

**PLAN REVIEW APPLICATION
FOR FOOD SERVICE ESTABLISHMENTS**

GENERAL INFORMATION:

Food Service Sanitation regulations require that properly prepared plans and specifications for construction, remodeling or alteration of a food service establishment must be submitted to and approved by the Emmaus Health Officer **before any work can begin on the project.**

Please complete and submit this plan review application along with your plans to the Emmaus Board of Health, 24 S 4th St., Emmaus, PA 18049.

Name of Establishment: _____

Address: _____ Phone #: _____

Owner's Name: _____ Phone #: _____

Mailing Address: _____ Email: _____

Name of responsible agent if other than owner:

Manager Contractor Designer Supplier Other (specify): _____

PROJECT INFORMATION: New Renovation Change of Ownership

Provide a brief description of the proposed project: _____

Construction Start Date: _____ Anticipated Completion Date: _____

TYPE OF SERVICE:

Check all that apply:

- Table Service
- Cafeteria Style
- Take-out
- Retail Grocery (food preparation, storage, display and dining areas)
- Mobile Operation
- Other (Specify): _____

Square Footage: _____

Total Number of Seats (including bar areas): _____

Days/Hours of Operation: _____

Menu Information (list your menu items or attach a copy of actual menu): _____

Approximate number of meals to be served each day: _____

**FEATURES OF THE ESTABLISHMENT
COMPLETE AND SUBMIT WITH YOUR PLANS**

MATERIALS AND CONSTRUCTION – Indicate the type of material used in each area.

Room/Area	Floor Covering <small>(ex. Vinyl composition tile, ceramic tile, quarry tile, terrazzo, sealed concrete, etc.)</small>	Baseboard Coving <small>(ex. Molded vinyl, quarry tile, ceramic tile, etc.)</small>	Wall Finish <small>(ex. Stainless steel panels, fiberglass reinforced panels (FRP), ceramic tile, sheetrock, etc.)</small>	Ceiling Finish <small>(ex. Sheetrock painted with high gloss enamel, vinyl coated suspended tile, washable metal tile, etc.)</small>	Lighting & Shielding <small>(ex. Fluorescent tubes in plastic sleeves with end caps, recessed fluorescents with light diffusers, etc.)</small>
Kitchen Cooking/Prep Area					
Dry Storage					
Dishwashing					
Serving					
Rest Room					
Maintenance Closet					
Dining Area					
Retail Sales					
Bar Area					
Other (Specify)					

Notes: _____

PLAN REVIEW CHECKLIST

This checklist contains items important to the safe and sanitary design of a food service establishment. Review your plans before they are submitted to be sure you have considered each item. Answer each question by checking the appropriate box under YES, NO, or NOT APPLICABLE.

	YES	NO	NOT APPLICABLE
Is ALL food service equipment certified by the National Sanitation Foundation (NSF) or other recognized agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Storage/Display Areas:

Is there enough storage available for:

- | | | | |
|-----------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| • Dry goods? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Single service items? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Linens – clean and soiled? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Cleaning Supplies? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pesticides and other toxic items to be stored separately away from foods? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Medication and first aid supplies? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Food Storage:

Is food stored:

- | | | | |
|------------------------------------------------|--------------------------|--------------------------|--------------------------|
| • In the basement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Beneath open stairwells? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Beneath unprotected overhead plumbing lines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • In restroom or vestibule? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • On shelves at least 6" off floor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is cold storage available in:

- | | | | |
|---------------------------|--------------------------|--------------------------|--------------------------|
| • Walk-in refrigerators? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Walk-in freezers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Reach-in refrigerators? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Reach-in freezers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Hot & Cold Food Display:

Do food displays have:

- | | | | |
|--------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| • Do all hot hold units have an adequate heat source to keep food above 135°F? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Adequate refrigeration to keep food below 41°F? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sneeze guards that adequately protect the food? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Self-service utensils (scoops, ladles, tongs) protected from contamination? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	YES	NO	NOT APPLICABLE
Equipment:			
• Do you have a metal stem thermometer to check temperatures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Thermometers for every refrigerator and freezer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does installation of floor mounted equipment (e.g. ranges, mixers, fryers, etc.) allow cleaning on all sides and floor below?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is equipment such as sinks and counters properly sealed to walls, floors, and adjacent equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is portable equipment on casters or light enough to be carried easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warewashing:			
• Is a 3-compartment sink with 2 drainboards provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is a dishwashing machine with chemical sanitization or 180°F rinse provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is there enough storage provided to keep clean utensils and kitchenware separate from soiled utensils and kitchenware?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the hot water heater sufficient in size and type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have a booster hot water heater?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing:			
• Is the facility connected to the City water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the facility connected to the City sewer service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrooms:			
• Does restroom meet ADA requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Must patrons walk through kitchen to reach restroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a self-closing device on the restroom door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a covered waste receptacle in the women's restroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insect and Rodent Control:			
• Do all doors, windows and loading docks have screens or other controls provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do outer doors have self-closures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	NOT APPLICABLE
Cross Connection Control:			
Does your drinking water system have any:			
• Connections to food service equipment (ice machines, potato peelers, steamtables, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does each piece of equipment above have a back-flow protection device on the supply line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does each drain line from food equipment have an indirect connection to the sewer system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a sprinkler system or water-cooled air-conditioning unit in your facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are any food handling or storage areas located below drain lines that do not have protection from leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is an easily accessible grease trap installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwash Sinks:			
Are handwashing sinks provided:			
• In every food prep area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• In each restroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• With soap dispensers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• With hand drying device (paper towel or hot air)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solid Waste and Recyclables Storage and Collection:			
Do you have:			
• Separate covered containers for trash and recyclables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate container storage area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A place to clean containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Compactor provided (optional)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A contract with a licensed hauler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation/Fire Suppression in Kitchen:			
• Is ventilation hood/fire suppression system installed above cooking surfaces in accordance with the current NFPA Code No. 96?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does it have approved source(s) of make-up air?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee Information:

Number of Employees per shift: _____ Number of shifts: _____

Counter Staff: _____ Prep Workers: _____

Wait Staff: _____ Chefs/Cooks: _____

Bartenders: _____ Dishwashers: _____

Others (specify): _____

Is there secure storage separate from all food preparation areas for your employees' personal belongings?
(Please Specify) _____

Solid Waste & Recycling Information:

Solid Waste Hauler: _____ Phone #: _____

Recycler: _____ Phone #: _____

***Recycling is required by PA State Law.**

This application, the site plan, the floor plan, your license application, and fee should be mailed or delivered to our offices at:

Borough of Emmaus
Board of Health
28 S 4th St.
Emmaus, PA 18049
Health Officer Phone #: (610) 966-9026
Fax #: (610) 965-0705
healthinspector@borough.emmaus.pa.us

I HAVE READ THE PLAN REVIEW INSTRUCTIONS AND I UNDERSTAND THAT APPROVAL MAY BE DELAYED OR DENIED FOR ANY INCOMPLETE OR INCORRECT SUBMISSIONS.

SIGNATURE

DATE