



# FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Return this application completed, with required documents from section II, with lists and drawings. NMED will schedule a consultation for review.

## SECTION I

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

- NEW     
  REMODEL     
  FACILITY CONVERSION     
  TRANSFER OF OWNERSHIP

Name of Establishment: \_\_\_\_\_

Indicate Category and Type of Establishment (mark only one):

### Food Service Establishment:

- Bakery
- Bar
- Bed & Breakfast
- Caterer
- Commissary
- Convenience Store
- Delicatessen
- Institution
- Meat Market
- Mobile:
  - -  Fully self contained
  - -  Non self contained
- Push cart
- Restaurant
- Restricted Menu
- Seafood Market
- Seasonal
- Snack Bar
- Temporary
- Warehouse

### Food Processing Establishment:

- Bakery
- Beverage
- Bottled Water
- Dry Food
- Jerky
- Meat (slaughter/packer/butcher)
- Refrigerated / Frozen Food
- Seafood
- Shelf Stable Food
- Shellfish

Establishment physical location: \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_

Phone of Establishment: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Hours of Operation: Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Number of Seats: \_\_\_\_\_

Number of Staff: \_\_\_\_\_ (Maximum per shift)

Total Square Feet of Establishment: \_\_\_\_\_

Maximum Meals to be Served: \_\_\_\_\_ (approximate number per day)

Breakfast \_\_\_\_\_, Lunch \_\_\_\_\_, Dinner \_\_\_\_\_

Projected Date for Start of Construction/Remodel: \_\_\_\_\_ NA

Projected Date for Completion of Construction/Remodel: \_\_\_\_\_ NA

Type of Service: (check all that apply)  Sit Down Meals,  Take Out,  Home delivery,  other (describe) \_\_\_\_\_

**SECTION II**  
**CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS (7.6.2.8A)**

**Please enclose the following documents:**

1. **Provide plans** that are accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans. Include and provide specifications for:
  - a. Entrances, exits, loading/unloading areas and docks;
  - b. Complete finish list/drawings for each room including floors, walls, ceilings and coved juncture bases;
  - c. Plumbing list/drawing including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
  - d. Lighting list/drawing with protectors;
    - (1) At least bright enough to be able to see clearly into all areas, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
    - (2) At least twice as bright as (1):
      - (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
      - (b) Inside equipment such as reach-in and under-counter refrigerators;
      - (c) At a distance of 30 inches above the floor in areas used for handwashing, dish-washing, and equipment and utensil storage, and in toilet rooms; and
    - (3) At least 5 times as bright as (1) at surfaces where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
  - e. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence of compliance with state and local regulations;
  - f. Ventilation list/drawing;
  - g. A mop sink or curbed cleaning area with an area for hanging wet mops;
  - h. Garbage can washing area/facility;
  - i. Cabinets for storing toxic chemicals;
2. **Provide proposed menu**, seating capacity, and projected daily meal volume for food service operations.
3. **Provide 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).
4. **Provide manufacturer specification sheets** for each piece of equipment shown on the plan. Show the location and, when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units, indicating location of sneeze guards. Indicate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods. **Food Equipment list/drawing including make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program such as NSF** (when applicable).
5. **Label and locate separate food preparation sinks** when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. **Clearly show adequate hand wash sinks** for each toilet fixture and in the immediate area of food preparation.
7. **Show the placement of the equipment on the floor plan.**
8. On the plan, represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
9. **Food Processing establishments** must attach Operational Plans. (Ask for requirements)

**SECTION III  
OPERATING PROCEDURES  
FOOD PREPARATION REVIEW**

Check categories of Potentially Hazardous Foods (PHF's) to be (handled) prepared and served.

**CATEGORY\***

1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets) Yes  No
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams) Yes  No
3. Cold processed foods (salads, sandwiches, vegetables) Yes  No
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles) Yes  No
5. Bakery goods (pies, custards, cream fillings & toppings) Yes  No
6. Other \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS THAT APPLY**

**FOOD SUPPLIES:**

7.6.2.9A(1)

Are all food supplies from approved sources? Yes  No

Are only non-potentially hazardous foods/prepackaged foods sold?  YES  NO

**If yes, go to section IV page 5. If no, continue below with cold storage.**

**COLD STORAGE:**

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41°F (5°C) and below? 7.6.2.9B(1); 7.6.2.10A(8) Yes  No
2. Will raw meats, poultry or seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? 7.6.2.9C(3) Yes  / No   
If yes, how will cross-contamination be prevented?  
\_\_\_\_\_

3. Does each refrigerator/freezer have a thermometer? 7.6.2.9B(12) Yes  / No   
Refrigerator cubic feet: \_\_\_\_\_ Freezer cubic feet: \_\_\_\_\_

4. Is there a ice machine/maker available? Yes  No

**THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:**

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. Mark all methods that apply. 7.6.2.9B(4)

**Thawing Method:**

- Refrigeration
- Running Water Less than 70°F
- Microwave (as part of cooking process)
- Cooked from Frozen state
- Other  (describe) \_\_\_\_\_

**COOKING:**

7.6.2.9B

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF's? (7.6.2.9B13) Yes  No

What type of thermometer: Bi-metal Stem      Thermister      Thermocouple

• Please supply minimum cooking time and temperatures of product, type of heating equipment: 7.6.2.9B(5)

Food	Time & Temperature	Equipment
	_____ °F ( _____ minutes)	
	_____ °F ( _____ seconds)	
	_____ °F ( _____ seconds)	
	_____ °F ( _____ seconds)	
	_____ °F ( _____ seconds)	

**HOT/COLD HOLDING:**

1. How will hot PHF's be maintained at 140°F (60°C) or above during holding for service? Indicate type and number of hot holding units. 7.6.2.9B(1)

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2. How will cold PHF's be maintained at 41°F (5°C) or below during holding for service? Indicate type and number of cold holding units. 7.6.2.9B(1)

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**COOLING:**

Please indicate by checking the appropriate boxes how PHF's will be cooled within 4 hours (140°F to 41°F), or within 6 hours (140°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place. 7.6.2.9B(6)(a),(b)

COOLING METHOD	Where will cooling take place	Thick Meats	Thin Meats	Thin Soups Gravy	Thick Soups Gravy	Rice Noodles
Shallow Pans		<input type="checkbox"/>				
Ice Baths		<input type="checkbox"/>				
Reduce Volume		<input type="checkbox"/>				

**REHEATING:** 7.6.2.9B(8)

How will PHF's that are cooked, cooled, and reheated for hot holding be reheated rapidly and within 2 hours so that all parts of the food reach a temperature of at least 165°F for 15 seconds? Indicate type and number of units used for reheating foods.

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**PREPARATION:**

1. Please list categories of foods prepared more than 12 hours in advance of service.

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2. How will bare-hand contact of ready-to-eat foods be minimized?

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3. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? Yes  No   
7.6.2.8H(2); 7.6.2.9H(5) **Please attach a copy of your policy.**
4. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? 7.6.2.9B(9) Yes  No
5. Will all produce be washed on-site prior to use? 7.6.2.9C(7) Yes  No   
Is there a planned location used for washing produce? Yes  No

Describe

6. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 140°F) during preparation. 7.6.2.9B(7)

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7. Will the establishment be serving food to a highly susceptible population? Yes  No   
If yes, only pasteurized eggs, juices, no uncooked/lightly-cooked animal foods, etc. are allowed to be served/used. 7.6.2.9A(5)

**SECTION IV  
PHYSICAL FACILITY**

**A. Finish Materials**

7.6.2.10C; 7.6.2.10D

Please indicate which materials (quarry tile, stainless steel, 4" plastic covered molding, etc.) will be used in the following areas.

	FLOOR	COVING	WALLS	CEILING
<b>Kitchen</b>				
<b>Bar</b>				
<b>Food Storage</b>				
<b>Other Storage</b>				
<b>Toilet rooms</b>				
<b>Dressing rooms</b>				
<b>Garbage &amp; Garbage Storage</b>				
<b>Mop Service Basin Area</b>				
<b>Warewashing Area</b>				
<b>Walk-in Refrigerators and Freezers</b>				

**B. INSECT AND RODENT CONTROL**

APPLICANT: Please check appropriate boxes.

- Will all outside doors be self-closing and rodent proof? 7.6.2.10E(1),(2),(3),(4) Yes  No  NA
- Are screen doors provided on all entrances left open to the outside? 7.6.2.10E(5) Yes  No  NA
- Do all openable windows have a minimum 16 mesh screening? 7.6.2.10E(5)(a) Yes  No  NA
- What is placement of electrocution devices? Yes  No  NA
- Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? Yes  No  NA
- Is area around building clear of unnecessary brush, litter, boxes and other harborage? Yes  No  NA
- Will air curtains be used? Yes  No  NA

If yes, where? \_\_\_\_\_

**C. GARBAGE 7.6.2.9F**

**Inside**

- Do all containers have lids? Yes  No  NA
  - Will garbage be stored inside? Yes  No  NA
- If yes, where? \_\_\_\_\_
- Is there an area designated for garbage can or floor mat cleaning? Yes  No  NA

**Outside**

- Will a dumpster be used? Yes  No  NA

Number \_\_\_\_\_ Size \_\_\_\_\_  
 Frequency of pickup \_\_\_\_\_  
 Contractor \_\_\_\_\_

- Will garbage cans be stored outside? Yes  No  NA

14. Describe surface and location where dumpster/ cans are to be.

- 
- Describe location of grease storage receptacle stored and provide name, address, and phone number of the pickup service.

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- Is there any area to store returnable damaged goods? Yes  No  NA

**D. PLUMBING CONNECTIONS 7.6.2.9F(1), (2)**

	AIR GAP	AIR BREAK	* "P" TRAP	*INTEGRAL TRAP	*VACUUM BREAKER	CONDENSATE PUMP
17. Dishwasher	<input type="checkbox"/>					
18. Ice Machines	<input type="checkbox"/>					
19. Ice storage bin	<input type="checkbox"/>					
20. Sinks	<input type="checkbox"/>					
• Mop	<input type="checkbox"/>					
• Hand wash	<input type="checkbox"/>					
• 3-Compartment	<input type="checkbox"/>					
• 2-Compartment	<input type="checkbox"/>					
• Vegetable	<input type="checkbox"/>					
21. Steam tables	<input type="checkbox"/>					
22. Dipper wells	<input type="checkbox"/>					
23. Refrigeration condensate/ drain lines	<input type="checkbox"/>					
24. Hose Connection	<input type="checkbox"/>					
25. Potato peeler	<input type="checkbox"/>					
26. Beverage Dispenser w/carbonator	<input type="checkbox"/>					
27. Other _____	<input type="checkbox"/>					

- TRAP: A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or wastewater through it. An integral trap is one that is built directly into the fixture, e.g. a toilet fixture. A "P" trap is a fixture trap that provides a liquid seal in the shape of the letter "P." Full "S" traps are prohibited.

28. Are floor drains provided & easily cleanable?  YES  NO  
If yes, indicate location:

**E. WATER SUPPLY**

29. Is water supply public  or private ? 7.6.2.9I

30. If private, has source been approved? YES  NO  PENDING

**Please attach copy of written approval, permit or testing results.**

31. Is ice made on premises  or purchased commercially ? 7.6.2.9A(6)

If made on premises, are specifications for the ice machine provided? YES  NO

Describe provision for ice scoop storage: 7.6.2.9E(1)

32. Is there a water treatment device? Yes  No

If yes, how will the device be inspected & serviced?

33. How are backflow prevention devices inspected & serviced?

**F. SEWAGE DISPOSAL**

34. Is building connected to a municipal sewer? 7.6.2.9F(1) YES  NO

35. If no, is private disposal system approved? YES  NO  PENDING

Please attach copy of approved permit/system.

36. Are grease traps provided? YES  NO  NA

If yes, where? \_\_\_\_\_ . Indicate size \_\_\_\_\_

**G. DRESSING ROOMS**

37. Are dressing rooms provided? 7.6.2.9K(7) YES  NO

**H. GENERAL**

38. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? 7.6.2.9C(12) YES  NO

Indicate location: \_\_\_\_\_

- Are insecticides/rodenticides approved for use in food service establishments? 7.6.2.9C(14) YES  NO

39. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? 7.6.2.9C(12) YES  NO

40. Are all containers of toxics including sanitizing spray bottles clearly labeled? 7.6.2.9C(11) YES  NO

41. Will linens be laundered on site? 7.6.2.9K(9) YES  NO  NA   
If yes, what will be laundered and where?

42. Is a laundry dryer available? 7.6.2.9K(9) YES  NO  NA

43. Are containers constructed of safe materials to store bulk food products? 7.6.2.9C(2) YES  NO

Indicate type: \_\_\_\_\_

44. Indicate all areas where exhaust hoods are installed: 7.6.2.10G

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

**I. SINKS**

44. Is a mop sink present? 7.6.2.9D(18) YES  NO

If no, please describe facility for cleaning of mops and other equipment:

45. If the menu dictates, is a food preparation sink present? YES  NO

**J. DISHWASHING FACILITIES 7.6.2.9D**

46. Will sinks or a dish machine be used for warewashing?

- Dish machine (13);  Three compartment sink (8)

47. Dish machine

Type of sanitization used 7.6.2.9D(13)(c):

- Hot water (provide temp.) \_\_\_\_\_  
 Chemical type \_\_\_\_\_

48. Do all dish machines have templates with operating instructions? 7.6.2.9D(13) YES  NO

49. Do all dish machines have accurately working temperature/pressure gauges? 7.6.2.9D(10), (13)(b) YES  NO

50. Is the hot water heater sufficient for the needs of the establishment? 7.6.2.9I(2) YES  NO

51. Does the largest pot and pan fit into each compartment of the warewashing sink? 7.6.2.9D(9) YES  NO

52. Are there drain boards on both ends of the warewashing sink? 7.6.2.9D(11) YES  NO

53. What type of sanitizer is used? 7.6.2.9D(6)(b)  Chlorine  Iodine  Quaternary ammonium  Hot water

54. Are test papers/kits available for checking sanitizer concentration? 7.6.2.9D(7) YES  NO

**K. HANDWASHING/TOILET FACILITIES**

- 55. Is there a handwashing sink in each food preparation and warewashing area? 7.6.2.9G(2) YES  NO
- 56. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? 7.6.2.9G(3) YES  NO
- 57. Is hand cleanser available at all handwashing sinks? 7.6.2.9G(5) YES  NO
- 58. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? 7.6.2.9G(4) YES  NO
- 59. Are waste receptacles available in each restroom? 7.6.2.9G(4) YES  NO
- 60. Is hot and cold running water under pressure available at each handwashing sink? 7.6.2.9G(6) YES  NO
- 61. Are all toilet room doors self-closing? 7.6.2.10B(3) YES  NO
- 62. Are all toilet rooms equipped with adequate ventilation? 7.6.2.10G(1) YES  NO
- 63. Is a handwashing sign posted in each employee restroom? YES  NO

**L. DRY GOODS STORAGE**

- 64. Is the projected frequency of deliveries specified? YES  NO
- 65. Is adequate storage space provided for based upon menu, meals and frequency of deliveries? YES  NO
- 66. How will dry goods be stored off the floor? 7.6.2.9C(1)

**M. SMALL EQUIPMENT REQUIREMENTS**

- 67. Please specify the number and types of each of the following:  
 Slicers \_\_\_\_\_  
 Cutting boards \_\_\_\_\_  
 Can openers \_\_\_\_\_  
 Mixers \_\_\_\_\_  
 Floor mats \_\_\_\_\_  
 Other \_\_\_\_\_

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**APPLICANT'S SIGNATURE PAGE**

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the State of New Mexico Environment Department Office may nullify final approval.  
 Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

Applicant(s) or responsible representative(s) \_\_\_\_\_ Title \_\_\_\_\_

Applicant(s) or responsible representative(s) \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Title \_\_\_\_\_

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Approval of these plans and specifications by the State of New Mexico Environment Department 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 pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with **7.6.2 NMAC -- Food Service And Food Processing Regulations**, governing food service establishments. After the pre-opening inspection is completed and an approval to open is given, the fee remittance will be required and accepted.

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**NMED USE ONLY**

**FOOD SPECIALIST'S REVIEW**  
REVIEW TO BE DONE TIME PERMITTING

Comments:

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District Food Specialist Review: \_\_\_\_\_ Date: \_\_\_\_\_

**REVIEWER'S APPROVAL**

Comments:

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APPROVED

DENIED

Reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NMED APPROVING AUTHORITY: \_\_\_\_\_  
(ATTACH LETTERS AND RECORDS OF CORRESPONDENCE)

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

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