



Date received: _____

TOWN OF DERRY

HEALTH DEPARTMENT

Food Service Plan Review



Town of Derry Health Department
Plan Review Application for Food Establishments

GENERAL ESTABLISHMENT INFORMATION

Construction Type: ___NEW ___REMODEL ___CONVERSION

Name of Establishment:_____

Establishment Address:_____

Phone of Establishment:_____

Name of Owner:_____

Owner's Mailing Address:_____

Owner's Telephone:_____

Owner's Email Address:_____

Applicant's Name & Phone Number:_____

Applicant's Title (owner, manager, architect, etc.):_____

Projected Date for Start of Project:_____

Projected Date for Completion of Project:_____



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The items below must be included with the site plan(s). It is understood that omission of any requested information will result in a delay in the plan approval. Once all required items are received, please expect a minimum of 30 days for review.

Yes	No	Submitted Information
		Intended menu with full beverage list (including bar)
		Anticipated volume of food to be stored, prepared, and sold/served
		Proposed equipment types, manufacturers, model numbers, dimensions, performance capacities, installation specifications
		A copy of legal filings with the NH Secretary of State's office
		Water test (if on private system) – with bacteria, nitrate & nitrite measured
		HACCP (if required for special processing)
		<ul style="list-style-type: none"> One complete set of plans, drawn to scale (recommended 1/4" scale) to include: food preparation areas, equipment layout, handwashing, food prep, 3-bay and service sinks, dry storage, warewashing facilities, serving/seating areas, restrooms, employee changing room, chemical/toxic supplies storage and indoor/outdoor trash/refuse areas. Plumbing items to reference on plan: sewer lines, floor drains, vents, grease trap or grease interceptor, hot and cold water lines, and direction of flow to sanitary sewer. Also, include exhaust ventilation items including location of hood and make-up air returns and ducts, if applicable.



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OPERATION INFORMATION

Type of Food Operation: ☐ Restaurant ☐ Institution ☐ Caterer ☐ Commissary
☐ Retail/Convenience Store ☐ Temporary
☐ Bed & Breakfast ☐ Nursing Home/Health care facility

Hours of Operation:

Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Type of Service (check all that apply)

☐ Sit Down Meals ☐ Buffet/Self-Service ☐ Take Out/Delivery ☐ Catering
☐ Outdoor Service Area ☐ Full-Service Bar ☐ Wholesale ☐ Retail Items
☐ Deliveries ☐ Other (please specify) _____

Number of Indoor Dining Seats: _____

Number of Outdoor Dining Seats: _____

Number of Staff (max per shift): _____

Total Square Feet of Facility: _____

Customer Utensils

Single-Use/Disposable: ☐ Plates ☐ Glassware ☐ Utensils

Multi-Use/Reusable: ☐ Plates ☐ Glassware ☐ Utensils



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Cold Storage

Provide information on the amount of space allocated:

Refrigerated Storage: _____

Frozen Storage: _____

Anticipated frequency of refrigerated food delivery: _____

Anticipated frequency of frozen food delivery: _____

Dry Storage

Identify the location that will be used for dry storage of food items: _____

Identify the location and containers that will be used to store bulk food products (e.g., rice, sugar, flour, etc.): _____

Food Handling Procedures

Explain the handling/preparation procedures for the following categories of food, focusing on describing the flow of food from receiving and ending with service to customer. Make sure to include the following items for each category:

- How food will arrive? (frozen, fresh, packaged, etc.)
- Where the food will be stored?
- Where (prep table, sink, counter, etc.) the food will be washed, cut, marinated, breaded, cooked, etc.?
- When (time of day and frequency/day) food will be handled/prepared?

READY-TO-EAT FOODS (e.g., salads, cold sandwiches, raw molluscan shellfish):

PRODUCE:

POULTRY:



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RAW MEATS:

SEAFOOD:

Specialized Processes

Indicated any specialized processes that will take place within the operation:

___Curing ___Acidification (Sushi/Canning) ___Smoking ___Sprouting

___Live Molluscan shellfish ___Custom Processing

___Reduced Oxygen Packaging (vacuum packaging, sous vide, cook-chill, etc.)

___Other (please describe here) _____

Explain checked processes here: _____

Time/Temperature Control for Safety Foods (TCS)

Thawing Method(s): (check all that apply)

___Under refrigeration

___Running Water less than 70°F (21°C)

___Microwave (as part of cooking process)

___Cooked from Frozen State

___Other (describe) _____

Hot Holding

List all foods that will be hot held prior to service: _____

How will hot TCS foods be maintained at 135°F (57°C) or above during holding for service?



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Cold Holding

How will cold TCS foods be maintained at 41°F (5°C) or below during holding for service?

Indicate type, number, and location of cold holding units: _____

Cooling

List all foods that will be cooked and cooled prior to service: _____

List all foods that will be cooled after hot holding: _____

Indicate by checking the appropriate boxes how TCS food will be cooled to 41°F(5°C) within 6 hours (135°F to 70°F in 2 hours):

☐ Shallow containers ☐ Rapid Chill Unit ☐ Ice Bath ☐ Stirring with Frozen Stick

☐ Other Method (describe here) _____

Reheating

List all foods that will be cooked, cooled, and reheated prior to service: _____

How and where will TCS foods that are cooked, cooled, and reheated for hot holding be reheated (indicate final temperature and if prepared on-site or commercially):

Indicate type and number of units used for reheating foods: _____



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Warewashing Facilities - ***Testing devices are required (chemical and hot water)

Select type of warewashing to be used: ___Manual (3-Bay) ___Mechanical ___Both

Manual Warewashing

Number of compartments in sink: _____ Number of drainboards _____

Identify the length, width, and depth of the compartments of the sink: _____

Sanitizer used: ___Chlorine ___Iodine ___Quaternary Ammonium

___Hot Water ___Other (please describe) _____

Mechanical Warewashing

Identify the make and model of the mechanical dishwasher: _____

What type of sanitizer will be used? ___Chlorine ___Quaternary ___Hot Water

Will ventilation be provided? ___ Yes ___ No

Describe how cooking equipment cutting boards, slicers, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized:

Air Drying Space

Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of drying space: _____

Handwashing Units

Indicate number and location of kitchen/food preparation hand sinks: _____

Type of hand drying device? Disposable towels ☐ Hand-drying device ☐

Toilet Facilities

How many toilet facilities are provided? ___Men ___Women ___Unisex

Toilet facilities are shared for employees and customers: ___Yes ___No



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Water Supply

Water Supply: ____Municipal ____Community Well ____Private Well

*Private systems require bacteria, nitrate & nitrite analysis submission

Will ice be made on premises? __Y __N Will there be an ice bagging operation? __Y __N

Water Heater:

- Tank type: _____ Manufacturer and Model #: _____
Storage Capacity: _____gallons
Input Rating: Electric water heater _____kilowatts (kW)
Gas water heater: _____BTU's
- Tankless: Manufacturer and Model#: _____
Number of tankless water heaters: _____
Input rating: _____BTU's

Sewage Disposal: Sewage System: ____Municipal ____Private Septic

Number of Grease Traps _____ Location of Grease Traps _____

*Manufacturer/Model#: _____

*Cleaning/pumping schedule: _____

Number of Grease Interceptors _____ Location of Grease Interceptors _____

*Manufacturer/Model#: _____

*Cleaning/pumping schedule: _____

Grease picked up by: _____

Frequency of grease pick up: _____



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CHECK APPROPRIATE BOX INDICATING EQUIPMENT DRAINS

**Master plumber to fill out pages 10-11 of application*

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor Sink	Hub Drain	Floor Drain	
Manual warewashing sink				
Food Prep Sink(s)				
Handwashing Sink(s)				
Mechanical warewashing machine				
Ice Machine				
Garbage Disposal				
Dipper Well				
Refrigeration Unit (s)				
Steam Table				
Other				
Other				
Other				
Other				
Other				



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Backflow/Back Siphonage Protection –provide complete list of equipment in facility with inlet protection

Equipment	Type of inlet protection
Mop sink faucet	
Carbonators for beverage dispensers	
Flush valve toilets	
All hose bibs inside & outside of establishment	
Pre-flush hose with a nozzle head that may be submerged	
Perforated pipe to oriental wok cookers	
Inlets which are or may become submerged:	
*supply inlet to garbage grinder	
*supply inlet to dish table trough	
*Fill line for steam kettle	
*supply line for mechanical warewashing machine	
Supply line to all soap and chemical dispensing units on mechanical warewashing machine	
Garbage can washer	
Soap portioner on faucet	
Water wash system for exhaust hood	



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FINISH SCHEDULE Indicate what materials/finishes will be used in the following areas:

Area/Room	Floor	Coving	Wall	Ceiling
Food Preparation Area				
Bar Area				
Food Storage				
Other Storage				
Warewashing Area				
Walk-in Refrigerator/Freezer				
Garbage & Refuse Area				
Mop Service Sink				
Toilet Room (s)				
Dressing/Locker Rooms				
Other				

Refuse and Recyclables

Will refuse/garbage be stored inside? ____Yes ____No

If yes, identify location: _____

Identify how and where garbage cans and floor mats will be cleaned:

Refuse will be disposed into a: ____Dumpster ____Compactor ____Both

Identify location of dumpster and/or compactor: _____

Will grease storage containers be used: ____Yes ____No

If yes, identify location: _____



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Will there be an area to store recyclables? ____Yes ____No

If yes, please describe the location: _____

Pest Control

Describe method and frequency of pest control for establishment:

Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.

- Will all outside doors be self-closing and rodent proof? ☐ Yes ☐ No ☐ NA
- Will screens be provided on all entrances left open to the outside? ☐ Yes ☐ No ☐ NA
- Will all openable windows have a minimum #16 mesh screening? ☐ Yes ☐ No ☐ NA
- Will insect control devices be used? ☐ Yes ☐ No ☐ NA
- Will air curtains be used? If yes, where? _____

Dressing Rooms and Employee Accommodations

Are employees required to change into uniforms at the establishment: ____Yes ____No

Dressing rooms are provided: ____Yes ____No

Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

Ventilation Indicate where exhaust hoods and ventilation/make up air units are installed.

Location	Type	Fire Protection



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Cleaning Facilities

Location and size of can wash and mop storage area: _____

Identify location of the mop basin/service sink: _____

Describe location where mops and other cleaning equipment will be hung and stored:

Identify location for chemical storage (poisonous or toxic materials): _____

Linens and Laundry Facilities

Will linens be laundered on site: ____ Yes ____ No

If yes, what will be laundered and where? _____

If not, how and where will linens be cleaned? _____

Notes:



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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 permission from this Health Regulatory Authority may nullify final approval.

Signature _____

Printed Name: _____

Date: _____

Please note: 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 preopening 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.

As specified within the State of NH Rules for Sanitary Production and Distribution of Food He-P 2300, and required by the Town of Derry Code, Chapter 55 Food Service Establishments as adopted, please refer to the following:

He-P 2304.12 Submission of Plans and Specifications for New or Remodeled Food Establishments.

(a) A new applicant or a current license holder undergoing remodeling of a food establishment, shall submit a "Floor Plan Review Application" (PRAPP 07-01-15), to the department for review and approval, signed and dated by the applicant or the person who represents the applicant certifying the following: "I certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I understand that it is my responsibility to immediately notify the food protection section with regard to any changes, corrections or updates to the information provided."

(b) In addition to submitting a completed application in (a) above, an applicant or license holder shall provide the following with the application:

- (1) A proposed menu or list of food and beverages to be offered; and
- (2) A copy of the plans and specifications for the food establishment, unless exempt under (d) below, to include:
 - a. Location of all food equipment which clearly identifies the piece of equipment;
 - b. Location of food preparation areas;
 - c. Location of all refrigeration, which shall be commercial grade refrigeration only;
 - d. Location of all sinks; and
 - e. Location of toilet facilities and restrooms.
- (c) The application and attachments in (a) and (b) above shall be submitted at least 45 days prior to:
 - (1) Constructing a new food establishment;
 - (2) Converting an existing structure for use as a food establishment;
 - (3) Remodeling a food establishment; or
 - (4) Relocating a food establishment when the relocation also involves (1), (2), or (3) above.