

TOWNSHIP OF DENVILLE

DEPARTMENT OF HEALTH

CARLOS PEREZ, JR.
Health Officer
Ext. 268

KATHLEEN SCOLLANS
Registrar of Vital Statistics
Ext. 266

KELLY LOMBARDI
Health Department Secretary
Ext. 261

OFFICE PHONE:
973-625-8300 Ext 261



LAURA DECKER
Registered Environmental
Health Specialist-
Asst. Health Dept. Supervisor
Ext. 260

PEGGY GROSSMAN
Public Health Nurse
Supervisor
Ext. 264

OFFICE FAX:
973-627-8371

DENVILLE FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

_____ NEW _____ REMODEL _____ CONVERSION

Name of establishment: _____

Establishment address: _____

Phone if available: _____

Name of owner: _____

Mailing address: _____

Telephone: _____

Applicant's name: _____

Mailing address: _____

Telephone: _____

Fax #: _____

Email address: _____

Please enclose the following documents:

_____ Proposed menu (including seasonal, off-site and banquet menus)

_____ Plan of facility drawn to scale showing location of equipment, plumbing, electrical service and mechanical ventilation

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- _____ Completed finish schedules for each room to include floors, walls, and ceilings and coved juncture bases
- _____ Plan review fee of \$200 payable to the Denville Division of Health
- _____ Completed plan review application
- _____ Copy of your recycling vendor contract

Hours of operation: _____

Number of seats: _____
Total square feet of facility: _____
Maximum # of meals
to be served: Breakfast _____
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 _____
mobile vendor _____
other _____

Does your establishment handle raw ingredients and cook, cool and reheat at least three or more potentially hazardous food items? Please list:

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Does your establishment conduct any of the following processes: smoking, curing, canning, bottling, acidification (sushi rice) or reduced oxygen packaging? If yes, please list:

FOOD PREPARATION REVIEW

Check all categories of potentially hazardous foods to be handled, prepared, and served.

<u>Category</u>	<u>(Yes)</u>	<u>(No)</u>
Thin meats, poultry, fish, eggs	()	()
Thick meats, whole poultry	()	()
Cold processed foods (sandwiches, salads, vegetables)	()	()
Hot processed foods (soups, stews, rice/noodles/gravy)	()	()
Bakery goods (pies, custards, cream fillings)	()	()
Other _____	()	()

Please circle/answer the following questions.

Will food product thermometers (0-212 degrees F) be used to measure final cooking/reheating temperatures? Yes / No

How will potentially hazardous foods be maintained at 135 degrees F or above during holding for service? Indicate type and number of hot holding units.

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How will cold potentially hazardous foods be maintained at 41 degrees F and below during holding for service? Indicate type and number of cold holding units.

How will potentially hazardous foods be cooled to 41 degrees F? *Please circle* shallow pans/ ice baths/ rapid chill/ reduce volume

How will potentially hazardous foods that are cooked, cooled and reheated for hot holding be reheated so that all parts of the food reach a temperature of 165 degrees F? Indicate type and number of units used for reheating foods.

Please list categories of food prepared more than 12 hours in advance of service:

Will all produce be washed on-site prior to use? Yes / No
If the answer is yes, a vegetable/scullery sink is required.

Is ice made on the premises or purchased commercially?

Please specify: _____

If made on the premises, are specification of machine provided? Yes / No

Describe provision for ice scoop storage:

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DRY GOODS STORAGE

Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time.

Provide total square footage of shelf space dedicated to dry storage. _____ sq. ft.

DISHWASHING FACILITIES

Will sinks or a dishwasher be used for warewashing?
3 compartment sink / dishwasher / both

Dishwasher:

Make and model # _____

Type of sanitization:

_____ hot water (temp. provided: _____)

_____ booster heater

_____ chemical (type: _____)

Does the largest pot and pan fit into each compartment of the sink? Yes / No

What type of sanitizer is used?

_____ Chlorine

_____ Iodine

_____ Quaternary ammonium

_____ Other

Are test papers and/or kits available for checking sanitizer concentration? Yes / No

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Is appropriate air drying space available for the air drying of all washed utensils with the use of drainboards, wall or overhead shelves, stationary or portable racks? Yes / No. Please describe type and location.

GARBAGE AND REFUSE

Will refuse be stored inside? Yes / No. If so, where?

Will a dumpster be used? Yes/ No.

Number _____ Size _____ Frequency of pick-up _____

Contractor service (name): _____

Will a compactor be used? Yes / No

Describe the surface and location where dumpster/compactor/cans are to be stored:

Type and location of waste cooking grease storage receptacle:

INSECT AND RODENT HARBORAGE

Are all outside doors self-closing with rodent proof flashing? Yes / No

How is fly protection provided on all outside entrances?

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Are all pipe penetrations, beverage chases and electrical conduit chases sealed; ventilation systems exhaust and intakes protected? Yes / No

Name of exterminator:

Contracted: *Please circle* weekly / bi-monthly / monthly

PLUMBING CONNECTIONS

*check where applicable

	AIR GAP	AIR BREAK	BACK FLOW PREVENTOR	VACUUM BREAKER
<u>Dishwasher</u>				
<u>Ice Machines</u>				
<u>Utensil/Pot Wash Sinks</u>				
<u>Handwash Sinks</u>				
<u>Steam Tables</u>				
<u>Dipper Wells</u>				
<u>Refrigeration</u>				
<u>Vegetable/ Scullery Sink</u>				
<u>Carbonators for Beverage Dispensers</u>				

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If floor drains are not shown on plans, please indicate location:

FINISH SCHEDULE

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Dining Area				
Restrooms				
Garbage/Refuse Storage				

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

Signature(s) _____

Date: _____

Approval of the plans and specifications does not constitute endorsement of the finished expansion. A final inspection will be made when work is completed to determine compliance with local and state laws and before an establishment license will be issued. Call this office at least 2 weeks before the proposed opening to schedule an appointment for inspection.
