



FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

ATLANTIC COUNTY DIVISION OF PUBLIC HEALTH
 ENVIRONMENTAL HEALTH UNIT
 201 SOUTH SHORE ROAD, NORTHFIELD, NJ 08225
 (609) 645-5971 Fax (609) 645-5923

Instructions: Please complete all areas of this application that apply to your establishment and submit it along with a **plan design, proposed menu, manufacturer's equipment specification sheets** if applicable. In addition, please submit a check or money order made payable to **"The Atlantic County Division of Public Health"** for the amount indicated on page 4 that corresponds to the establishment risk type.

| | | | |
|---|-------------|---|----------|
| Check the risk type that best describes your establishment (see page 4): Risk 1 <input type="checkbox"/> Risk 2 <input type="checkbox"/> Risk 3 <input type="checkbox"/> Risk 4 <input type="checkbox"/> | | | |
| Name Of Proposed Establishment | | Previous Name of Establishment (if retail food) | |
| Street Address | | | Phone # |
| Municipality | Zip | Block | Lot |
| Mailing Address (if different from above) | | | |
| Owner / Corporation Name | | | |
| Street Address | | | |
| Municipality | | State | Zip Code |
| Contact Person | Phone # | Email | |
| Check One Of The Following: New Construction <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion <input type="checkbox"/> Relocation <input type="checkbox"/> New Owner <input type="checkbox"/> | | | |
| # Seats | # Employees | Proposed Date Of Opening | |
| Days & Hours Of Operation: Type Of Operation (check all that apply): Year Round <input type="checkbox"/> Evenings Only <input type="checkbox"/> Seasonal Only <input type="checkbox"/> Breakfast / Lunch <input type="checkbox"/> Breakfast / Lunch / Dinner <input type="checkbox"/> Lunch / Dinner <input type="checkbox"/> Off-Site Catering <input type="checkbox"/> Banquets / Special Events <input type="checkbox"/> | | | |

FOR HEALTH DEPARTMENT USE ONLY

| | | | |
|--|-----------------|--------------|-----------|
| DATE RECEIVED | ESTABLISHMENT # | PROGRAM CODE | RISK TYPE |
| PWS ID # | AREA OF CONCERN | NJPDES # | |
| DATE APPROVED | BY | | |
| FINAL APPROVAL (Supervisor's Initials): WATER _____ SEPTIC _____ FOOD _____ | | | |

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION (continued)

| | | |
|---|---|--|
| Check one of the following: | | |
| Water: City Supply <input type="checkbox"/> New Well <input type="checkbox"/> Existing Well <input type="checkbox"/> <i>(New well permits and construction must be approved before opening; certain water tests will be required depending on the establishment location)</i> | | |
| Sewerage: City <input type="checkbox"/> New Septic System <input type="checkbox"/> Existing Septic <input type="checkbox"/> <i>(New septic system permits and construction must be approved before opening, existing septic systems must be approved for size, grease traps and other features)</i> | | |
| Indicate the number of units for each piece of equipment listed below (if no unit will be used place a 0 or N/A in the space): | | |
| Cold Holding Equipment | | |
| Walk-in refrigerator | Walk-in freezer | Reach-in refrigerator |
| Reach-in freezer | Ice machine | Bain marie |
| Salad bar <i>(all salad bars must be equipped with an approved food/sneeze guard)</i> | | |
| Will ice be used for cold holding? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes explain | | |
| Hot Holding Equipment | | |
| Stove | Oven | Steam Table |
| Microwave | Fryer | Grill |
| Hot holding boxes | Ventilation hood with filters? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Sinks And Dishwashers | | |
| Hand wash sinks <i>(all prep areas must have at least 1)</i> | | Prep sink |
| Three compartment sink | Splashguard material | |
| What method will be used for air-drying wares? Drainboard <input type="checkbox"/> Dish tables <input type="checkbox"/> Shelving <input type="checkbox"/> Other <i>(explain)</i> | | |
| Dishwasher: yes <input type="checkbox"/> no <input type="checkbox"/> If yes, type of sanitizing: Hot Water <input type="checkbox"/> Chemical <input type="checkbox"/> | | |
| Utility sink or floor drain with curb and faucet <i>(at least one per facility)</i> : yes <input type="checkbox"/> no <input type="checkbox"/> | | |
| Waste Disposal <i>(Indicate yes or no and the number)</i> | | |
| Dumpster: yes <input type="checkbox"/> no <input type="checkbox"/> # of units | | Trash cans w/lids: yes <input type="checkbox"/> no <input type="checkbox"/> # of cans |
| Grease disposal container: yes <input type="checkbox"/> no <input type="checkbox"/> | | |
| Location of disposal area <i>(outside disposal area must be located on a non-porous surface)</i> : | | |

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION (continued)

| Indirect Waste Connections Provided: | | |
|---|--------------------------|------------------------------|
| Not Applicable | Yes | Device |
| <input type="checkbox"/> | <input type="checkbox"/> | 3-compartment sink |
| <input type="checkbox"/> | <input type="checkbox"/> | Ice maker/bins |
| <input type="checkbox"/> | <input type="checkbox"/> | Food preparation sink |
| <input type="checkbox"/> | <input type="checkbox"/> | Dipper wells |
| <input type="checkbox"/> | <input type="checkbox"/> | Refrigerator drains |
| <input type="checkbox"/> | <input type="checkbox"/> | Other |

Finish Schedule – List type of materials that will be used for the following:

| | | |
|---|--|---------------------------------|
| Floors: | Kitchen / food prep areas | Food storage areas |
| | Ware washing areas | Walk-in refrigerator / freezers |
| | Bathrooms / locker rooms | Utility areas |
| Walls: | Kitchen | Behind cookline |
| | Food prep areas (<i>if not located in kitchen</i>) | Food / dry storage areas |
| | Ware washing areas | Bathrooms / locker rooms |
| | Utility rooms | |
| Coving: (<i>junction between wall and floor</i>) | Kitchen | Bathrooms / locker rooms |
| | Food prep areas (<i>if not located in kitchen</i>) | Food / dry storage areas |
| | Ware washing areas | |
| Shelves: | Food / dry storage areas | Walk-in refrigerator / freezer |

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION (continued)

Special Processing:

If any of the following special processes will occur at the establishment, HACCP plans must be submitted as part of the plan review process. Failure to provide HACCP plans with the plan review application **WILL** delay the plan review process.

| | |
|--|--|
| •Will there be any reduced oxygen packaging, such as vacuum packaging, cook/chill ? | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Packaging, or sous vide take place at the establishment? | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Will smoking of meat for preservation take place at the establishment? | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Will the fermentation of sausages or other foods (such as in the making of kimchi, sauerkraut, pickles, yogurt, cheese, kefir) occur at the establishment? | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Will sprouting of seeds take place in the establishment? | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Will any food be cured or dried at the establishment? | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Will the making of sushi or sushi rice take place in the establishment? | yes <input type="checkbox"/> no <input type="checkbox"/> |
| *Will juicing and/or the packaging of juice take place in the establishment? | yes <input type="checkbox"/> no <input type="checkbox"/> |

**A warning statement on the package and written procedures may be submitted in lieu of a HACCP plan.

***** For Risk Type 3 Establishments – Name of person who has completed food protection certification (see p. 5 for explanation).**

| | | | |
|--|--|-----------------------|--|
| Name of Person Who Completed Course | | | |
| Course Sponsor | | Date of Course | |

On March 1, 2010 Atlantic County Ordinance 1-2010 went into effect with the following fees established for retail food establishment plan review:

Retail Food Establishments

| | |
|--|----------|
| <input type="checkbox"/> Risk 1 – Plan Review – New | \$25.00 |
| <input type="checkbox"/> Risk 2 – Plan Review – New | \$100.00 |
| <input type="checkbox"/> Risk 3 – Plan Review – New | \$150.00 |
| <input type="checkbox"/> Risk 4 – Plan Review – New | \$150.00 |
| <input type="checkbox"/> Plan Review – Revision / Alteration | \$50.00 |

Please review descriptions below and indicate the Risk type for your proposed retail food establishment on Page 1 of the application. Please include the corresponding fee indicated above with your application.

From N.J.A.C. 8:24-1.5

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

1. Serves or sells only pre-packaged, nonpotentially 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.