



EXETER HEALTH DEPARTMENT

20 COURT STREET, EXETER, NH 03833-2716

Phone: (603)773-6132

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www.exeternh.gov

DATE: _____

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

_____ NEW _____ REMODEL _____ CONVERSION

Name of Establishment _____

Category: Restaurant _____, Institution _____, Daycare _____, Retail Market _____,
Other _____.

Location: _____

Phone (if available): _____

Name of Owner: _____

Owner's Mailing Address: _____

Owner's Telephone: _____

Applicant's Name: _____

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

Applicant's Mailing Address: _____

Plans/applications have been submitted to the following authorities on the following dates:

_____ Governing Board of Council

_____ Zoning

_____ Planning

_____ Building

_____ Conservation

_____ Plumbing

_____ Electric

_____ Police

_____ Fire

_____ Water Authority

Hours of Operation: Sun _____ Mon _____
Tues _____ Wed _____
Thurs _____ Fri _____
Sat _____

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 _____
(Approximate number) 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 _____

Please enclose the following documents:

- _____ Proposed Menu (including seasonal, off-site and banquet menus)
- _____ Plan drawn to scale of food establishment showing location of equipment, Plumbing, electrical services and mechanical ventilation
- _____ Equipment Schedule
- _____ Manufacturer Specification sheet 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).

FLOOR PLAN DRAWING REQUIREMENTS CHECKLIST

_____ **SEND ONE COMPLETE COPY OF THE DRAWINGS.**

_____ **DRAW THE PLAN TO SCALE** where ½” or less equals one foot.

_____ **SHOW ALL AREAS OF THE ESTABLISHMENT ON ONE PAGE;** use of Small-scale insets for large establishments is encouraged.

_____ **DETAIL THE FOOD PREPARATION AREAS AND RESTROOMS;** showing the Location of all fixed and non-fixed equipment; use of separate pagers for each area is acceptable.

_____ **NUMBER EACH ITEM ON THE DRAWING AND USE A LEGEND.** The legend is a list that explains each piece of equipment as numbered on the floor plan drawing.

_____ **WRITE THE FOLLOWING INFORMATION ON THE DRAWING:**

- Establishment
- Mailing address – if different
- Name of Primary Contact Person
- Contact Phone Number

SUBMIT ONE COPY OF THE FOLLOWING WITH THE PLANS.

_____ The menu

_____ Descriptions of all hot holding equipment (e.g. steam tables and cold holding equipment (e.g. refrigerators, walk in units, salad bars) cut sheets or model numbers.

_____ A construction material and room finish schedule.

_____ The detailed explanation of the methods by which potentially hazardous foods will be cooled to **41 degrees or lower**; chill sticks, ice bath.....

_____ An explanation of all special operations (**vacuum packaging, salad bar, catering).

_____ A list of the names, mailing addresses and phone numbers of all persons accountable for the design and construction of the establishment.

**ENCLOSE A CHECK OR MONEY ORDER FOR \$25.00 payable to:
"Town of Exeter Health Department"**

Note: If additional rooms of your establishment are to be converted to food preparation areas in the future, a separate floor plan is required for each area.

**** Special Operations may require a HACCP PLAN: Please contact the Health Department for further information.**

EQUIPMENT REQUIREMENTS

___ PROVIDE ADEQUATE EQUIPMENT AND SPACE TO:

- Maintain food temperatures of 140F or higher or 41F or lower
- Cool food from 140F to 70F within 2 hour and 70F to 41F within 4 hours
- Reheat food to 165F within 2 hours

___ SINK REQUIREMENTS:

- NSF approved 3-bay, seamless design with bays large enough to submerge the largest piece of equipment and drain boards on both sides with length and width dimensions equivalent to one bay.
- NSF approved food preparation sink plumbed with an air gap; seamless design. Establishments using "paper service" exclusively may not be required to have this sink.
- Hand washing sink (s) convenient and accessible throughout each food preparation area, dish area and restroom. All shall be provided with a mixing valve (one water outlet).
- Utility (mop) sink located on the same floor as the main kitchen. Plumb a back siphonage device onto the hose bibb if a hose is ever attached.
- Dish Machine is an optional piece of equipment. Must be commercial and meet NSF standards.

___ SEPTIC SYSTEM APPROVAL:

- By the NH Division of Environmental Services specific to the type of food service and the amount of indoor seating is required for all private systems.

___ PRIVATE WATER SOURCES:

- Are required to have an initial "Standard Analysis" water test with a "Bacteriological Analysis" water test annually thereafter. Establishments with 25 or greater indoor seats are to contact the NH Water Supply Engineering Bureau (see list of State Agencies).

___ **COMMERCIAL REFRIGERATION:**

- Only is permitted. **WOOD INSIDE WALK-IN REFRIGERATION UNITS ARE PROHIBITED**, including the floors, walks, ceiling, shelving, door and door frame.

___ **FLOORS, WALLS, CEILING, SHELVING AND CUPBOARDS:**

- In all food preparation areas and restrooms are to have a smooth and sealed exterior and be free of any unnecessary cracks and crevices. Finish the interiors of all shelving and cupboards in these areas and finish the wall below all counters and bars.

___ **RESTROOMS:**

- Are to have mechanical ventilation and self-closing doors.
- Provide one restroom for up to 24 indoor seats and two restrooms for 25 or more indoor seats or if alcoholic beverages are served (RSA 155:40).
- Place a covered waste receptacle in all restrooms used by female patrons.
- Access to the public toilets shall not be through food preparation or service areas.

___ **SHIELD THE LIGHTS:**

- In all areas with open food and equipment washing sinks.

___ **INSTALL SCREENING:**

- Install screening or air curtains on all doors and windows that are to be kept open.

___ **PROVIDE A CLEANABLE SURFACE FOR ALL DUMPSTERS:**

- Or garbage cans that are store outside (e.g. reinforced concrete or rolled asphalt).

THIS IS A PARTIAL LIST - CONSULT THE FOOD CODE FOR FURTHER INFORMATION