter be used?☐Dumpster☐Compactor Identify locations of grease storage containers. _____ Will there be an area to store recyclables?☐Yes☐No If yes, where? _____ Name of garbage company and how often are the pick-ups? _____	YES/NO