



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES



MAIL TO: BUREAU OF FINANCE/RECEIPTS UNIT – FOOD PROTECTION  
129 PLEASANT ST, CONCORD, NH 03301  
603-271-4589 FAX: 603-271-4859 TDD Access: 1-800-735-2964  
Website: [www.dhhs.nh.gov](http://www.dhhs.nh.gov) E-mail: [dhhs.foodprotection@dhhs.nh.gov](mailto:dhhs.foodprotection@dhhs.nh.gov)

APPLICATION FOR FOOD ESTABLISHMENT FLOOR PLAN REVIEW

Dear Food Service Owner/Operator:

The review of the plans and specifications for a food establishment is designed to help you construct a facility that meets the requirements of *He-P 2300, The New Hampshire Rules for the Sanitary Production and Distribution of Food*. Each application is reviewed individually as the specific requirements for the amount of refrigeration, storage space and number of sinks is based on the amount of food being prepared and nature of the food operation. The feedback on the plans and specifications is conducted based upon the analysis of the information provided in the application

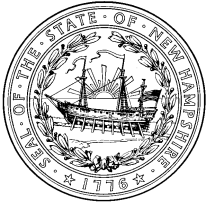
A plan review is required for all new food establishments, existing structures that are being converted into food establishments, and remodeled food establishments.

Please read and fill out the following application and form completely before re submittal of your information . Take special note that ***a menu and one copy of the schematic drawings are required.*** An application that is incomplete, illegible or does not meet requirements may be returned. Any changes to the plan subsequent to the review shall require written approval before the change can be made.

For additional information on the NH Food Rules or for further assistance, contact the Food Protection Section at (603) 271-4589 or via e-mail at [dhhs.foodprotection@dhhs.nh.gov](mailto:dhhs.foodprotection@dhhs.nh.gov)

Best,

Robert Allen  
Department of Health and Human  
Services Food Protection Section  
[robert.allen@dhhs.nh.gov](mailto:robert.allen@dhhs.nh.gov)



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**FOOD ESTABLISHMENT FLOOR PLAN REVIEW APPLICATION**

RS-405263

<b>TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Relocation <input type="checkbox"/> Addition <input type="checkbox"/> Conversion	<b>Projected Start Date:</b> _____ <b>Projected Completion Date:</b> _____
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<b>TYPE OF FOOD OPERATION:</b> <input type="checkbox"/> Restaurant <input type="checkbox"/> Institution/School <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Food Processing Plant <input type="checkbox"/> Mobile Food Unit <input type="checkbox"/> Other: _____
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**FOOD ESTABLISHMENT INFORMATION**

<b>Name of Establishment:</b>			
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<b>Establishment Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
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**FOOD ESTABLISHMENT - OWNERSHIP INFORMATION**

<b>Name of Owner:</b>			
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<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
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<b>Email:</b>	<b>Phone Number:</b>
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**APPLICANT INFORMATION (e.g. OWNER/ARCHITECT/ENGINEER) \*if different than owner**

<b>Applicant Name:</b>			
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<b>Applicant Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
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<b>Email:</b>	<b>Phone Number:</b>
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**FOOD OPERATION INFORMATION**

<b>Food Establishment Seating Capacity</b>  # of Indoor Seats: _____ # of Outdoor Seats: _____  Square Feet of Facility: _____	<b>Type of Service (check all that apply)</b> <input type="checkbox"/> On-site consumption <input type="checkbox"/> Off-site consumption <input type="checkbox"/> Catering <input type="checkbox"/> Single-use utensils <input type="checkbox"/> Multi-use utensils <input type="checkbox"/> Other: _____	<b>Number of Food Employees</b> Max per shift: _____  <b>Maximum meals to be served (estimated)</b> <input type="checkbox"/> Breakfast _____ <input type="checkbox"/> Lunch _____ <input type="checkbox"/> Dinner _____ <input type="checkbox"/> Other _____
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**REQUIRED DOCUMENTS**

The following documents must be submitted along with this application:

- Proposed menu (draft acceptable) or complete list of food and beverages to be offered
- Food Establishment Floor Plan, drawn to scale, which includes applicable items below:
  - food preparation areas                      -office    -warewashing area
  - serving and seating areas                      -changing rooms                                      -janitorial and trash areas
  - restrooms    -storage areas                                      -location of any outside equipment or facilities
- Refrigeration, which shall be commercial grade refrigeration only.
- Equipment layout and specifications, clearly numbered and cross-keyed with the equipment list.
- Identify handwashing, food preparation, three compartment and service sinks.

Food Operation Questionnaire

# FOOD OPERATION QUESTIONNAIRE

To assist with plan review process, please provide answers to the questions below.

## PHYSICAL FACILITIES

### **Handwashing:**

*Indicate number and locations of handsinks:*

### **Warewashing Facilities:**

*Identify the length, width and depth of the three-compartment sink:*

### **Manual Warewashing:**

*What type of sanitizer will be used?*

Chlorine     Iodine     Quaternary Ammonium     Hot Water     Other (Specify) \_\_\_\_\_

### **Mechanical Warewashing** \*(please note above manual warewashing back up for three bay sink)

*Will a warewashing machine be used?*     Yes     No

*If mechanically warewashing, what type of sanitization will be used?*     Chemical     Hot Water

### **Service Sink:**

*Location and size of service (mop) sink:*

### **Backflow Prevention:**

*Will you use a chemical feed system at your service sink and /or three compartment sink?*     Yes     No

*Will all potable water sources be protected for backflow?*     Yes     No

### **Toilet Facilities:**

*Identify locations and numbers of toilet facilities:*

*Are all toilet room doors self-closing where applicable?*     Yes     No

### **Poisonous/Cleaning Storage:**

*Identify the location and storage of poisonous or toxic materials:*

*Where will cleaning and sanitizing supplies be stored at work stations?*

*How will these be separated from food and food contact surfaces?*

**Pest Control:**

*Will you use a Pest Control Service?*  Yes  NO  N/A (mobile unit only)

*If yes, company name* \_\_\_\_\_

*Will all outer openings be protected against the entry of insects and rodents by:*

Filling or closing holes and gaps along floors walls and ceilings  Yes  No

Installing closed, tight fitting windows  Yes  No

Installing solid self-closing, tight fitting doors  Yes  No

Screens provided for all entrances left open to the outside  Yes  No

**Refuse:**

*Will a dumpster or compactor be used?*  Yes  No

*Is the dumpster or compactor located on concrete or asphalt and sloped to drain?*  Yes  No

**Miscellaneous:**

*Does and part of you facility open directly into any part of a living or sleeping quarters?*  Yes  No

**EQUIPMENT**

*Will refrigeration used for Time/Temperature Control for Safety (TCS) foods be commercially rated?*

Yes  No

**\*NOTE: Coolbot® control systems shall not be an acceptable means to cold hold TCS (time/temperature control for safety) foods. Equipment and utensils shall be designed and constructed to be durable and retain their characteristic qualities under normal use conditions.**

*If ice bins are being used, are the cold plates integrated?*  Yes  No

*Will drain boards, utensil racks, or tables large enough to accommodate soiled and clean items be provided for holding before cleaning and after sanitizing?*  Yes  No

## FOOD/FOOD PREPARATION

Will "Time as a Public Health Control" be used for TCS hot or cold held foods?  Yes  No

Do you intend to use a "Non-Continuous Cook" method?  Yes  No

Will raw animal food(s) be offered to the public in an undercooked form?  Yes  No

Will any of the following specialized process being used?  Yes  No

If YES, indicate which processes will be used:

- Curing
- Acidification (Sushi Rice)
- Reduced Oxygen Packaging (i.e. Vacuum)
- Sous Vide
- Cook/Chill
- Smoking (for preservation)
- Sprouting Beans
- Other

Explain checked processes:

See page 1 for a list of required documents to be sent with this application and \$75 fee, made payable to Treasurer, State of New Hampshire.

Application shall be sent to: Bureau of Finance/Receipts Unit-Food Protection, 129 Pleasant St, Concord, NH 03301.

I, (print name & title \_\_\_\_\_), 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.

Applicant Signature \_\_\_\_\_

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