



PLAN REVIEW APPLICATION

West Caldwell Health Department
30 Clinton Rd.
West Caldwell, NJ 07006

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ESTABLISHMENT INFORMATION

NEW REMODEL CONVERSION OTHER: _____

Name of Establishment: _____

Type of Food Operation: Restaurant Institution Daycare
 Retail Food Store Other: _____

Establishment Address: _____

Phone Number: _____

Name of Owner: _____

Owner's Mailing Address: _____

Owner's Phone Number: _____

Emergency Contact Number: _____

Owner's Email Address: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Applicant's Mailing Address: _____

Applicant's Phone Number: _____

Applicant's Email Address: _____

Hours of Operation: Sun: _____ Thurs: _____
Mon: _____ Fri: _____
Tues: _____ Sat: _____
Wed: _____

Number of Indoor Seating: _____
Number of Staff (max per shift): _____

Total Square Feet of Facility: _____

Maximum Meals to be Served: Breakfast: _____
(Approximate number) Lunch: _____
Dinner: _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Type of Service: Sit down meals
(check all that apply) Take out
 Caterer
 Single use utensils
 Multi-use utensils
 Other: _____

Please enclose Following Documents:
(Applications for Plan Review will not be accepted unless **ALL** of the documents are enclosed with the application.)

- Proposed Menu or complete list of food and beverages to be offered (including seasonal off-site and banquet menus).
- Plan of food establishment drawn to scale showing location of equipment, plumbing, electrical and mechanical services.
- Equipment schedule including plumbing, drain and electrical connections.
- Manufacturer specification sheets for each piece of equipment to be used in the establishment.
- Site plan showing location of food establishment building including alleys, streets and location of any outside equipment or facilities (dumpsters, well, septic system – if applicable).

FOOD SUPPLY

1. How often will frozen foods be delivered?

2. How often will refrigerated foods be delivered?

3. How often will dry goods be delivered?

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

Dry storage: _____

Refrigerated Storage: _____

Frozen Storage: _____

5. Identify the location and containers that will be used to store bulk food products (rice, sugar, flour, etc.)

FOOD PREPARATION

Food Preparation Procedures

Explain the following with as much detail as possible. Provide descriptions of the specific areas on the plan where food is prepared.

*Attach additional sheets if necessary.

Explain the handling/preparation procedures for the following categories of food and describe the process from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (prep table, sink, counter, etc.) the food will be washed, cut, marinated, breaded, cooked, etc.
- When (time of day and frequency/day) food will be handled/prepared

READY-TO-EAT FOOD (e.g. salads, cold sandwiches, raw molluscan shellfish)

PRODUCE

POULTRY

MEAT

SEAFOOD

Thawing Frozen TCS (Temperature Control for Safety) Foods

Thawing method(s): check all that apply and indicate where thawing will take place.

___ Under refrigeration: _____

___ Running water less than 70°F (21°C): _____

___ Microwave (as part of cooking process): _____

___ Cooked from frozen state: _____

___ Other (describe): _____

List all foods that will be cooked and served: _____

List all foods that will be cooked and cooled: _____

List all foods that will be cooked, cooled and reheated: _____

Provide a HACCP plan for specialized processing methods of foods such as Reduced Oxygen Packaging (vacuum packaging, cook-chill, etc.), use of additives to render a food non-PHF (TCS), curing and smoking for preservation, and molluscan shellfish tanks.

Hot/Cold Holding

1. How will hot TCS food be maintained at 135°F (57°C) or above during holding for service?
indicate type, number and location of hot holding units:

2. How will cold TCS food maintained at 41°F (5°C) or below during holding for service?
indicate type, number and location of cold holding units:

Cooling

Indicate by checking the appropriate boxes, how TCS food will be cooled to 41°F (5°F) within allowable time frames: (135°F to 70°F in 2 hours, and 70°F to 41°F within additional 6 hours)

Cooling Method	*Thick Meats	*Thin Meats	Hot Foods	Cold Foods	Other	Location
Shallow pans in refrigerator						
Ice Baths						
Reduce volume or size and place in refrigeration						
Mechanical rapid chill unit						
Stirring with frozen paddles						
Other (describe)						

*Thick meats = more than one inch; *Thin meats = one inch or less

Reheating

How and where will TCS foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165F for 15 seconds within 2 hours? Indicate type and number of units used for reheating foods:

EQUIPMENT

Finish Schedule

Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (FRP), ceramic tile, 4" plastic covered molding, etc.) will be used in the following areas:

Area	Floor	Floor/Wall Juncture	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Sink				
Ware-washing area				
Walk-in Refrigerators & Freezers				
Other				
Other				

Identify the finishes of cabinets, countertops and shelving: _____

Pest Control

	YES	NO	N/A
1. Will all outside doors be self-closing and rodent proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Will screens be provided on all entrances left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will all openable windows have a minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Will electrical insect control devices be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Will air curtains be used? If yes, where?: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Indicate how all pipes and electrical conduit chases will be sealed:			

7. How will the area around building be kept clear of unnecessary brush, litter, boxes and other harborage?			

Refuse, recyclables and returnables

1. Will refuse/garbage be stored inside? If so, where:

2. Identify how and where garbage cans and floor mats will be cleaned:

3. Indicate name of waste removal company: _____
Number of dumpsters: _____ Size: _____
Frequency of pickup: _____
4. Will garbage cans be stored outside? YES NO
5. Describe surface and location where dumpster/compactor/garbage cans will be stored outside the establishment: _____

6. Identify location of grease storage containers:

7. Will there be an area to store recyclables? YES NO

If yes, describe: _____

8. Identify the area to store returnable damaged goods:

Water Supply

1. Is the water supply: public non-public/private

2. If private, has source been approved? YES NO

*Attach copy of written approval and/or permit

3. Ice: made on premises purchased commercially

Will there be an ice bagging operation? YES NO

4. What is the capacity and location of the water heater? Provide specifications for the water heater: _____

Sewage Disposal

1. Is the sewage system: public non-public/private

2. If private, has sewage system been approved: YES NO

*Attach copy of written approval and/or permit

3. Will grease trap interceptors be provided: YES NO

If so, where: _____

Dimensions of grease trap(s): _____

Grease trap(s) calculation(s): _____

Backflow Prevention

Equipment	Air Gap	Air Break	Vacuum Breaker	Other
Dishwasher				
Garbage grinder				
Ice machine				
Ice storage bin				
Sinks: a. Mop b. 3 Compartment c. Food prep sink I d. Food prep sink II	a. b. c. d.	a. b. c. d.	a. b. c. d.	a. b. c. d.
Steam Tables				
Dipping wells				
Refrigeration condensate/drain lines				
Hose bibb connection				
Potato peeler				
Beverage dispenser w/carbonator				
Other: _____				
Other: _____				
Other: _____				

Identify the locations of all the floor drains, if provided:

Diswashing Facilities

Manual Dishwashing

1. Identify the length, width and depth of each section of the 3 compartment sink:

2. Will the largest piece of equipment to be sanitized fit into each section 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 the sink compartments:

3. Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:

Square feet of air drying space: _____ ft²

4. What type of sanitizer will be used: Chemical Hot water

Mechanical Dishwashing

5. Identify the make and model of the mechanical dishwasher: _____

6. What type of sanitizer will be used: Chemical Hot water

7. Will ventilation be provided: YES NO

Handwashing/Toilet Facilities

Identify the locations of the handwashing sinks and toilet facilities:

Dressing Rooms

- 1. Will dressing rooms be provided: YES NO
- 2. Describe storage facilities for employees' personal belongings (i.e. purse, coats, boots, Umbrellas, etc.): _____

Other

- 1. Identify the location for the storage of poisonous or toxic materials:

- 2. Where will cleaning and sanitizing solutions be stored at workstations? Describe how these items will be separated from food and food contact surfaces: _____

- 3. Will linens be laundered on site: YES NO
If yes, how and where will linens be cleaned:

- 4. Identify location of clean and dirty linen storage:

- 5. Frequency of linens delivery and pick up:

- 6. Identify location of the facilities for cleaning of mops and other equipment:

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 Board of Health may nullify final approval.

Signature: _____
Owner or responsible representative

Printed Name & Title: _____

Date: _____

Approval of these plans and specifications by this Board of Health 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 the local and state laws governing retail food establishments.