

**ENVIRONMENTAL DIVISION**

110 Fifth Street, Suite 400 – Salem, New Jersey 08079

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**RETAIL FOOD SERVICE FACILITY PLAN REVIEW PROCESS**

**Application Plan Review**

- The attached form and required information must be reviewed and approved by the Salem County Health Department **before** beginning construction or remodeling of a facility.
- Materials and equipment should not be purchased until the department has approved that it meets the needs for your facility and requirements for a retail food establishment. The department is not responsible for items purchased that do not meet the requirements.
- The department will complete the review process and respond within 30 days of submission of a properly prepared plan as per N.J.A.C. 8:24-9.1.
- During the review process, your facility's **Risk Type** will be determined. The risk type will dictate the level of responsibilities required for operation and the related fees.
- Once your facility plan receives approval, you can begin construction and acquire approved equipment. NOTE: No food can be brought into the facility or sold until final approval to operate has been given by this department.

**Pre-operational Inspections**

- Once construction is complete contact our office to schedule a pre-operational inspection. Pre-operational inspections will not be conducted until the facility is ready to meet all requirements. (i.e. all construction/installation is complete and required supplies are in place.) Allow enough time to correct any unanticipated requirements prior to your desired opening date. There will be a fee for re-inspections required due to incomplete construction/installation.
- During the pre-operational inspection you must provide or demonstrate the following:
  - All required sanitary items including but not limited to: food thermometers, refrigerator and freezer thermometers, cleaners, soaps, appropriate hand drying methods, sanitizer, sanitizer test kits and hair nets or hats, gloves, paper products for hand drying and bathrooms, trash containers and dumpsters.
  - All water systems (hot and cold), ice machines, dishwashers, refrigeration and freezer systems must be functional and held at required temperatures with thermometers in place. NOTE: No food is allowed until a pre-operational inspection has been completed and approval has been given!
- Facilities whose water is supplied by a well must be able to demonstrate their water quality by providing testing results from a certified laboratory and may need to be registered with the NJDEP Safe Drinking Water Program.

**30-day Operational Inspection**

- Once approval to operate is given, food may be brought in and the facility may open for business at their leisure. If opening is to be delayed, contact our department with the opening date.
- Once open, a 30-day operational inspection will be conducted to ensure that the facility complies with operational sanitary standards.

**Food Service Facility Application**

Owner / Corporation Name: \_\_\_\_\_

NJ Business Tax ID#: \_\_\_\_\_ Email: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_ Owner Second Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Proposed Establishment: \_\_\_\_\_

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Proposed Date of Opening: \_\_\_\_\_

New Construction:  Remodel/Addition:  Existing Facility:

If remodel/addition, please describe the proposed work: \_\_\_\_\_

*\*attach a separate sheet if needed*

Type of Operation: Restaurant:  Deli:  Institution:  Other: \_\_\_\_\_

Please describe proposed use of this facility: \_\_\_\_\_

Former Facility Name (if applicable): \_\_\_\_\_

Please describe the previous use of this facility (if applicable): \_\_\_\_\_

Name of Certified Food Manager (if applicable): \_\_\_\_\_

Certification Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you plan on bagging ice for sale to the public? Yes  No

City Water:  Well:  PWS ID# (if known): \_\_\_\_\_ City Sewer:  Private Septic System:

Method of Warewashing: \_\_\_\_\_

Contracted Waste Disposal Company: \_\_\_\_\_ Recycling Company: \_\_\_\_\_

Exterminator: \_\_\_\_\_ License #: \_\_\_\_\_

*\*All exterminators must have a pesticide applicator license to apply pesticides in a food facility*

**Application must also include the following applicable items:**

**(Please check the box if included:**

	A complete menu identifying all foods that may be prepared or sold at this facility along with anticipated volume. Please indicate any items that will be made from raw ingredients and require extensive preparation.
	Food Source (provide a list of the companies that you will be buying your food items from)
	A floor plan showing the dimensions of the facility and identifying the placement of equipment, all sinks and toilet facilities, and a designated area for employees personal belongings. This can be hand drawn.
	A description of materials used for floors, counters and backsplashes in food prep areas to assure they are smooth and cleanable.
	A complete list of all major appliances installed in the facility including: cooling/freezing equipment, grills, hoods, Bain Maries', ice machines, hot holding, steam tables, fryers, etc. Include manufacturer information if possible.
	Proposed program of training for person in charge and food employees pertaining to food safety and personal cleanliness and hygiene, Sick Worker Policy
	Facilities preparing food with specialty techniques may be asked to provide a HACCP plan
	Facilities utilizing a time in lieu of temperature process will be asked to provide documentation of this process.
	Risk type 3 facilities must include copies of certified manager training certificates.
	For Facilities on a well, a passing annual water sample from a certified lab for: Total Coliform, Nitrates.

Applicants Name \_\_\_\_\_ Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_