



DELAWARE COUNTY HEALTH DEPARTMENT

Food Establishment Plan Review Application

When applying for a license to operate a food establishment in Delaware County 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 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.

DCHC section 601.4. PLAN REVIEW

601.4.1. Before work is begun in the construction, remodeling, or alteration of a school, or in the conversion of an existing establishment or facility to a school, properly prepared plans and specifications shall be submitted to and approved by the Department.

And

601.4.2. Plans and specifications shall include, where applicable, data relating to: the grounds, buildings, equipment; sewage disposal; water supply, including plumbing; refuse disposal: and any other information which may be required by the Department.

Approval of your **FOOD ESTABLISHMENT PLAN REVIEW** by the Environmental Health Specialist 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 **DELAWARE COUNTY HEALTH DEPARTMENT** before beginning any work at the establishment.

If you need further information, please contact:

DCHD ENVIRONMENTAL SERVICES



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APPLICATION DOCUMENTS TO BE COMPLETED BY THE OPERATOR AND
SUBMITTED TO THE ENVIRONMENTAL HEALTH SPECIALIST.

Date: _____

NEW _____ REMODEL _____ CONVERSION _____

Name of Establishment: _____

Square Footage of the Facility: _____

Address: _____

Phone (if available): _____ Email: _____

Name of Owner: _____

Mailing Address: _____

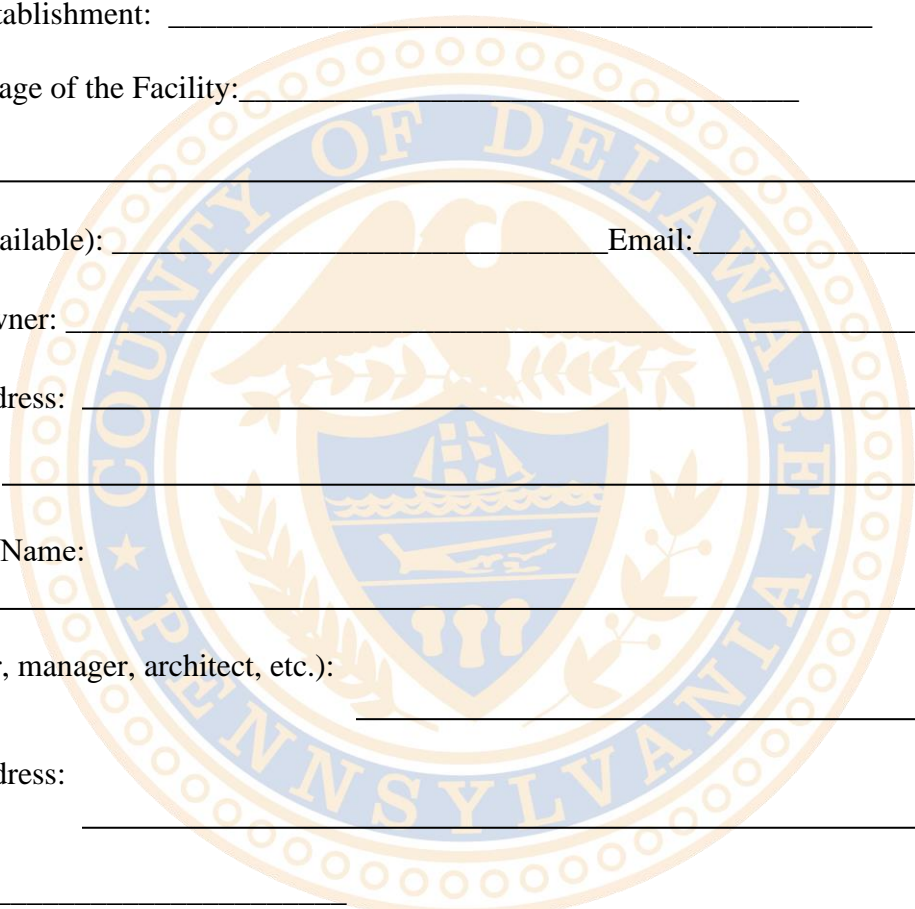
Telephone: _____

Applicant's Name: _____

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

Mailing Address: _____

Telephone: _____





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<input checked="" type="checkbox"/>	<u>Type of Plan Review Requested</u>	<u>FEE</u>
<input type="checkbox"/>	Food Facility	\$266
<input type="checkbox"/>	Food Facility more than 10,000 Sq. Ft.	\$380
<input type="checkbox"/>	Farmer's Market Vendor Review	\$47.

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

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: _____

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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

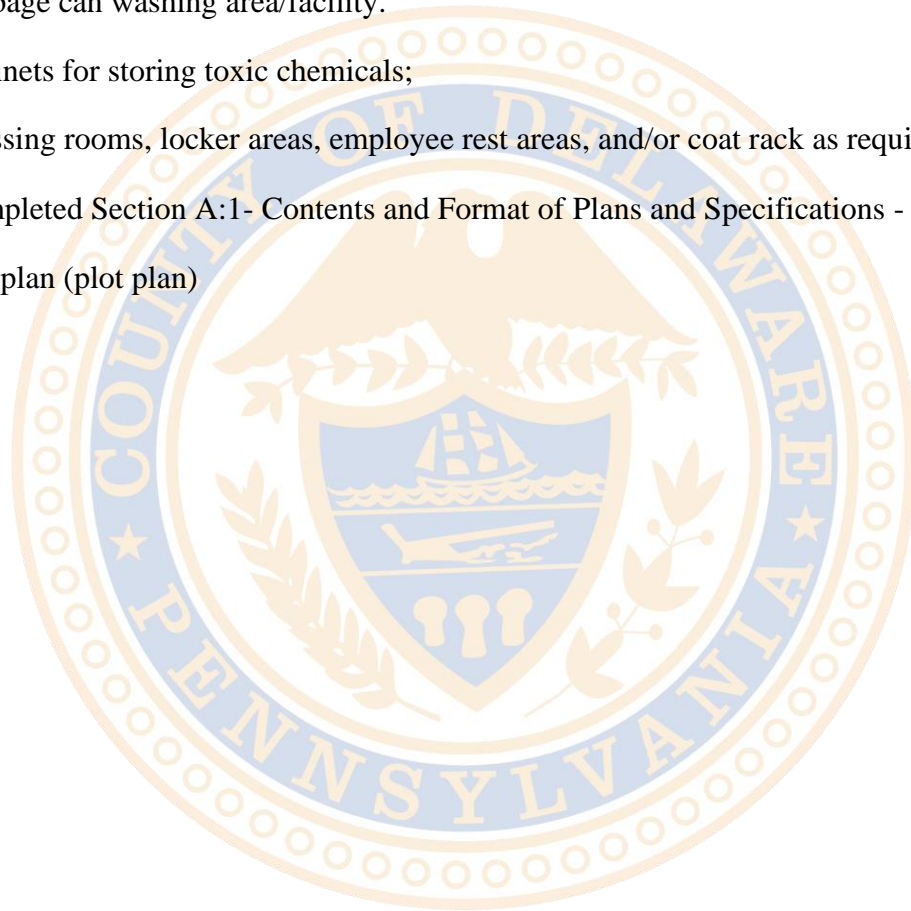
1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. Include proposed menu, seating capacity, and projected daily meal volume for food service operations.
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.

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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;

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- 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)



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B. FOOD PREPARATION REVIEW

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

CATEGORY*	(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 _____		

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?



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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

<u>THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:</u>		
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.		



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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: _____

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 a highly 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)

2. List types of cooking equipment.

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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.

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)					

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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:



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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.

- 7. 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.

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



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K. INSECT AND RODENT CONTROL

APPLICANT: Please check appropriate boxes.

	YES	NO	NA
1. Will all outside doors be self-closing with screen door provided?	()	()	()
2. Are screen doors provided on all entrances left open to the outside?	()	()	()
3. Do all openable windows have a minimum #16 mesh screening?	()	()	()
4. Is the placement of electrocution devices identified on the 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 harborage?	()	()	()
7. Will air curtains be used? If yes, where?	()	()	()

L. GARBAGE AND REFUSE

APPLICANT: Please check appropriate boxes.

Inside

	YES	NO	NA
8. Do all containers have lids?	()	()	()
9. Will refuse be stored inside?	()	()	()
10. Is there an area designated for garbage can or floor mat cleaning?	()	()	()

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M. Outside

	YES	NO	NA
11. Will a dumpster be used? Number _____ Size _____ Frequency of pickup _____ Contractor _____	()	()	()
12. Will a compactor be used?	()	()	()
13. Will garbage cans be stored outside?	()	()	()
14. Describe surface and location where dumpster/compactor/garbage cans are to be stored _____ _____ _____ _____			
15. Describe location of grease storage receptacle _____ _____ _____			

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	YES	NO	NA
16. Is there an area in which to store recycled materials? 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?	()	()	()

N. PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	*"P" TRAP	VACUUM BREAKER	CONDENSATE PUMP
18. Toilet						
19. Urinals						
20. Dishwasher						
GARBAGE GRINDER						
ICE MACHINES						

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23. ICE STORAGE BIN	AIR GAP	AIR BREAK	*INTEGRAL TRAP	* "P" TRAP	VACUUM BREAKER	CONDENSATE PUMP
24. Sinks a. Mop b. Janitor c. Handwash d. 3 Compartment e. 2 Compartment f. 1 Compartment g. Water Station						
25. Steam tables						
26. Dipper wells						
27. Refrigeration condensate/drain lines						
28. Hose connection						
29. Potato peeler						
30. Beverage Dispenser w/carbonator						
31. 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, 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:



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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?



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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 ()

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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:

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53. Indicate all areas where exhaust hoods are installed:

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

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 ()



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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?

Two horizontal lines for handwritten response.

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 ()



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64. Are test papers and/or kits available for checking sanitizer concentration?

YES () NO ()

V. SMALL EQUIPMENT REQUIREMENTS

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

Slicers _____

Cutting boards _____

Can opener _____

Mixers _____

Floor Mats _____

Other _____

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

Application fee \$ _____ See fee schedule. Fee **MUST** be filed with application. All checks and money orders are made payable to **Delaware County Health Department.**

Application is hereby made for license to operate a food service establishment in Delaware County. By signing this application, you certify that the facts set forth on this application are true and correct, understanding that the submission of false or misleading information is grounds for suspension or revocation of license. Also, you agree that the establishment will comply with the Delaware County Public Health Code. You indicate that you have complied with applicable provisions of Act 62 of 1992, which requires any person applying for a food establishment license in the Commonwealth to apply for a sales and use tax license or exemption certificate from the Pennsylvania Department of Revenue.

Print name of owner/authorized agent

Signature of owner/authorized agent

Title

TO BE COMPLETED BY EHS ONLY

Fee Due:	Payment Method:	Payment Date:
EHS Approval Sign:	EHS Approval Name:	Approval Date: