TO WHOM IT MAY CONCERN:

When applying for a license to operate a food establishment in Middletown Township you must first complete the following **PLAN REVIEW APPLICATION**. This application should be completed by the property owner, architectural company or general contractor.

Once your plans and application have been **reviewed and approved** you may continue with the process by completing an application for a food license and by paying all appropriate fees. All of these documents must be submitted before the license to operate is issued.

**All licenses are good for one year and are not transferrable** to another business owner.

Section 127-2.1. Plan Review. Before work is begun in the construction, remodeling or alteration of a public eating and drinking place where food is prepared, stored or served or in the conversion of an existing establishment to an eating or drinking place, properly prepared plan and specifications shall be submitted to and approved by the licensor. A plan review fee of $300.00 shall be submitted along with the properly prepared plan and specifications. The plan review application and fee are intended to ensure compliance with all local and state health codes, prior to construction.

Approval of your **FOOD ESTABLISHMENT PLAN REVIEW** by the Health Officer does not indicate approval or compliance with any other code, law or regulation that may be required, federal, state or local. You must obtain all necessary permits from the **MIDDLETOWN TOWNSHIP LICENSE & INSPECTION DEPARTMENT** before beginning any work at the establishment.

If you need further information, please contact:

**Lori Devlin**  
Health Officer  
L.Devlin@middletowndelcopa.gov  
610-565-2700 Ext. 271
MIDDLETOWN TOWNSHIP

FOOD ESTABLISHMENT
PLAN REVIEW

APPLICATION DOCUMENTS TO BE COMPLETED
BY THE OPERATOR AND SUBMITTED TO THE HEALTH OFFICER
Date: ____________________

MIDDLETOWN TOWNSHIP

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

___ NEW  ___ REMODEL  ___ CONVERSION

Name of Establishment: ________________________________

Category: Restaurants _____ 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 the plan.

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

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

_____ Equipment schedule

A. CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 x 14 inches 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.

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

3. Show the location and when requested, elevated drawings 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 units with sneeze guards.

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

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

6. Clearly designate adequate hand-washing lavatories for each toilet fixture and in the immediate area of food preparation.

7. Provide the room size, aisle space, space between and behind equipment and the 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 and provide specifications for:

a. Entrances, exits, loading/unloading areas and docks;
b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, back flow prevention, and wastewater line connections;
d. Lighting schedule 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 and dry food storage areas and in other areas and rooms during periods of cleaning;
   (2) At least 220 lux (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 75 cm (30 inches) above the floor in areas used for hand washing, ware washing, and equipment and utensil storage, and in toilet rooms; and
   (3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils 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).

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;

g. 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);

h. Ventilation schedule for each room;

i. A mop sink or curbed cleaning facility with facilities for hanging wet mops;

j. Garbage can washing area/facility.

k. Cabinets for storing toxic chemicals;

l. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;

m. Completed Section A:1- Contents and Format of Plans and Specifications - Plans;

n. Site plan (plot plan)
B. FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF’s) to be handled prepared and served.

<table>
<thead>
<tr>
<th>CATEGORY*</th>
<th>(YES)</th>
<th>(NO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>2. Thick meats, whole poultry, (roast beef; whole turkey, chickens, hams)</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>3. Cold processed foods (salads, sandwiches, vegetables)</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>5. Bakery goods (pies, custards, cream fillings &amp; toppings)</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>6. Other</td>
<td>___________________________</td>
<td></td>
</tr>
</tbody>
</table>
PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

C. FOOD SUPPLIES

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

2. What are the projected frequencies 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 a bulk ice machine available? YES/NO

<table>
<thead>
<tr>
<th>THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thawing Method</th>
<th>*THICK FROZEN FOODS</th>
<th>*THIN FROZEN FOODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigeration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Running Water Less than 70 deg. F (21 deg. C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microwave (as part of cooking process)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooked from Frozen state</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (describe)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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: ________________

<table>
<thead>
<tr>
<th></th>
<th>Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beef Roasts</td>
<td>130 degrees F (121 min)</td>
</tr>
<tr>
<td>Solid Seafood Pieces</td>
<td>145 degrees F (15 sec)</td>
</tr>
<tr>
<td>Other PHF’s</td>
<td>145 degrees F (15 sec)</td>
</tr>
<tr>
<td>Eggs:</td>
<td></td>
</tr>
<tr>
<td>Immediate service</td>
<td>145 degrees F (15 sec)</td>
</tr>
<tr>
<td>Pooled*</td>
<td>155 degrees F (15 sec)</td>
</tr>
</tbody>
</table>

(*pasteurized eggs must be served to a highly susceptible population)

<table>
<thead>
<tr>
<th></th>
<th>Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pork</td>
<td>145 degrees F (15 sec)</td>
</tr>
<tr>
<td>Comminuted Meats/Fish</td>
<td>155 degrees F (15 sec)</td>
</tr>
<tr>
<td>Poultry</td>
<td>165 degrees F (15 sec)</td>
</tr>
<tr>
<td>Reheated PHF’s</td>
<td>165 degrees F (15 sec)</td>
</tr>
</tbody>
</table>

2. List types of cooking equipment.

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
F. HOT/COLD HOLDING:

1. How will hot PHF’s be maintained at 135 degrees F (60 degrees C) or above during holding for service? Indicate type and number of hot holding units.

__________________________________________________________________________
__________________________________________________________________________

2. How will cold Time Temp Controlled Food’s (PHF’s) be maintained at 41 degrees F (5 degrees C) or below during holding for service? Indicate type and number of cold holding units.

__________________________________________________________________________
__________________________________________________________________________

G. COOLING:

Please indicate by checking the appropriate boxes how PHF’s will be cooled to 41 degrees F (5degrees C) within 6 hours (135 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.

<table>
<thead>
<tr>
<th>COOLING METHOD</th>
<th>THICK MEATS</th>
<th>THIN MEATS</th>
<th>THIN SOUPS/GRAVY</th>
<th>THICK SOUPS/GRAVY</th>
<th>RICE/NOODLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shallow Pans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ice Baths</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce Volume or Size</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid Chill</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (describe)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
H. REHEATING:

1. How will PHF’s that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the 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 re-heating food to 165 degrees F for hot holding be done rapidly and within 2 hours?
   __________________________________________________________
   __________________________________________________________

I. PREPARATION:

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

2. Will food employees be trained in good food sanitation practices? YES / NO
   Method of training: _________________________________________
   Number(s) of employees: _________________________________
   Dates of completion: _________________________________

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

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES / NO
   Please describe briefly:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Will 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

   If not, how will ready-to-eat foods be cooled to 41 degrees F? _______________
   _____________________________________________
   _____________________________________________
   _____________________________________________

7. Will all produce be washed on-site prior to use? YES / NO
   Is there a planned location used for washing produce? YES / NO

   Describe _____________________________________________
   _____________________________________________
   _____________________________________________

   If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.
   _____________________________________________
   _____________________________________________
   _____________________________________________
   _____________________________________________

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

   _____________________________________________
   _____________________________________________
   _____________________________________________
   _____________________________________________
9. Provide a 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 the 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.

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>FLOOR</th>
<th>COVING</th>
<th>WALLS</th>
<th>CEILING</th>
</tr>
</thead>
<tbody>
<tr>
<td>KITCHEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOOD STORAGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER STORAGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOILET ROOMS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRESSING ROOMS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GARBAGE &amp; REFUSE STORAGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOP SERVICE &amp; BASIN AREA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WAREWASHING AREA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WALK-IN REFRIGERATORS &amp; FREEZERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### K. INSECT AND RODENT CONTROL

**APPLICANT:** Please check appropriate boxes.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Will all outside doors be self-closing with screen door provided?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are screen doors provided on all entrances left open to the outside?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do all openable windows have a minimum #16 mesh screening?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Is the placement of electrocution devices identified on the plan?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Will all pipes &amp; electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Is area around building clear of unnecessary brush, litter, boxes and other harborage?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Will air curtains be used? If yes, where?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
L. GARBAGE AND REFUSE

APPLICANT: Please check appropriate boxes.

### Inside

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Do all containers have lids?</td>
<td>(   )</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>9. Will refuse be stored inside?</td>
<td>(   )</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>10. Is there an area designated for garbage can or floor mat cleaning?</td>
<td>(   )</td>
<td>(   )</td>
<td>(   )</td>
</tr>
</tbody>
</table>

### M. Outside

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Will a dumpster be used?</td>
<td>(   )</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>Number________ Size________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency of pickup________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractor____________________</td>
<td></td>
<td></td>
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<tr>
<td>12. Will a compactor be used?</td>
<td>(   )</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>13. Will garbage cans be stored outside?</td>
<td>(   )</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>14. Describe surface and location where dumpster/compactor/garbage cans are to be stored</td>
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<td></td>
<td></td>
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<tr>
<td>______________________________________________________________________</td>
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<tr>
<td>______________________________________________________________________</td>
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<td></td>
</tr>
<tr>
<td>15. Describe location of grease storage receptacle</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>______________________________________________________________________</td>
<td></td>
<td></td>
<td></td>
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<td>______________________________________________________________________</td>
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<td>______________________________________________________________________</td>
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</tr>
</tbody>
</table>
16. Is there an area in which to store recycled materials? Please provide a description of the location. 

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please provide a description of the location.

Indicate what materials are required to be recycled:

( ) Glass  
( ) Metal  
( ) Paper  
( ) Cardboard  
( ) Plastic

17. Is there any area to store returnable damaged goods?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N. PLUMBING CONNECTIONS

<table>
<thead>
<tr>
<th></th>
<th>AIR GAP</th>
<th>AIR BREAK</th>
<th>*INTEGRAL TRAP</th>
<th>*&quot;P&quot; TRAP</th>
<th>VACUUM BREAKER</th>
<th>CONDENSATE PUMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.</td>
<td>Toilet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Urinals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Dishwasher</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AIR GAP</td>
<td>AIR BREAK</td>
<td>*INTEGRAL TRAP</td>
<td>*P TRAP</td>
<td>VACUUM BREAKER</td>
<td>CONDENSATE PUMP</td>
</tr>
<tr>
<td>---</td>
<td>---------</td>
<td>-----------</td>
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</tr>
<tr>
<td>21.</td>
<td>GARBAGE GRINDER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>ICE MACHINES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>ICE STORAGE BIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Sinks</td>
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<td>a.</td>
<td>Mop</td>
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<td>b.</td>
<td>Janitor</td>
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<td>c.</td>
<td>Handwash</td>
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<td>d.</td>
<td>3 Compartment</td>
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<td>e.</td>
<td>2 Compartment</td>
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<td>f.</td>
<td>1 Compartment</td>
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<td>g.</td>
<td>Water Station</td>
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<td>25.</td>
<td>Steam tables</td>
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<td>26.</td>
<td>Dipper wells</td>
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<td>27.</td>
<td>Refrigeration condensate/drain lines</td>
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<td>28.</td>
<td>Hose connection</td>
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<td>29.</td>
<td>Potato peeler</td>
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<td>30.</td>
<td>Beverage Dispenser w/carbonator</td>
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<td>31.</td>
<td>Other</td>
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</table>

*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, e.g., a toilet fixture. A “P”-trap is a fixture trap that provides a liquid seal in the shape of the letter “P”. Full “S” traps are prohibited.
32. Are floor drains provided & easily cleanable? If so, indicate location:
_______________________________________________________________________
_______________________________________________________________________

O. WATER SUPPLY

33. Is water supply public ( ) or private ( )?

34. If private, has source been approved? YES ( ) NO ( ) PENDING
   Please attach copy of written approval and/or permit.

35. 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 ___________________

36. What is the capacity of the hot water generator?
   __________________________________________________________________
   __________________________________________________________________

37. Is the hot water generator sufficient for the needs of the establishment?
   YES ( ) NO ( )

38. Is there a water treatment device? YES ( ) NO ( )
   If yes, how will the device be inspected and serviced?
   __________________________________________________________________
   __________________________________________________________________

39. How are back flow prevention devices inspected and services?
   __________________________________________________________________
   __________________________________________________________________
P. **SEWAGE DISPOSAL**

40. Is building connected to a municipal sewer? YES ( ) NO ( )

41. If no, is private disposal system approved? YES ( ) NO ( ) PENDING ( )
   Please attach copy of written approval and/or permit.

42. Are grease traps provided? YES ( ) NO ( )

   If so, where? ________________________________________________

   Provide schedule for cleaning & maintenance________________________
   ____________________________________________________________

Q. **DRESSING ROOMS**

43. Are dressing rooms provided? YES ( ) NO ( )

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

   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
R. GENERAL

45. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?
   YES ( ) NO ( )
   Indicate location: ____________________________________________________________
   __________________________________________________________________________

46. 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 ( )

47. Are all containers of toxics including sanitizing spray bottles clearly labeled?
   YES ( ) NO ( )

48. Will linens be laundered on site? YES ( ) NO ( )
   If yes, what will be laundered and where?
   __________________________________________________________________________
   __________________________________________________________________________
   If no, how will linens be cleaned? _____________________________________________
   __________________________________________________________________________

49. Is a laundry dryer available? YES ( ) NO ( )

50. Location of clean linen storage: _____________________________________________
    __________________________________________________________________________

51. Location of dirty linen storage: _____________________________________________
    __________________________________________________________________________

52. Are containers constructed of safe materials to store bulk food products?
    Indicate type: __________________________________________________________________
53. Indicate all areas where exhaust hoods are installed:

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>FILTERS &amp;/OR EXTRACTION DEVICES</th>
<th>SQ. FEET</th>
<th>FIRE PROTECTION</th>
<th>AIR CAPACITY (CFM)</th>
<th>AIR MAKE-UP (CFM)</th>
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</thead>
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54. How will each listed ventilation hood system be cleaned?

________________________________________________________________________

S. SINKS

55. Is a mop sink present? YES ( ) NO ( )

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

56. If the menu dictates, is a food preparation sink present? YES ( ) NO ( )
T. DISHWASHING FACILITIES

57. Will sinks or a dishwasher be used for ware washing?

Dishwasher ( )
Two compartment sink ( )
Three compartment sink ( )

58. Dishwasher

Type of sanitization used:

Hot water (temp. provided) _______________
Booster heater___________________________
Chemical type___________________________

Is ventilation provided YES ( ) NO ( )

59. Do all dish machines have templates with operating instructions? YES ( ) NO ( )

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

61. 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 and sanitizing?

___________________________________________________________________________

___________________________________________________________________________

62. Are there drain boards on both ends of the pot sink? YES ( ) NO ( )

63. What type of sanitizer is used?

   Chlorine ( )
   Iodine ( )
   Quaternary ammonium ( )
   Hot Water ( )
   Other ( )

64. Are test papers and/or kits available for checking sanitizer concentration? YES ( ) NO ( )
U. HANDWASHING/TOILET FACILITIES

65. Is there a hand-washing sink in each food preparation and ware washing area?  
   YES ( ) NO ( )

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

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

68. Is a hand cleanser available at all hand-washing sink?  YES ( ) NO ( )

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

70. Are covered waste receptacles available in each restroom?  YES ( ) NO ( )

71. Is hot and cold running water under pressure available at each hand-washing 
    sink?  YES ( ) NO ( )

72. Are all toilet room doors self-closing?  YES ( ) NO ( )

73. Are all toilet rooms equipped with adequate ventilation?  YES ( ) NO ( )

74. If required, is a hand-washing sign posted in each employee restroom?  
   YES ( ) NO ( )

V. SMALL EQUIPMENT REQUIREMENTS

75. 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)

(DON’T FORGET TO SIGN THE LAST PAGE)
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: _________________

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. 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 it is complies with the local and state laws governing food service establishments.