

CATTARAUGUS COUNTY HEALTH DEPARTMENT

1 Leo Moss Drive, Suite 4010
Olean, New York 14760-1154

**APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS FOR
THE CONSTRUCTION, ALTERATION OR REMODELING OF A
FOOD SERVICE ESTABLISHMENT**

| | |
|--|---|
| Name and Address of Establishment: _____ _____ | Name and Address of Owner: _____ _____ |
| Name and Address of Architect, Engineer or Consultant: _____ _____ | Name and Address of Operator: _____ _____ |
| Signature of Architect, Engineer or Consultant: DATE: _____ | Signature of Operator: DATE: _____ |

Approval or Disapproval to be sent to: Establishment Owner Architect, Engineer or Consultant Operator

When a food establishment is constructed or substantially remodeled or an existing structure converted for use as a food establishment, properly prepared plans and specifications shall be submitted to the regulatory authority for review and approval before construction is started. Part 14, Section 14.90, New York State Sanitary Code.

Type of Establishment: Restaurant/Bar School Institution Sub/Pizza Shop Catering Commissary
 Retail Frozen Dessert Manufacturing Retail Bakery Vending Commissary, Mobile Vending
 Other (Describe) _____

Type of Facility:
 New Structure Seating Capacity: _____
 Remodeled Existing Food Service Facility Are Banquet Facilities Available? _____
 Building Converted From Other Use to Food Service Banquet Seating Capacity: _____

Potentially Hazardous Foods: Thin meats, poultry, fish, eggs Thick meats (roasts), whole poultry
 Cold Processed Foods (salads, sandwiches, vegetables)
 Hot Processed Foods (soup, stews, chowders, casseroles)
 Bakery goods (pies, custards, creams)

(FOR OFFICE USE ONLY)

Plans Approved Date _____ By _____
Plans Disapproved Date _____ By _____

Reason(s) for Disapproval _____

DETAILS OF PROPOSED FOOD SERVICE FACILITIES

SERVICE ARRANGEMENTS

For each of the following questions, please circle Yes or No:

Counter protection devices, cabinets, display cases or similar protective equipment provided for the open display of food (including condiments)? Yes No

Protective shielding for light fixtures in food storage, preparation, service, and display areas? Yes No

Properly scaled thermometers, mounted and easily visible, in each refrigeration unit? Yes No

Properly scaled thermometer available at each hot food storage unit? Yes No

Floor Mounted equipment:

Easily Removable? Yes No

Elevated 6 inches above floor? Yes No

Sealed to floor? Yes No

SURFACE MATERIAL

Kitchen Area:

Floors _____

Walls _____

Ceilings _____

Service Areas:

Floors _____

Walls _____

Ceilings _____

Dining Areas:

Floors _____

Walls _____

Ceilings _____

Storage Areas

Floors _____

Walls _____

Ceilings _____

WASHING & SANITIZING FACILITIES

Dishwashing:

Manual (three compartment sink)? Yes No

Mechanical? Yes No

Make/Model _____

Booster? Yes No

Thermometer(s)? Yes No

Potwashing:

Manual (three compartment sink)? Yes No

Mechanical? Yes No

Make/Model _____

Booster? Yes No

Thermometer? Yes No

Bar Glass Washing:

Manual (three compartment sink)? Yes No

Mechanical? Yes No

Make/Model _____

Handwashing:

Sinks in Food Preparation Areas? _____

Sinks in Restrooms? _____

EXHAUST VENTILATION

Hood Locations

(Restroom Ventilation must be mechanical in all new or remodeled establishments.)

STORAGE

Walk-In

Reach-In

Refrigerator (No. of Units) _____

Freezer (No. of Units) _____

Dry Stores (Sq. Ft.) _____

Separate Cabinet for Toxic Items? _____

EMPLOYEE FACILITIES

Toilets? _____

Locker Room or Lockers? _____

WATER SUPPLY

Public? _____ Private? _____

Adequate; Safe and Sanitary Quality? _____

Hot Water

Capacity (Gals.) _____

Temperature Setting F _____

WASTE DISPOSAL

Sewage: Public _____ Private* _____

Food Waste: Commercial Disposal Service _____

Grinder _____ Other _____

Trash: Commercial Disposal Service _____

Other _____

*Health Department Approved? _____

PLUMBING

Are indirect drains installed on: (Answer Yes or No)

Food preparation sinks? _____

Ice Machines? _____

Steam Tables? _____

Ice Storage Bins? _____

Dishwasher? _____

Is a vented double check valve installed on each carbonator?

Yes No

Are vacuum breakers installed on: (Answer Yes or No)

Each hose bibb? _____

The dishwasher inlet? _____

Soap dispenser on dishwasher? _____

Faucet-mounted soap dispensers? _____

Has a curbed floor basin, supplied with hot and cold running water, been installed?

Yes No

OTHER

Fly Control

-Are screens installed on all openable windows? Yes No

-Are screens or air curtains installed on all exterior opening?

Yes No