

SPRINGFIELD TOWNSHIP

**FOOD ESTABLISHMENT
PLAN REVIEW**

**APPLICATION DOCUMENTS TO BE COMPLETED
BY OWNER/OPERATOR AND SUBMITTED TO HEALTH OFFICER**

Date: _____

SPRINGFIELD TOWNSHIP

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

___NEW ___REMODEL ___CONVERSION

Name of Establishment: _____

Category: Restaurant _____ Institution _____
Daycare _____ Retail Market _____
Other _____

Address: _____

Phone (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:

_____ Design Review	_____ Plumbing
_____ Zoning	_____ Electric
_____ Planning	_____ Fire
_____ Building	_____ Other
_____ Environmental Action	

Hours of Operation: Sunday _____ Thursday _____
Monday _____ Friday _____
Tuesday _____ Saturday _____
Wednesday _____

Number of Seats: _____

Number of Staff: _____
(Maximum per shift)

Total Square Feet of Facility: _____

Number of Floors on which Operations are conducted: _____

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 _____
Caterer _____
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 plan

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

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

A. CONTENTS - FORMAT of PLANS and SPECIFICATIONS

1. Provide plans that are a minimum 11” x 14”, with layout of floor plan accurately drawn to a minimum ¼ inch = 1 foot.
2. Include proposed menu, seating capacity, & projected daily volume for food service operations.
3. Clearly label & show location/elevation of all equipment (use its common name). Submit drawings of self-service hot and cold units with sneeze guards.
4. Clearly designate the equipment for rapid cooling (ie: including ice baths/ refrigeration), and for hot-holding potentially hazardous foods.
5. Label separate food preparation sinks to preclude contamination and cross contamination of raw/ready-to-eat foods.
6. Clearly designate adequate hand-washing lavatories for each toilet fixture and in the immediate food prep area.
7. Provide room size, aisle width, space between/behind equipment and placement of the equipment on 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 specifications for:

- a. Entrances, exits, loading/unloading areas, and docks;
- b. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity/recovery rate, back flow prevention, and wastewater line connections;
- c. Lighting (with protectors):
 - (1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units, dry food storage areas
 - (2) At least 220 lux (20 foot candles):
 - (a) where food is provided for self-service (ie: buffets/salad bars or where fresh produce or packaged foods are sold/offered for consumption);
 - (b) Inside reach-in(s) and under-counter refrigeration;
 - (c) at a distance of 75 cm (30 inches) above the floor in areas used for hand washing, ware washing, equipment/utensil storage, restrooms;
 - (3) At least 540 lux (50 foot candles) at surface where food employees work with food or utensils/equipment such as knives, slicers, grinders, or saws (ie: safety issue).
- d. Food Equipment schedule to include make/model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification.
- e. Source of water supply and method of sewage disposal. Provide location and submit evidence that they comply with state and local regulations.
- f. A color-coded flow chart demonstrating flow patterns for:
 - food (receiving, storage, preparation, service);
 - dishes (clean, soiled, cleaning, storage);
 - utensil (storage, use, cleaning);
 - trash and garbage (service area, holding, storage);
- g. Ventilation for each room.
- h. A mop sink or facility for hanging wet mops.
- i. Garbage can washing area.
- j. Cabinets for storing toxic chemicals.
- k. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required.

B. FOOD PREPARATION REVIEW

Check Potentially Hazardous Foods (PHF's) to be handled/prepared/served:

<u>CATEGORY*</u>	(YES)	(NO)
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)		
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)		
3. Cold processed foods (salads; sandwiches; vegetables)		
4. Hot processed foods (soups; stews; rice/noodles; gravy; chowders; casseroles)		
5. Bakery goods (pies; custards; cream fillings; toppings)		
6. Other _____		

C. FOOD SUPPLIES

1. Are all food supplies from inspected and approved sources? YES / NO

2. Projected frequency of deliveries for:

Frozen foods _____

Refrigerated foods _____

Dry Goods _____

3. Provide information on the amount of space (in cubic feet) allocated for:

Dry storage _____

Refrigerated foods _____

Frozen storage _____

4. How will dry goods be stored off the floor?

D. COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen at 32 degrees F (0 degrees C) and refrigerated foods at 41 degrees F (5 degrees C) and below? YES / NO
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 an ice machine? YES / NO

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) 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 deg F (21 deg C)		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

*Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

E. COOKING:

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF's? YES / NO

What type of temperature measuring device: _____

Minimum cooking time and temperatures of product utilizing convection a condition heating equipment:

Beef Roasts	130 degrees F (121 min)
Solid seafood pieces	145 degrees F (15 sec)
Other PHF's	145 degrees F (15 sec)
Eggs:	
Immediate service 145 degrees F (15 sec)	
Pooled* 155 degrees F (15 sec)	
(*pasteurized eggs must be served to susceptible population)	
Pork	145 degrees F (15 sec)
Comminuted meats/fish	155 degrees F (15 sec)
Poultry	165 degrees F (15 sec)
Reheated PHF's	165 degrees F (15 sec)

F. HOT/COLD HOLDING:

1. How will hot PHF's be maintained at 140 degrees F (60 degrees C) or above during holding for service?

2. How will cold PHF's be maintained at 41 degrees F (5 degrees C) or below during holding for service?

G. COOLING:

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41 degrees F (5degrees C) within 6 hours (140 degrees F to 70 degrees F in 2 hours and 70 degrees F to 41 degrees in 4 hours). 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)					

H. REHEATING:

1. How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of food reach a temperature of at least 165 degrees F for 15 seconds. Indicate type and number of units used for re-heating foods.

2. How will reheating to 165 degrees F for hot holding be done within 2 hours?

I. PREPARATION:

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

2. How will food employees be trained in safe food sanitation practices?

Number(s) of employees: _____

Dates of completion: _____

3. Will disposable gloves, utensils, and/or food grade paper be used to prevent handling of ready-to-eat foods? YES / NO

4. Please attach the **written policy** to exclude or restrict food workers who are sick or have infected cuts and lesions.

Do 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: 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

Describe planned location used for washing produce? _____

If not, describe procedure for cleaning & sanitizing multiple use sinks between uses.

8. Describe procedure for minimizing time PHF's will be kept in the temperature danger zone (41 degrees F – 140 degrees F) during preparation.

9. Provide HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

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 kitchen and service area?

J. FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas:

LOCATION	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				

K. INSECT AND RODENT CONTROL

APPLICANT: Please check appropriate boxes.	YES	NO	NA
1. Will all outside doors be self-closing?			
2. Are screen doors provided on all entrances open to the outside?			
3. Do windows have a minimum #16 mesh screening?			
4. Is the placement of electrocution devices identified on plan?			
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?			
6. Is area around building clear of unnecessary brush, litter, boxes, and other potential rodent/insect harborage?			
7. Will air curtains be used? If yes, where?			

L. GARBAGE AND REFUSE

Inside

8. Do all containers have lids?			
9. Will refuse be stored inside?			
10. Is there designated area for garbage can or floor mat cleaning?			

Outside

16. Is there area to store recyclables			
<hr/>			
Indicate materials to be recycled: () Glass () Metal () Paper () Cardboard () Plastic			
17. Is there area to store returnable damaged goods? YES / NO			

M. PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	*"P" TRAP	VACUUM BREAKER	Condensation PUMP
Toilet						
Urinals						
Garbage Grinder						
Ice Machines						
Ice Storage						
Sinks a. Mop b. Janitor c. Handwash d. 3-Part e. 2-Part f. 1-Part g. Water Station						
Steam tables						
Dipper wells						
Refrigeration condensate/ drain lines						
Hose Connection						
Beverage Dispenser w/carbonator						
Other						

*** 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 (ie: toilet fixture).**

**“P” trap: a fixture trap that provides a liquid seal in the shape of the letter “P”.
Full “S” traps are prohibited.**

Are floor drains provided & easily cleanable? Indicate location(s):

N. WATER SUPPLY

Is water supply public () or private ()?

If private, has source been approved? YES / NO

Please attach copy of written approval and/or permit.

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 _____

What is the capacity of hot water generator?

Is the hot water generator sufficient for needs of establishment? YES / NO

Is there a water treatment device? YES / NO

If yes, who will inspect and service?

How are back flow prevention devices inspected and serviced?

O. SEWAGE DISPOSAL

Is building connected to a municipal sewer? YES / NO

If no, is private disposal system approved? YES () NO () PENDING ()

Please attach copy of written approval and/or permit.

Are grease traps provided? YES / NO

If so, where? _____

Provide schedule for cleaning & maintenance _____

P. DRESSING ROOMS

Are dressing rooms provided? YES / NO

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

Q. GENERAL

Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?
YES / NO

Indicate location: _____

Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES / NO

Are all containers of toxics including sanitizing spray bottles clearly labeled?
YES / NO

Will linens be laundered on site? YES / NO

If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

Is a laundry dryer available? YES / NO

Location of clean linen storage: _____

Location of dirty linen storage: _____

Are containers constructed of safe materials to store/seal bulk foods? YES / NO

Indicate type: _____

Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQ. FEET	FIRE PROTECTION	AIR CAPACITY (CFM)	AIR MAKE-UP (CFM)

How will each listed ventilation hood system be cleaned?

R. SINKS

Is there a mop sink? YES / NO

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

Is food preparation sink present? YES / NO

S. DISHWASHING FACILITIES

Will sinks or dishwasher be used for ware washing?

Dishwasher ()

Two compartment sink ()

Three compartment sink ()

Dishwasher

Type of sanitization used:

Hot water (temp. provided) _____

Booster heater _____

Chemical type _____

Is ventilation provided YES / NO

Do all dish machines have templates with operating instructions? YES / NO

Do all dish machines have temperature/pressure gauges as required that are accurately working? YES / NO

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 sanitizing?

Are there drain boards on both ends of the pot sink? YES / NO

What type of sanitizer is used?

- Chlorine**
- Iodine**
- Quarternary ammonium**
- Hot Water**
- Other**

Are test papers and/or kits available for checking sanitizer concentration? YES / NO

T. HANDWASHING/TOILET FACILITIES

Is there a hand-washing sink in each food prep & ware washing area? YES / NO

Do all hand-washing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES / NO

Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES / NO

Is hand cleanser available at all hand-washing sinks? YES / NO

Are hands drying facilities (paper towels, air blowers, etc.) available at all hand-washing sinks? YES / NO

Are covered waste receptacles available in each restroom? YES / NO

Is hot and cold running water under pressure available at each hand-washing sink? YES / NO

Are all toilet room doors self-closing? YES / NO

Are all toilet rooms equipped with adequate ventilation? YES / NO

Are hand-washing signs posted in all restrooms? YES / NO

U. SMALL EQUIPMENT REQUIREMENTS

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

Slicers _____
Cutting boards _____
Can opener _____
Mixers _____
Floor Mats _____
Other _____

(END OF APPLICATION, PLEASE MAKE SURE ALL INFORMATION IS CORRECT)

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

Signature(s):

Owner(s) &/or Responsible Representative(s)

Date: _____

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Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required-- federal, state, or local. Nor does it 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 in compliance with the local and state laws governing food service establishments.