Dear Applicant,

A permit is required in New Mexico to operate a manufactured food facility. A manufactured food facility is a commercial operation that manufactures food products and provides those products to other business entities (wholesale sales). Manufactured Food facilities that operate in conjunction with another food facility are required to be permitted separately. For example, a person who operates a restaurant and also begins a manufacturing operation in the same facility would require a retail food permit and a manufactured food permit for the single facility.

Permit Applications **must** be completed as follows:

1. All sections of the application must be completed
2. All required attachments **must** be submitted as one "packet" with pages numbered and listed in the table of contents (it's preferred in a three-ring binder)
3. The packet **must** have a table of contents
4. Each section, corresponding to application section #, should be labeled and inserted in chronological order (i.e. Section 1, Section 2, Section 3)
    a. Manufactured food Facility Application: Sections and subsections should be labeled to match the updated application. (i.e. Section 4 would be labeled as "Product Information" in the packet, Subsection 4.2.3 would be labeled "Manager and employee training" and the SOP or plan for manager and employee training would be labeled as 4.2.3.1 under that Subsection)
5. Clearly denote any portions of your application that you believe to be a trade secret. See "Trade Secrets" below for further details.
6. Submit a hard copy of the application is preferred. When ready to submit, email food.program@state.nm.us for submission instructions.

TRADE SECRETS

PRIOR to submitting the application, please clearly denote any portions of your application that you believe to be a trade secret under the meaning of Subsection 14-2-1(F) of the Inspection of Public Records Act.

"Trade Secret", as used in the Inspection of Public Records Act, means information, including a formula, pattern, compilation, program, device, method, technique or process, that:

(1) derives independent economic value, actual or potential, from not being generally known to and not being readily ascertainable by proper means by other persons who can obtain economic value from its disclosure or use; and

(2) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.

If you have further questions, please email us at food.program@state.nm.us.

Application Date: _____

All fields must be completed. If a field does not apply, please indicate. Incomplete applications will not be processed.

General Information

Facility Information

Name of Manufactured Food Facility:			
Street Address:			Phone:
City:	County:	Zip:	Fax:
Mailing Address (if different than above):			
City:	State:	County:	Zip:

Ownership Information

Select one: ☐ **Association** ☐ **Corporation** ☐ **Individual** ☐ **Partnership** ☐ **LLC** ☐ **Other Legal Entity**_____

NM Combined Reporting System Identification Number (CRS #) _____

Individual or Corporate Name:		Phone:
Mailing Address:		Fax:
City:	State:	Zip:

Ownership Contact Information

Same as "Ownership Information" ☐

Name and Title:		Phone:
Mailing Address:		Cell:
City:		Fax:
State:	Zip:	Email:

Billing Contact Information

Same as "Ownership Information" ☐

Name and Title:		Phone:
Mailing Address:		Cell:
City:		Fax:
State:	Zip:	Email:

Primary Facility Contact Information

Same as "Ownership Information" ☐

Name and Title:		Phone:
Mailing Address:		Cell:
City:		Fax:
State:	Zip:	Email:

Additional Facility Contact Information (attach additional sheet if necessary)

N/A ☐

Name and Title:		Phone:
Mailing Address:		Cell:
City:		Fax:
State:	Zip:	Email:

Regulations

A copy of the regulations may be obtained at: www.env.nm.gov/foodprogram

Type of Construction (Check one)			
	New Construction		Remodel
	Facility Conversion to Manufactured Food Facility		Opening or Transfer of Ownership of Existing food manufacturing Facility

Construction and Opening Details			
Planned Construction Start Date:		Planned Opening Date:	

Square Footage and Area Location

**If the facility is in a multi-story structure, indicate on which floor each area is located.*

Please indicate square footage in each area	**Square Footage ($ft.^2$)**	***Floor**
Total Square Footage of the Manufactured Food Facility		
Square Footage of the Manufacturing/Processing Area		
Square Footage of the Dry Storage/Warehouse		

Days and Hours of Operation

Insert hours below in the following format: 8am to 8pm
If there is a break in the hours you are open, use the second line to insert additional hours.

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours	to	to	to	to	to	to	to
Hours	to	to	to	to	to	to	to

For seasonal operations, check all that apply.

Jan ☐	Feb ☐	Mar ☐	Apr ☐	May ☐	Jun ☐	Jul ☐	Aug ☐	Sept ☐	Oct ☐	Nov ☐	Dec ☐

Additional information (if applicable):

Type of Manufactured Food Facility (Check all that apply)			
	Acid Food		Refrigerated Food
	Formulated Acid Food		Dry Mix Food
	Acidified Low-Acid Canned Food		Jams/Jelly
	Low-Acid Canned Food		Jerky
	Seafood		Warehouse
	Shellfish		Candy
	Bottled Water		Fermented Food
	Bakery		Meat Product
	Salsa		Other:
	Juice		Other:
	Raw Food		Other:
	Chile Product		Other:
	Tortilla		Other:
	Frozen Food		Other:

Below is a checklist of required information needed to complete the plan review. Please ensure all information is included. ***Lack of complete information will delay review and plan approval.***			
check		**check**	
	1 *Plans*		**3 *Water & Sewage***
	• Floor, Mechanical, Electrical, and Site Plans		• Water supply and sewage disposal • Water test results
	2 *Equipment & Plumbing*		**4 *Product Information***
	• Floor Plan/Equipment Layout • Equipment Specification Sheets • Refrigeration • Handwashing sinks • Warewashing • Plumbing Connections • Water heaters & fixtures		• Products manufactured
			5 *FDA and/or USDA Registration*
			6 *Additional Information & Other NMED Permits*
			7 *Signatures*
			• Applicant signatures • NMED signatures

Section 1 – Plans

1.1 FLOOR PLAN:
Submit floor plans drawn to scale that include the location and identification of all equipment including but not limited to, the items listed in Section 2.1 below. Number each item on the floor plan and provide a key identifying the equipment corresponding to each number on the floor plan.

1.2 MECHANICAL VENTILATION PLANS AND SCHEDULES (new construction, facility conversion, or ventilation change):
Provide plans and schedules that indicate the location and specifications of ventilation hoods, fire suppression systems (as required by state or local fire authority), and restroom exhaust fans. Submit specification sheets for all ventilation hoods and fire suppression systems.

Provide make and model numbers and CFMs for each ventilation hood and exhaust fan in table below.

Ventilation Information			
ID # on Plans or Location	**Make**	**Model**	**CFM**

1.3 ELECTRICAL PLANS AND SCHEDULES (new construction, facility conversion, or ventilation change):
Provide plans and schedules that indicate the locations and specifications of all lighting.

Note: *All lights in processing areas, dry storage areas, dishwashing areas, inside equipment, and above areas where open products are held or displayed must be equipped with shatter proof bulbs or shields that will protect open product, utensils and equipment from broken glass if a bulb is broken.*

1.4 SITE PLAN:
Provide a site plan which includes the following:

1) Dumpster enclosures and trash compactors
2) Outside walk-in coolers/freezers
3) Outside product storage areas
4) Location of well heads and well water supply lines servicing the building (if applicable).
5) Location of on-site liquid waste treatment systems and associated lines servicing the building (if applicable)
6) Grease interceptors/grease traps (if applicable)
7) Submit piping diagram of the disinfection system. Include size of holding tank(s), pressure tank(s), make and model number of treatment system, etc. (if applicable)

Section 2 – Equipment & Plumbing

2.1 Floor Plan/Equipment Layout

Check all that apply to your facility & add others not listed. When requested list ID #. If necessary, use another page.

	Hand Sink(s) **(required in all processing area(s))**		Warewashing Sinks/Dish Machines **(required near processing area(s))**		Water Heater (location(s))
	Stoves		Dry Storage Areas		Other:
	Ovens		Chemical Dispensing Units		Other:
	Refrigerators		Laundry Facility Locations		Other:
	Freezers		Garbage/Recyclables Storage		Other:
	Ventilation Hoods		Toilet Facilities		Other:
	Utility Mop Sinks		Floor Sinks/Floor Drains		Other:
	Chemical Storage Areas		Hose Bibs/Hose Reels		Other:
	Personal Storage Areas		Grease Interceptor/Grease Trap		Other:

2.2 EQUIPMENT SPECIFICATIONS:

Submit equipment specification sheets, including make and model numbers for all equipment listed in this section. If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used. Number each specification sheet with the floor plan number assigned in 1.1 above.

2.3 REFRIGERATION:

Refrigeration Capacities			
ID # on Plan or Location	**TYPE OF UNIT**	**# OF UNITS**	**TOTAL CUBIC FEET**
	Walk-in Cooler		
	Walk-in Freezer		
	Reach-in Cooler		
	Reach-in Freezer		
	Other:		

2.4 HANDWASHING SINKS:

Handwashing Sink (required in all processing areas)		
Do all sinks have a mixing valve or combination faucet with hot and cold running water under pressure?	YES☐	NO*☐
Are enclosed paper towel dispensers and hand cleanser available at each sink?	YES☐	NO*☐
*If the answer to either question above is "No", explain:		

2.5 WAREWASHING:

Manual Warewashing - Include the size of each compartment (*length x width x depth*) of the warewashing sinks, soiled and clean drain board lengths, and whether or not a pre-rinse spray hose will be installed for each warewashing area, including bars.

Note: *Warewashing sinks must be large enough to accommodate the largest piece of equipment or utensils used.*

Manual Warewashing Information (required)					
ID # on Plans or Location	**Length (inches) of Soiled Drain board (required)**	**Dimensions (inches) of Sink Compartments (L x W x D)**	**Length (inches) of Clean Drain board (required)**	**Pre-Rinse Sprayer Yes/No**	
		x x		YES ☐	NO☐
		x x		YES ☐	NO☐

Drain board Alternatives:
If soiled and clean drainboards will not be provided, indicate the methods that will be used and provide specification sheets:

Mechanical Warewashing - Provide make and model numbers and attach specification sheets for each warewashing machine by completing the table below.

Mechanical Warewashing Information N/A☐							
ID # on Plans or Location							
Make	**Model #**	**Sanitizing Method**		**Drain board Length (inches)**	**Pre-Rinse**		**Utensil Soak Sink Dimensions (inches)**
		Heat	**Chemical**		**Yes**	**No**	**(L x W x D)**
		☐	☐		☐	☐	**x x**
		☐	☐		☐	☐	**x x**

Dirty Dishes
Where will dirty dishes be stored prior to cleaning?
How will they be rinsed before cleaning and sanitizing?

Complete table below to indicate equipment that cannot be moved to be cleaned and sanitized and must be cleaned in place. If more room is necessary, attach an additional page.

Clean-In-Place Equipment Installation List *Note: Under "Installation Method", check all that apply.* **(attach additional sheet if necessary)**					**Installation Method**					
					Floor Mounted			**Counter/ Table-Mounted**		
ID # on Plan or Location	**Equipment**	**Make/Model**	**New (N) / Used (U)**	**Plumbing Required Yes / No**	**Casters**	**Legs (at least 6 inches)**	**Sealed in Place**	**Portable**	**Legs (at least 4 inches)**	**Sealed in Place**

2.6 PLUMBING CONNECTIONS:

Complete table below for all related equipment and plumbing fixtures. Indicate if fixtures or equipment will be indirectly drained (e.g. floor sink or air gap), directly connected to the sewer (p-trap), and/or what method of backflow prevention will be used (if applicable).

ID # on Plan or Location	**Fixture or Equipment**		**Indirect/Direct Drainage**	**Method of Backflow Prevention**
	Warewashing Sinks	N/A☐		
	Warewashing Machines	N/A☐		
	Garbage Disposals	N/A☐		
	Hand Sinks	N/A☐		
	Chemical Dispensing Units	N/A☐		
	Walk-in Refrigeration /	N/A☐		
	Mop / Utility Sink	N/A☐		
	Other:			
	Other:			

Note: *Approved backflow protection is intended to protect the water supply. A vacuum breaker on water inlet lines for dishwashing machines, garbage disposals, or hose bibs is an example. Indirect drainage is intended to protect fixtures from sewage backup. An air gap at warewashing is an example.*

2.7 WATER HEATER(S)

Provide type and capacity of all water heaters. ***Provide specification sheet(s).***

Water Heater	
Type (Ex: Standard, Quick Recovery, Tankless)	Capacity

Booster Heater:		N/A☐
Is a separate booster heater provided?	YES☐	NO☐

2.8 FIXURES REQUIRING HOT WATER

Provide the number of plumbing fixtures requiring hot water in the table below. This information will be used to determine the hot water demand for the facility and sizing criteria for the water heater.

Plumbing Fixtures Requiring Hot Water	# of Fixtures Throughout Facility	Plumbing Fixtures Requiring Hot Water	# of Fixtures Throughout Facility
3-compartment sinks		Garbage can washer	
Warewashing machines		Showers	
Pre-rinse sprayers		Hose bibs used for cleaning	
Utensil soak sinks		Other:	
Hand sinks include restrooms		Other:	
Mop sinks/Utility sinks		Other:	

Section 3 – Water & Sewage

3.1 WATER SOURCE, AVAILABILITY, & SAMPLING

Water Availability:
I acknowledge and understand that running water is required at ALL times and agree to discontinue all product-related activities, if water is not available, until water service is restored, or an alternative plan is approved by NMED.
Signature:

Water Supply: (Select the type of water supply system that services the facility)

☐ Public Water System - Name of municipality:

☐ Private **(sampling required as outlined below – if possible, initial samples should be submitted with application)**:
Submit a copy of the most recent water sample test results that meet the drinking Water quality standards of a non-community water system as specified in 20.7.10 NMAC.

Type	*Frequency*	*Limit*
Total Coliform	Initial and Monthly	Absent
Nitrate	Initial and Annual	10 ppm
Nitrite	Initial	<1.0 ppm

A list of certified labs can be located at: https://www.env.nm.gov/dwb/sampling/CertifiedLabs.htm

Private Drinking Water Supply Information						N/A☐
Well Depth (feet):			Setback to liquid waste drain field (feet):			
Disinfection	YES☐	NO☐	Type:			
Is there a water treatment device?	YES☐	NO☐	If yes, is a backflow device installed?	YES☐	NO☐	
If a water treatment device is installed, how will the device be inspected and serviced? Attach separate page, if additional space is required.						

3.2 SEWAGE DISPOSAL

Sewage Disposal:
Select the type of sewage disposal system that services the facility
☐ Public - Name of municipality:
☐ On-site liquid waste system – Permit number:

Section 4 – Product Information

4.1 PRODUCT(S):

Provide a list of all products manufactured.

Products Manufactured (list all products)	
Attach separate page, if additional space is required.	

4.2 OPERATIONAL PLAN(S):

Provide the following information for all products manufactured.

Operational Plan Checklist	
General Information (one attachment needed for all products) REQUIRED	
4.2.1	Planned source of ingredients used in production (20.10.2.11.F) 4.2.1.1 Attach Standard Operating Procedure(s) OR describe in detail how you determine where ingredients will be purchased.
4.2.2	Finished product testing 4.2.2.1 Attach Standard Operating Procedure(s) (SSOPs) OR testing plan for all products, including the product name, testing performed and frequency of testing. If product testing is not planned, list N/A.
4.2.3	Manager and employee training 4.2.3.1 Attach Standard Operating Procedure(s) OR describe the manager and employee training plan and record keeping system to track training. 4.2.3.2 Attach training log or record keeping system utilized to track training.
4.2.4	Employee Health & Hygiene 4.2.4.1 Attach Standard Operating Procedure(s) OR Employee Illness Policy, describing: • How permit holder will require employees report illness information to the person in charge. • How employees will report illnesses to the permit holder/person in charge. • Specific illnesses and symptoms covered by the policy. • How to determine when employees will be excluded or restriction in work duties due to illness or infected cuts or lesions (See chapter 2, section 201 of the NMED Retail and Manufactured Food Field Guide for requirements). • How to determine when employee exclusion or restriction will be removed. 4.2.4.2 Attach Standard Operating Procedure(s) OR describe how will bare hand contact with ready-to-eat products will be avoided during production and packing (i.e. gloves, utensils, dispensing equipment, others). **Helpful Resources** **The FDA Employee Health and Personal Hygiene Handbook is a great employee hygiene and illness resource to utilize.**

4.2.5	Standard Sanitation Operating Procedures (SSOPs)
	4.2.5.1 Attach SSOPs that addresses sanitation conditions and practices before, during, and after processing. SSOPs to address, at a minimum, the following should be included:
	• Practices
	  ○ Safety of the water.
	  ▪ Monitoring backflow prevention devices.
	  ▪ Water sampling and limits (if private source).
	  ○ Condition and cleanliness of product-contact surfaces, including equipment, work surfaces, utensils, gloves, and outer garments.
	  ○ Prevention of cross contamination from insanitary objects, including chemicals and personal items, to product, product packaging material, and other product-contact surfaces, including equipment, work surfaces, utensils, gloves, and outer garments, and from raw product to processed product.
	  ○ Prevention of allergen cross contact.
	  ○ Maintenance of hand washing, hand sanitizing, and toilet facilities.
	  ○ Prevention of adulteration of product, product-packaging material, and product-contact surfaces from adulteration with lubricants, fuel, pesticides, cleaning compounds, sanitizing agents, condensate, and other chemical, physical, and biological contaminants.
	  ○ Proper labeling, storage, and use of toxic compounds. Include:
	  ▪ Type and concentration of sanitizer used for warewashing (i.e. chlorine, 100ppm).
	  ▪ Type and concentration of sanitizer used for food contact surfaces, such as tables/counters (i.e. chlorine, 100ppm).
	  ○ Control of Employee health conditions that could result in the microbiological contamination of food products.
	  ○ Exclusion of pests from the manufactured food facility.
	• Monitoring - Describe how the manufactured food facility will monitor the conditions and practices during manufacturing with sufficient frequency to ensure, at a minimum, conformance with those conditions and practices specified in the SSOPs are being met.
	• Records - Describe how the facility shall maintain SSOPs records that, at a minimum, document the monitoring and corrections of practices.

4.2.6	Pest Control Plan: 4.2.6.1 Attach proposed pest control plan.
4.2.7	Production Monitoring Equipment List 4.2.7.1 Attach a list and specification sheets for proposed equipment to measure and monitor product safety factors related to the production of food products. Examples include food safety thermometer, water activity meter, and pH meter.
4.2.8	Recall Plan 4.2.8.1 Attach a description of the firm's written product recall procedure, including: • Plans for identifying products which may be adulterated or misbranded. • Procedures for collecting, sampling, alerting consumers and businesses, warehousing, controlling, reworking, and/or disposal of recalled products. • System for determining the effectiveness of recalls. • Persons and governmental agencies to contact when implementing a recall, including the NMED.

Product Information (one attachment per product*) REQUIRED

*Product Information is required for each product that will be manufactured. Products or types of production methods may be grouped together, if the Product Hazard, Critical Control Points, Critical Limits, and procedures required to manufacture the products are essentially identical. The grouping of operational plans together must be approved by NMED.

- An example is beef jerky. If you produce multiple flavors of beef jerky using the same beef and production process, but only vary the dry flavorings added during the process (salt, chile, pepper), a single Operational Plan can be provided with all of the products listed (i.e. salt, red chile, lemon pepper) on the first page.

Prepare Product Information as a separate attachment and in the order outlined in the checklist below. This will make the review process more efficient.

4.2.9	Product Information and Production 4.2.9.1 Name of food product(s). 4.2.9.2 Names of the ingredient(s) listed in order by weight (largest quantity first). 4.2.9.3 Final product pH. (if applicable) 4.2.9.4 Final product water activity (a_w). (if applicable) 4.2.9.5 Names of any preservatives. (if none, write none) 4.2.9.6 Complete operational procedure for producing the product beginning with receiving incoming ingredients and continuing to final product distribution. Include a flow chart. Identify critical control points on the operational procedure or flow chart. 4.2.9.7 Type of packaging to be used and whether the packaging is integral to product. stability. Attach specification sheet for packaging. 4.2.9.8 Proposed product label(s) that comply with title 21, part 101 or title 9, 7.6.2.11.C NMAC and the New Mexico Food Act. Attached proposed label(s). **The FDA Food Labeling Guide is a great resource to assist with labeling requirements of 21 CFR 101.** 4.2.9.9 Description of the batch / lot ID coding system, identifying the date and place of manufacture of each product and how/where it'll be placed on the package to be clearly visible on the product label or securely affixed to the body of the container. 4.2.9.10 Proposed shelf life. Provide supporting documentation to support proposal. 4.2.9.11 Product state during transportation (i.e. ambient temp., refrigerated, frozen). 4.2.9.12 Product care, including: • Condition of product (i.e. ready-to-eat, raw & must be cooked). • Product preparation steps required by the consumer. • Mishandling that may occur during storage, shipping, and in the hands of consumers. • Steps taken to address mishandling that may occur. 4.2.9.13 Intended distribution of product. List all that apply.

4.2.10	Proposed record keeping system to assure traceability of products from receiving to distribution 4.2.10.1 Attach Standard Operating Procedure(s) OR plan to describe what records will be kept, how they will be maintained, and how long they will be maintained. 4.2.10.2 Attach logs/records used to maintain traceability of all products. 4.2.10.3 Attach logs/records to monitor/document achievement of critical limits of critical control points. Examples of logs/records include, but are not limited to: • Receiving: May contain the following information (note: terminology may vary): date received, product received, supplier, lot #, amount received, initial or signature of receiver. • Storage: May include refrigeration temperature logs. • Production: To monitor production requirements, including critical limits of critical control points. • Analytical Lab Testing (if applicable): to verify compliance with testing SOPs or testing plan. • Shipping: To maintain traceability in the event of a recall and to document critical limits of critical control points are met (if applicable during transportation).
4.2.11	4.2.11.1 HACCP Plan (if applicable) • List all Food Hazards that are reasonably likely to occur and must be controlled for each product type • List the Critical Control Points for each of the identified Food Hazards that is reasonably likely to occur, including as appropriate • List the Critical Limits that shall be met at each of the Critical Control Points. • List the procedures, and the frequency with which they are to be performed, that will be used to monitor each of the Critical Control Points to ensure compliance with the Critical Limits. • Include any Corrective Action plans that have been developed and will be followed in response to deviations from critical limits at Critical Control Points. • List the Validation and Verification procedures, and the frequency with which they are to be performed. • Describe the recordkeeping system to document the monitoring of the Critical Control Points. • Any additional scientific data or information supporting the determination that food safety is not compromised by the proposal.
Additional Requirements (if applicable)	
4.2.12	4.2.11.1 Beef Jerky • Documentation confirming a final water activity demonstrating that each final product is a non-TCS food in accordance with Table A or B under the definition of "Time/temperature control for safety food" in 7.6.2 NMAC.

Section 5 – FDA and/or USDA Registration

FDA or USDA Registration:		
Did you register with FDA or USDA?		
The FDA Food Safety Modernization Act (FSMA), enacted on January 4, 2011, amended section 415 of the Federal Food, Drug, and Cosmetic Act (FD&C Act), in relevant part, to require that facilities engaged in manufacturing, processing, packing, or holding food for consumption in the United States submit additional registration information to FDA, including an assurance that FDA will be permitted to inspect the facility at the times and in the manner permitted by the FD&C Act. Section 415 of the FD&C Act, as amended by FSMA, also requires food facilities required to register with FDA to renew such registrations every other year, and provides FDA with authority to suspend the registration of a food facility in certain circumstances.	YES☐	NO☐
Low-acid canned Foods and Acidified Foods Processors A commercial processor, when first engaging in the manufacture, processing, or packing of acidified foods (AF) or low-acid canned Foods (LACF) shall register and file with FDA. Registration and processing information forms are obtainable on request from: Food and Drug Administration, LACF Registration Coordinator (HFF-233), 200-C Street, SW, Washington, D.C. 20204	YES☐	NO☐
Meat and Poultry Processors Meat, poultry products, or Siluriformes (i.e. catfish) inspected by USDA-FSIS or exempted.	YES☐	NO☐

Section 6 – Additional Information

Additional Information
If you believe additional information would be helpful to clarify the process, please attach it in the application packet submitted. Please direct further questions to the NMED Food Program email food.program@state.nm.us.

Other NMED Permits Held by Owner of this Facility	
Name of Facility	Permit #

Section 7 – Signatures

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 may nullify final approval. I agree to comply with **7.6.2 NMAC – Food Service and Food Processing Regulations** and allow the regulatory authority access to the facility and records. I also certify that I have clearly denoted any portions of the application that I deem to be trade secret under the meaning of Subsection 14-2-1(F) of the Inspection of Public Records Act.
Applicant or responsible representative(s) Signature / Title Date
Applicant or responsible representative(s) Signature / Title Date

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 facility (structure or equipment). A pre-opening inspection of the facility with equipment in place & operational will be necessary to determine if it complies with **7.6.2 NMAC – Food Service and Food Processing Regulations**. After the pre-opening inspection is completed and an approval to open is given, the fee remittance will be required and accepted.

NMED Use Only		
Reviewer Comments (as applicable):		
Signature:	Date:	
Approved ☐	Denied ☐	
Final reviewer's comments:		
Signature/Title:	Date:	
Approved ☐	Denied ☐	
Office	***Facility***	
District:	Owner #:	
Field Office:	Permit #:	
Assigned Inspector:	Type:	
Review Date:	Date Opened:	Date Closed: