

# BUCKS COUNTY DEPARTMENT OF HEALTH

## PLAN REVIEW APPLICATION FOR RETAIL FOOD FACILITIES

**NOTE: Plan Approval from BCDH is required prior to beginning any construction on a food facility. Retail food facilities cannot open for business unless they have been recommended for licensing by BCDH.**

Date \_\_\_\_\_ ID# \_\_\_\_\_ Fee Submitted \$ \_\_\_\_\_ Municipality \_\_\_\_\_

Name of Facility \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Owner's Name (licensee) \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name of plan designer (if other than owner) \_\_\_\_\_ Phone # \_\_\_\_\_

Manager  Contractor  Designer  Supplier  (Specify) \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Project Type:** (Check all that apply) New  Renovation Project  Change of Ownership

Provide a brief description of the proposed project. If this is an ownership change only and no renovation or change in menu is proposed, please indicate: \_\_\_\_\_

### TYPE OF SERVICE

**Check all that apply:**

- Full Table Service
- Buffet Style
- Take-out Only
- Supermarket/Deli
- Caterer/Commissary
- Mobile Food Unit
- PA Liquor License
- Other (Specify) \_\_\_\_\_

**Fill in Blanks:**

- Total Number of Seats (including bar areas) \_\_\_\_\_
- Total Square Footage \_\_\_\_\_  
(food preparation, storage, display and dining areas)
- Hours of Operation (days & times) \_\_\_\_\_

**INFORMATION:** Please list below examples of typical items and attach a copy of the actual menu, including consumer advisory, if applicable: \_\_\_\_\_

### WATER SUPPLY:

- Municipal - Water Authority's Name \_\_\_\_\_
- On-Site Well (Submit water test results)
- Hot Water – Supply Capacity (Gallons & BTU) \_\_\_\_\_

### SEWAGE DISPOSAL:

- Municipal - Sewer Authority's Name: \_\_\_\_\_
- On-Site Sewage Disposal (Submit a copy of the Bucks County Department of Health Sewage Permit)

If you have a finish schedule included in the set of plans, please indicate the page numbers in the table below. If you do not have a finish schedule in your set of plans, indicate the finishes in the table below.

**Materials and Construction**

Room/Work Area	Wall Finishes	Type of Cove Base	Floor Finishes	Ceiling Finishes
Kitchen				
Cooking				
Food Preparation				
Dishwashing				
Dry Storage				
Utility Room				
Restrooms				
Retail Sales Area				
Bar/Dining Area				
Other (Specify)				

**NOTES:** \_\_\_\_\_

**Equipment Schedule & Floor Plan**

Provide a layout drawing (floor plan) of all equipment in the food preparation, ware washing, storage, and service areas. Correspond the item number to the equipment on the floor plan. All equipment must be commercial and any used equipment must be in good sound condition. If you have an equipment schedule included in the set of plans you are not required to fill out the schedule below. Please indicate the page numbers in the set of plans: Equipment Schedule \_\_\_\_\_ Floor Plan \_\_\_\_\_

Item #	Type of Equipment	Manufacturer's Name	Model No.	Year Manufactured	Quantity	Testing Agency

**Make check or money order payable to:**  
**Mail application, fee, plans, and specifications to:**

**Bucks County Department of Health**  
**Bucks County Department of Health**  
**Neshaminy Manor Center**  
**1282 Almshouse Road**  
**Doylestown, PA 18901**

# BUCKS COUNTY DEPARTMENT OF HEALTH

## A GUIDE FOR SUBMITTING PLANS AND SPECIFICATIONS TO OPEN, RENOVATE OR CHANGE OWNERSHIP OF A FOOD FACILITY IN BUCKS COUNTY

### GENERAL INFORMATION

The *Bucks County Department of Health Rules & Regulations for Conducting & Operating Food Facilities* require that properly prepared plans, a fee, an application, specifications and a menu for all facilities proposed to be constructed, remodeled or for the change of ownership of a food facility be submitted to the Department and approved. These must be submitted and approved by the Department prior to construction, making any changes and licensing.

The information contained in this packet is provided to serve as a guide to the requirements that must be met in order to start construction and to be recommended for licensing. Questions regarding specific food safety requirements should be directed to the appropriate Health Department District Office.

This packet contains the following documents: *A Guide For Submitting Plans And Specifications To Open, Renovate Or Change Ownership Of A Food Facility In Bucks County* (SA-85) and the *Plan Review Application for Food Facilities* (SA-86). The proper plan review fee and application must be submitted with your completed plans. (See current fee schedule)

**Prior to scheduling a licensing inspection, an *Application for License to Conduct and Operate a Food Facility* (SA-13) and the appropriate fee must be submitted to the Department along with a copy of your PA Sales and Use License/application. NOTE: Plan review fees are non-refundable by this Department.**

### PREPLANNING

- A. Review thoroughly a copy of the *Bucks County Department of Health Rules and Regulations for Conducting and Operating Food Facilities* pertaining to the specific type of food facility planned prior to and during preparation of plans and specifications.
- B. Discuss any unanswered questions regarding requirements for licensing and plan review with appropriate Health Department Representative.
- C. Complete the Department's *Plan Review Application for Food Facilities* (SA-86) and submit along with the appropriate fee, plans, menu and specifications.
- D. All local planning, zoning, building, fire and other municipal codes must be met. Requirements of State agencies such as the Pennsylvania Department of Labor and Industry, Pennsylvania Department of Agriculture, Pennsylvania Liquor Control Board, and the Pennsylvania Department of Revenue must also be considered if the facility will be regulated by these agencies.

### PREPARATION OF PLANS & MENU

Plans, menu and specifications for a food facility include, where applicable, data relating to the grounds, building exterior, building interior, menu of foods to be prepared/served and such other information as may be required by the Department.

The plans and menu must be clear, concise, and legible and be of such size to enable all information to be clearly shown.

The following information must be submitted:

- A) BUILDINGS** - A floor plan showing the location of all equipment, storage areas, bathroom facilities, handwashing sinks and ventilation equipment. A statement as to the construction and finishes for all floors, walls and ceilings must be included. **NOTE:** All floors, walls and ceilings must have a smooth, easily cleanable finish.

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**B) REFUSE DISPOSAL** - All food facilities are required to provide adequate solid waste and recyclables collection at their own expense.

**C) PEST CONTROL** – Extermination services must be provided by a PA certified pest control operator.

**D) CONSTRUCTION**

1. Floors - All construction details must be clearly shown indicating:
  - a. Materials and Finishes
  - b. Location of floor drains
  - c. Sanitary cove base
2. Walls and Ceilings - Complete details must be provided indicating:
  - a. Materials and Finishes
  - b. Color
3. Doors and Windows:
  - a. Indicate self-closing devices on doors where required (bathrooms and exits).
  - b. Indicate screening or other insect-control devices.
4. Lighting:
  - a. All lights in food preparation, storage and utensil washing area must be safety shielded.
  - b. Indicate placement of all fixtures (in relation to equipment).
  - c. Adequate illumination levels are required in all areas including food preparation, utensil washing and storage areas, etc. See the regulations for these requirements.
5. Plumbing:
  - a. All plumbing installations must comply with the applicable municipal Plumbing Codes or the National BOCA Plumbing Code:
  - b. Plans must indicate location of all drainage or condensate lines from equipment such as ice-making equipment, walk-in refrigerators, etc. showing clearly the method of discharge into the sanitary sewer line.
  - c. Provide details on the capacity of all water-heating units (size and BTUs).
  - d. Indicate location of all backflow prevention devices (especially on mop sinks).
6. Toilet and Handwashing Facilities:
  - a. Provide construction details of floor, wall and ceiling materials and finishes.
  - b. Indicate method of ventilation to outside.
  - c. Indicate location of all handwashing sinks (at least one must be located in each food preparation and warewashing area).
  - d. Automatic shut-off faucets must remain active for a minimum of 15-seconds.
  - e. Indicate soap dispensers, towel dispensers, and waste receptacles for each toilet room and/ or sink.
  - f. Covered waste receptacles are required in women's rest rooms.
  - g. Indicate dressing and/or locker rooms for employees.
  - h. There shall be no bare hand contact of any ready-to-eat foods. Please verify
7. Food Storage Areas/Retail Sales Areas:
  - a. Provide details of floor, wall, and ceiling materials and finishes.
  - b. Indicate ventilation of storerooms.
  - c. Indicate storage shelf construction (stainless steel, aluminum, etc.) and location. Shelves must be at least six (6) inches off the floor and cannot be directly beneath exposed sewer or water lines.
8. Food Displays:
  - a. Indicate counter sneeze guards or other protective devices.
  - b. If applicable, submit a sample of your "Consumer Advisory" for service of under cooked or raw animal protein foods.

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**E) EQUIPMENT**

1. Design and Construction:

- a. A list of all food service equipment, including the manufacturer name and model number, must be submitted with the plans. This information can be presented on the "Equipment Schedule" on the Plan Review Submission. **NOTE:** All equipment must be designed and constructed in accordance with the criteria set forth by the National Sanitation Foundation (NSF), Baking Industry Sanitation Committee, Commercial Refrigeration Manufacturers Association (CRMA), Edison Test Laboratories (ETL), or Underwriter Laboratories Food Division (UL), or other appropriate testing agency (ANSI approved) and bear the appropriate mark or seal.

Example:

Item #	Type of Equipment	Manufacturer's Name	Model No.	Year Manufacture	Quantity	Testing agency
1	Freezer	Beverage-Air	MT-17GE	1986	2	NSF
2	Dishwasher	Hobart	MNV-19486-3	2002	1	ETL

**NOTE:** Copies of manufacturer catalog sheets and testing agency listings will help to expedite the review process.

2. Food Contact Surfaces:

- a. All food contact surfaces of utensils, show and display cases, counters, shelves, tables, cutting boards, refrigeration equipment, sinks and other equipment shall be so constructed as to be easily cleanable (NON-ABSORBENT), durable, corrosion-resistant and shall be in good repair.

3. Thermometers

- a. Numerically scaled thermometers, accurate to  $\pm 3^{\circ}\text{F}$ , must be provided for each cold storage unit used for storage of potentially hazardous foods.
- b. Probing thermometers, accurate to  $\pm 2^{\circ}\text{F}$  must also be supplied to monitor actual food temperatures.

4. Equipment and Utensil Storage:

- a. Adequate storage facilities for all equipment such as tableware, kitchenware, utensils, etc., must be clearly shown. **NOTE:** Utensil storage containers must be designed so that the utensils are protected from contamination and so that only the handle of the utensil can be grasped by employees or customers.
- b. Complete details must be included for running dipper wells for frozen dessert dippers, including water inlet, waste connection, etc.

**F) VENTILATION** – The complete plan of the ventilation system must show the location and size of ductwork, location of hoods, grease filters, volume of air exhausted (CFM), etc. A detail of the final exhaust outlet must be provided. **NOTE:** All kitchen ventilation equipment must be designed in accordance with the National Fire Protection Association (NFPA Code No. 96-1984), and must be installed according to the NSF "Manual on Sanitation Aspects of Installation of Food Service Equipment". The establishment must also comply with the PA Clean Indoor Air Act of 1989.

**G) WATER SUPPLY** – Indicate whether the water supply is municipal or on-site (Well). If service is via a well, submit complete details on the system including: distribution, retention and disinfection and quality per the PA Safe Drinking Water Act standards. The well may not be put into service until ALL required inorganic and organic chemicals have been tested for and have met the MCL requirements under the PA Safe Drinking Water Act. If a municipal water supply is available it shall be used.

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- H) SEWAGE** – Indicate whether sewage disposal is via municipal or on-site sewage disposal. If the sewage disposal is via an on-site sewage system, include a copy of the Bucks County Department of Health on-lot sewage disposal permit. Include details on your grease traps/interceptors. An on-lot sewage disposal system must meet the requirements as specified in Act 537 (PA. Sewage Facilities Act) and Chapters 71, 72 & 73. If a municipal sewage system is available it shall be used.
- I) RULES AND REGULATIONS** – For a complete copy of the *Bucks County Department of Health Rules and Regulations for Conducting and Operating Food Facilities* please contact the appropriate District Office.
- J) CERTIFIED FOOD SAFETY MANAGER (CFSM)** – A CFSM is required during all hours of operation and/or food preparation. This requirement must be met within 3 months of licensing. This person may also be the person in charge (PIC).
- K) MENU** – A complete menu must be submitted detailing what foods/drinks will be prepared and sold at the facility. The menu shall be used to determine requirements specific to the facility, including the need for a consumer advisory, no bare hand contact of ready-to-eat foods, etc.
- L) EMPLOYEE HEALTH NOTIFICATION** – Existing and prospective employees must be advised of their responsibility to notify the person in charge or CFSM of any disease or medical condition that could result in disease transmission by food or drink. Submit documentation regarding management advisory of employee disease and medical condition reporting.

**LEVITTOWN OFFICE**

**267-580-3510**

**Office Hours 8:00 AM - 4:30 PM**

**DOYLESTOWN OFFICE**

**215-345-3336**

**Office Hours 8:00 AM – 4:30 PM**

**QUAKERTOWN OFFICE**

**215-529-7000**

**Office Hours 8:00 AM - 4:30 PM**