

**RADNOR TOWNSHIP**

**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

New

Remodel

Conversion

**Name of Establishment:** \_\_\_\_\_

Date: \_\_\_\_\_

Category:  Restaurant  Institution  Mobile Vendor  Retail Market  Other \_\_\_\_\_

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

Phone (Establishment): \_\_\_\_\_

Website: \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

Title (owner, manager, architect, etc.): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I have submitted plans/application to the following authorities on the specified dates:

Building Permit Bundle Package \_\_\_\_\_

Design Review Board \_\_\_\_\_

Zoning \_\_\_\_\_

Planning \_\_\_\_\_

Environmental Action \_\_\_\_\_

Fire \_\_\_\_\_

Other \_\_\_\_\_

**Certified Food Safety Professional**

<input type="checkbox"/> Serve Safe # _____	<input type="checkbox"/> National Registry # _____
Expiration: _____	Expiration: _____
<input type="checkbox"/> Prometrics Test # _____	<input type="checkbox"/> 360 Training _____
Expiration: _____	Expiration: _____

**Mobile Vendors**

Please provide a copy of the following:

- Commissary License
- Most Recent Inspection Report
- Mobile Vendor CFM Certificate

Hours of Operation:

Sunday \_\_\_\_\_ to \_\_\_\_\_  
Monday \_\_\_\_\_ to \_\_\_\_\_  
Tuesday \_\_\_\_\_ to \_\_\_\_\_  
Wednesday \_\_\_\_\_ to \_\_\_\_\_  
Thursday \_\_\_\_\_ to \_\_\_\_\_  
Friday \_\_\_\_\_ to \_\_\_\_\_  
Saturday \_\_\_\_\_ to \_\_\_\_\_

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:      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  
 Commissary               Other:

Must include the following documents for application to be processed:

- Proposed Menu (including seasonal, off-site and banquet menus)
- Manufacturer Specification sheets for each piece of equipment shown on the plan, identify 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 x14 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 holding 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. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
7. On the plan represent auxiliary area 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 guideline manual.
8. 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 period 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: (Not obligated to supply information unless specifically requested by the Health Officer.)
  - Food (receiving, storage, preparation, service);
  - Food and dishes (portioning, transport, 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 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;

**B. Food Preparation Review**

Check categories of Potentially Hazardous Foods (PHFs) to be handled, prepared and served.

Category:	Yes	No
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	<input type="checkbox"/>	<input type="checkbox"/>
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	<input type="checkbox"/>	<input type="checkbox"/>
3. Cold processed foods (salads, sandwiches, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
4. Hot processed foods (soups, stews, rice/noodles, gravy chowders, casseroles)	<input type="checkbox"/>	<input type="checkbox"/>
5. Bakery goods (pies, custards, cream fillings & toppings)	<input type="checkbox"/>	<input type="checkbox"/>
6. Other	<input type="checkbox"/>	<input type="checkbox"/>

**C. Food Supplies:**

1. Are all food supplies from inspected and approved sources? Yes  No
2. What are the projected frequency of deliveries for:

Frozen Foods \_\_\_\_\_  
 Refrigerated Foods \_\_\_\_\_  
 Dry Goods \_\_\_\_\_

3. Provide information on the amount of space allotted for:

Frozen Foods \_\_\_\_\_  
 Refrigerated Foods \_\_\_\_\_  
 Dry Goods \_\_\_\_\_

**D. Cold Storage**

1. Is adequate and approved freezer and refrigeration available to store frozen foods and refrigerated foods? Yes  No
2. Will raw meats, poultry, and seafood be stored in the same refrigerator and freezer with cooked ready-to-eat foods? Yes  No

If yes, how will cross contaminations be prevented? \_\_\_\_\_  
 \_\_\_\_\_

3. Does each refrigerator/freezer have a thermometer that is easily readable without removing product? Yes  No

Number of refrigeration units: \_\_\_\_\_

Number of freezer units: \_\_\_\_\_

4. Is there a bulk ice machine available? Yes  No

Thawing Frozen Potentially Hazardous Food: Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHFs) 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	<input type="checkbox"/>	<input type="checkbox"/>
Running water less than 70° F (21° C)	<input type="checkbox"/>	<input type="checkbox"/>
Microwave (as part of cooking process)	<input type="checkbox"/>	<input type="checkbox"/>
Cooked from frozen state	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>

\*Frozen foods: thin = one inch or less, and thick = more than one inch

**E. Cooking:**

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHFs?  
Yes  No  Type of measuring device:

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

Beef roasts	130° F (121 min)
Solid seafood pieces	145° F (15 sec)
Other PHFs	145° F (15 sec)
Eggs:	
Immediate service 145° F (15 sec)	
Pooled* 155° F(15 sec)	
*pasteurized eggs must be served to a highly susceptible population	
Pork	145° F (15 sec)
Comminuted meats/fish	155° F (15 sec)
Poultry	165° F (15 sec)
Reheated PHFs	165° F (15 sec)

2. List types of cooking equipment:

**F. Hot/Cold Holding:**

1. How will hot PHFs be maintained at 135° F (57.9° C) or above during holding for service? Indicate type and number of hot holding units.

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2. How will cold PHFs be maintained at 41° F (5°C) or below during holding for service? Indicate type and number of cold holding units.

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**G. Cooling:**

Please indicate by checking the appropriate boxes how PHFs will be cooled to 41° F (5° C) within 6 hours (140° F to 70° F in 2 hours and 70° F to 41° F 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce Volume/Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**H. Reheating:**

- How will PHFs 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°F for 15 seconds? Indicate type and number of units used for reheating foods.

\_\_\_\_\_

\_\_\_\_\_

- How will re-heating food to 165°F for hot holding be done rapidly and within 2 hours? \_\_\_\_\_

\_\_\_\_\_

**I. Preparation**

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

- Will food employees be trained in good food sanitation practices? Yes  No

Method of training: \_\_\_\_\_

Number(s) of employees: \_\_\_\_\_

Dates of completion: \_\_\_\_\_

- 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How will cooking equipment, cutting boards, countertops 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 mixed and/or assembled?      Yes       No

If not, how will ready-to-eat foods be cooled to 41°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 PHFs will be kept in the temperature danger zone (41° F - 140°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**

Application must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, et.) 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				

**K. Insect and Rodent Control (please check appropriate boxes)**

	Yes	No	N/A
Will all outside doors be self-closing and rodent proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are screen doors provided on all entrances left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do all open able windows have a minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the placement of electrocution devices identified on the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is area around building clear of unnecessary brush, litter, boxes, and other harborage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will air curtains be used? If Yes, where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**L. Garbage and Refuse Inside**

	Yes	No	N/A
Do all containers have lids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will refuse be stored inside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an area designated for garbage can or floor mat cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**M. Garbage and Refuse Outside (complete the following survey):**

**FOOD SERVICE ESTABLISHMENTS - FACILITY SURVEY**

Establishment Name : \_\_\_\_\_ Date: \_\_\_\_\_

Facility Address : \_\_\_\_\_

Telephone : \_\_\_\_\_ Type of Facility (Check appropriate type):

Owner's Name: \_\_\_\_\_  Food Service

Operator's Name: \_\_\_\_\_  Retail Food

Responsible Person in Charge: \_\_\_\_\_  Residential Kitchen

Title / Position : \_\_\_\_\_  Mobile Unit

Temporary Food Service

Phone Number of Responsible Person (If different than above phone number): \_\_\_\_\_

Total number of employees: \_\_\_\_\_

No. of employees per shift:

Shift #1 \_\_\_\_\_ Shift #2 \_\_\_\_\_ Shift #3 \_\_\_\_\_

**Section A – Grease Trap (T) and Grease Interceptor (I) Information**

For purposes of the survey, **grease interceptors** are those devices with a capacity greater than 1500 gallons for single food service establishments. **Grease traps** are those devices with a capacity less than 1500 gallons for single food service establishments. (T) Shall be used if Trap applies. (I) Shall be used if Interceptor applies

1. Installed indoors?  YES  NO
2. If YES, indicate whether the unit is installed above or below grade level.  Above grade level  Below grade
3. If NO, describe how cooking fats, oil, grease and food waste are managed - Attach separate sheet with details.
4. Number of grease trap or grease interceptors presently in operation  One  Two  Three or more
5. If fats, oils and grease are stored on the premise from fryolators or other means, indicate where material is stored.  
 Indoors  Outdoors
6. How are fats, oils and grease stored outdoors?  
 BARREL OR DRUM (Indicate the capacity)  
 30 gallons or less  55 gallons  Greater than 55 gallons  
 OTHER TYPE OF STORAGE CONTAINER - DESCRIBE (Indicate the capacity)  
 30 gallons or less  Greater than 55 gallons
7. Is a satellite facility used where food is prepared, processed, cooked, baked? If YES, Provide address and location.  
 YES  NO
8. Location of satellite facility where food is prepared, processed, cooked, baked:  
\_\_\_\_\_

## Section B - On-Site Waste Management Information

1. Facility On-site Waste Storage System (report in this section only for production-related waste other than spent cooking oils, fats and grease)

Number of Trash storage units	Size of storage containers	Pickups per month	Types of materials store or recycled
Compactor			
Roll off container			
Portable			
barrel or drum			
Comments:			

2. Is waste material (other than cooking fats, oils and grease) serviced or collected by an independent company or agency?     \_\_\_ YES     \_\_\_ NO

3. If YES, provide copy of manifest for the latest date of service, for each device, complete with quantity of material removed.

4. indicate the present frequency of waste material collecting/servicing (Ask to review current service manifest. If owner/operator collects and disposes the waste material, ask to review their records.)  
       \_\_\_ DAILY     \_\_\_ WEEKLY     \_\_\_ MONTHLY     \_\_\_ YEARLY

5. What is the current process for cleaning outdoor spills (Please indicate materials used, detergents, & implements used) \_\_\_\_\_

6. Who will be responsible for supervising cleanup of spills \_\_\_\_\_

7. Who will be responsible for training employees in outdoor spill removal in a manner that prevents runoff \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

### N. Plumbing Connections

	Air Gap	Air Break	Integral Trap	“P” Trap	Vacuum Breaker	Condensate Pump
Toilet						
Urinals						
Dishwasher						

**O. Water Supply**

- 1. Is water supply public Yes  No
- 2. If private, has source been approve? Yes  No  Pending

Please attach copy of written approval and/or permit.

- 3. Is ice made on premises? Yes  No  or purchased commercially Yes  No  ?

Describe provision for ice scoop storage: \_\_\_\_\_

\_\_\_\_\_

Provide location of ice maker or bagging operation: \_\_\_\_\_

- 4. Is the hot water generator sufficient for the need of the establishment? Yes  No
- 5. Is there a water treatment device? Yes  No

If yes, how will the device be inspected and serviced? \_\_\_\_\_

\_\_\_\_\_

- 6. How are back flow prevention devices inspected and serviced? \_\_\_\_\_

\_\_\_\_\_

**P. Sewage Disposal**

- 1. Is building connected to a municipal sewer? Yes  No
- 2. If no, is private disposal system approved? Yes  No  Pending

Please attach copy of written approval and/or permit.

- 3. Are grease traps provided? Yes  No

If so, where? \_\_\_\_\_

Provide schedule for cleaning & maintenance

**Q. Dressing Rooms**

- 1. Are dressing rooms provided? Yes  No
- 2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc)

**R. General**

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? Yes  No

Indicate location: \_\_\_\_\_

2. 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

3. Are all containers of toxics including sanitizing spray bottles cleanly labeled? Yes  No

4. Will linens be laundered on site? Yes  No

If yes, what will be laundered and where? \_\_\_\_\_

If no, how will linens be cleaned? \_\_\_\_\_

5. Is a laundry dryer available? Yes  No

6. Location of clean linen storage: \_\_\_\_\_

7. Are containers constructed of safe materials to store bulk food products? Yes  No

Indicate type:

8. Indicate all areas where exhaust hoods are installed:

Location	Filters and/or Extraction Devices	Sq. Feet	Fire Protection	Air Capacity CFM	Air Make-Up CFM

9. How will each listed ventilation hood system be cleaned? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**S. Sinks**

1. Is a mop sink present? Yes  No

If yes, where: \_\_\_\_\_

If no, please describe facility for cleaning of mops and other equipment: \_\_\_\_\_

2. If the menu dictates, is a food preparation sink present? Yes  No

**T. Dishwasher Facilities**

1. Will sinks or a dishwasher be used for warewashing?

Dishwasher  Two Compartment Sink  Three Compartment Sink

2. Dishwasher

Type of sanitation used:

Hot Water (temp. provided)

Booster Heater

Chemical Type

Is ventilation provided? Yes  No

3. Do all dish machines have templates with operating instructions? Yes  No

4. Do all dish machines have temperature/pressure gauges as required that are accurately working?

Yes  No

5. 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? \_\_\_\_\_

6. Are there drain boards on both ends of the pot sink? Yes  No

7. What type of sanitizer is used?

Chlorine  Iodine  Quaternary ammonium

Hot Water  Other: \_\_\_\_\_

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

**U. Handwashing/Toilet Facilities**

- 1. Is there a hand-washing sink in each food preparation **and** ware washing area? Yes  No
- 2. Do all hand-washing sinks, including those in the restrooms, have a mixing valve or combination faucet? Yes  No
- 3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? Yes  No
- 4. Is a hand cleanser available at all hand-washing sinks? Yes  No
- 5. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand-washing sinks? a hand cleanser available at all hand-washing sinks? Yes  No
- 6. Are covered waste receptacles available in each restroom? a hand cleanser available at all hand-washing sinks? Yes  No
- 7. Is hot and cold running water under pressure available at each hand-washing sink? Yes  No
- 8. Are all toilet room doors self-closing? Yes  No
- 9. Are all toilet rooms equipped with adequate ventilation? Yes  No
- 10. Is a hand-washing sign posted in each employee restroom? Yes  No

**V. Small Equipment Requirements**

Please verify the number, location, and types of each of the following:

Slicers: \_\_\_\_\_

Cutting Boards: \_\_\_\_\_

Can opener: \_\_\_\_\_

Mixers: \_\_\_\_\_

Floor Mats: \_\_\_\_\_

Other: \_\_\_\_\_



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