

**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 4<sup>th</sup> 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: \_\_\_\_\_

## EQUIPMENT SCHEDULE

Complete the following equipment schedule and submit with your plans. The item number indicated must match equipment labeled on plans. All equipment must meet National Sanitation Foundation (NSF) specifications or equivalent.

**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 (ex. Vinyl composition tile, ceramic tile, quarry tile, terrazzo, sealed concrete, etc.)	Baseboard Coving (ex. Molded vinyl, quarry tile, ceramic tile, etc.)	Wall Finish (ex. Stainless steel panels, fiberglass reinforced panels (FRP), ceramic tile, sheetrock, etc.)	Ceiling Finish (ex. Sheetrock painted with high gloss enamel, vinyl coated suspended tile, washable metal tile, etc.)	Lighting & Shielding (ex. Fluorescent tubes in plastic sleeves with end caps, recessed fluorescents with light diffusers, etc.)
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?
- Single service items?
- Linens – clean and soiled?
- Cleaning Supplies?
- Pesticides and other toxic items to be stored separately away from foods?
- Medication and first aid supplies?

## Food Storage:

Is food stored:

- In the basement?
- Beneath open stairwells?
- Beneath unprotected overhead plumbing lines?
- In restroom or vestibule?
- On shelves at least 6" off floor?

Is cold storage available in:

- Walk-in refrigerators?
- Walk-in freezers?
- Reach-in refrigerators?
- Reach-in freezers?

## Hot & Cold Food Display:

Do food displays have:

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

	YES	NO	NOT APPLICABLE
<b>Equipment:</b>			
• 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"/>
<b>Warewashing:</b>			
• 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"/>
<b>Plumbing:</b>			
• 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"/>
<b>Restrooms:</b>			
• 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"/>
<b>Insect and Rodent Control:</b>			
• 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
<b>Cross Connection Control:</b> 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?
- In each restroom?
- With soap dispensers?
- With hand drying device (paper towel or hot air)?

#### **Solid Waste and Recyclables Storage and Collection:**

Do you have:

- Separate covered containers for trash and recyclables?
- Adequate container storage area?
- A place to clean containers?
- Compactor provided (optional)?
- A contract with a licensed hauler?

#### **Ventilation/Fire Suppression in Kitchen:**

- Is ventilation hood/fire suppression system installed above cooking surfaces in accordance with the current NFPA Code No. 96?
- Does it have approved source(s) of make-up air?

**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 4<sup>th</sup> St.  
Emmaus, PA 18049  
Health Officer Phone #: (610) 966-9026  
Fax #: (610) 965-0705  
[healthinspector@borough.emmaus.pa.us](mailto: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.**

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SIGNATURE

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DATE