Mercer County Board of Health

Food Establishment Requirements

Please provide the following:

- Completed SF-5 Food Establishment Application
- Menu
- Permit Fee (see chart below):

Food Establishment	Seating
Restaurant	0-20 Seats: $125.00 21-50 Seats: $250.00 51-79 Seats: $375.00 80+ Seats: $500.00
Mobile Food Trucks	$150.00
Temporary (Tent Vendors) 14 Days	$70.00

For New Businesses:

- A Completed SF-35 Plan Review (please be as thorough as possible)
- Tag numbers for all Mobile Unit Permits
- A copy of a Water/Sewer bill as proof of Approved Water/Sewer.
- A set of blueprints (floor plan), plans can be drawn out. Try to be as accurate as possible.
- Copy of WV Business License
- Fire Marshal Approval

Please Note: Anytime ownership changes, you must get a new permit. **Permits do not transfer.**

304.324.8367 (phone) 304.325.8730
978 Blue Prince Rd. Bluefield, WV 24701 mercercountyhealthwv.com

West Virginia Department of Health
Mercer County Health Department

APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

Food Establishment: _____ Phone _____ Fax _____
Mailing Address _____
Location _____ Hours of Operation _____
Applicant: Name _____ Age ≥ 18? ☐ Yes ☐ No Phone _____ Fax _____
Mailing Address _____ County _____ Email _____

Permit Holder: Permit to be issued to: ☐ Applicant ☐ Corporation ☐ Partnership ☐ Other Legal Entity _____

Ownership: ☐ Individual ☐ Association ☐ Corporation ☐ Partnership ☐ Other Legal Entity _____
Provide the Name, Title, and Address of each person comprising legal ownership (Owners, Officers, Local Resident Agent, etc).

_____ _____
_____ _____
_____ _____

Person Directly Responsible for Facility (Manager, Person-In-Charge):
Name _____ Title _____ Phone _____
Mailing Address _____

Immediate Supervisor of Person Directly Responsible (Zone, District, Regional Supervisor):
Name _____ Title _____ Phone _____
Mailing Address _____

Type Establishment:

- ☐ Restaurant – includes, fast food, caterer, commissary, concession stand, bed & breakfast inn, camp, feeding site, etc.
- ☐ Retail Food Store - grocery store, convenience store, meat market, etc. Indicate Number of Checkout Stations: _____
- ☐ Retail Food Store Specialty Department – deli, bakery, seafood, etc.
- ☐ Institution – child care center, hospital, jail, nursing home, personal care home, school, etc.
- ☐ ABC License ☐ Vending Machine(s) ☐ Food Bank/Food Pantry

Meals Provided: ☐ Breakfast ☐ Lunch ☐ Dinner Services Provided: ☐ Sit Down ☐ Take Out ☐ Delivery ☐ Mail Order
Seating Capacity: _____ Average number of meals served per day: _____
☐ Yes ☐ No Serve High Susceptible Population (HSP)?

HSP includes: preschool children, child care facilities, immunocompromised or older adults, nursing home or assisted living facilities, hospitals, etc.

Type of Operation: Attach a sample menu or list menu on reverse. TCS means time/temperature control for safety food, those requiring time/temperature controls.

☐ Min. Food Prep. Minimal food preparation (i.e. coffee/tea only, popcorn,etc.)
☐ Limited One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 TCS. Limited hot and cold holding of TCS. Limited advanced preparation for next day service. Raw ingredients require minimal assembly. Includes retail food stores, Excluding specialty departments within retail food stores.
☐ Full Preparing TCS using two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing, or thawing. Extensive handling of raw ingredients. Advanced prep for next day service. Includes specialty departments in retail food stores.

I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule 64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.

Date _____ Signature of Applicant _____

For Health Department Use Only

Date Received _____ Reviewed By _____ Permit Fee _____

Permit ☐ Issued ☐ Denied Date _____ Permit No. _____ Comments _____

SF-5 Rev 3-2024

Mercer County Board of Health

Limited HACCP Plan for Potentially Hazardous Food

Purpose: To establish guidelines for food safety and to ensure that Temperature and Time Control for Safety (TCS) foods, as defined by 1-201.10.B of the 2013 FDA Food Code, purchased from retail establishments are handled appropriately and proper temperatures are maintained (below 40 degrees Fahrenheit).

Plan:

1. Any employee purchasing TCS foods from a retail establishment will record the temperature of products individually and document each temperature in the Safety Log at the retail establishment.

2. TCS foods will then be transported to the Food Establishment, where the temperature will once again be evaluated and documented along with the receipt or a copy of the receipts. **Should the temperature be at an unsafe measure (40 degrees Fahrenheit or above) it will then be wasted and disposed of appropriately.**

3. Documentation of receipts and temperatures will be placed in a safety log titled "HACCP SAFETY LOG" located at the establishment. This log will be inspectable and must be made available upon request of this office.

4. This plan is subject to inspection upon request and approval by Mercer County Health Department. The plan will be revised and updated as necessary.

Failure to abide by the above plan will result in a Priority Violation under 3-201.11 of the 2013 FDA Food Code. This may result in the closure of the establishment and/or suspension of the Food Establishment Permit.

Print: _____

Signature: _____ Date: _____

Rev. 7/26

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West Virginia Department of Health

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

TO BE COMPLETED BY THE OPERATOR AND SUBMITTED TO THE LOCAL HEALTH DEPARTMENT WHERE THE FACILITY IS LOCATED

Regulatory Authority _____

Contact Name and Phone _____ Date Received _____

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION FOR:

____NEW ____REMODEL ____CONVERSION

Name of Establishment: _____

Category: Restaurant____, Institution ____, Daycare ____, Retail Market ____, Other_____

Physical and Mailing Address: _____

Phone if available: _____

Name of Owner: _____

Telephone: _____email:_____

Applicant's Name: _____

Title (owner, manager, architect, etc.):_____

Mailing Address: _____

Telephone: _____email:_____

1 set of plans is required to be submitted to the local health dept. 45 days prior to construction or operation

Note: Not all sections may be applicable to every establishment. Contact the local health department where the facility will be located if you have questions.

I have submitted plans/applications to the following authorities (if applicable) on the following dates:

_____Governing Board of Council
_____Zoning
_____Planning
_____Building
_____Conservation

_____Plumbing
_____Electric
_____Police
_____Fire
_____Other ( )

Hours of Operation:

Sun _____ Thurs_____
Mon _____ Fri _____
Tues_____ Sat _____
Wed _____

Number of Indoor Dining Seats: _____

Number of Outdoor Dining Seats: _____

Number of Staff: _____
(Maximum per shift)

Total Square Feet of Facility: _____

Number of Floors on which
operations are conducted_____

Maximum Meals to be Served:
(approximate number)

Breakfast _____
Lunch _____
Dinner _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Type of Service:
(check all that apply)

Sit Down Meals _
Take Out _____
Caterer _____
Mobile Vendor _____
Other _____

Please enclose the following documents:

_____ Proposed Menu (including seasonal, off-site and banquet menus)

_____Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation

_____ Manufacturer Specification sheets for each piece of equipment shown on the plan

_____ 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)

_____ Equipment schedule

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.

2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.

3. 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. Food equipment schedule, which includes the make and model numbers and listing of equipment, must be submitted. Submit drawings of self-service hot and cold holding units with sneeze guards.

4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding time/temperature control for safety food (TCS) foods.

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. Label and locate warewashing sinks and/or dishwashers.

7. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.

8. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.

9. 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.

10. Include and provide specifications for:

a. Entrances, exits, loading/unloading areas and docks;

b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;

c. Plumbing schedule 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 schedule with protectors;

e. A color coded flow chart demonstrating flow patterns for:
-food (receiving, storage, preparation, service);
-food and dishes (portioning, transport, service);
-dishes (clean, soiled, cleaning, storage);
-utensil (storage, use, cleaning);
-trash and garbage (service area, holding, storage);

f. Ventilation schedule for each room;

g. A mop sink or curbed cleaning facility with facilities for hanging wet mops;

h. Garbage can washing area/facility;

i. Cabinets for storing toxic chemicals;

j. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;

k. Completed Food Est. Plan Review Application (SF-35)

l. Site plan (plot plan)

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

1. Are all food supplies from approved sources? YES / NO

2. What are the projected frequencies of deliveries for Frozen foods_____,
Refrigerated foods _____, and Dry goods_____.

3. Provide information on the amount of space (in cubic feet) allocated for:
Dry storage _____,
Refrigerated Storage _____, and
Frozen storage _____.

4. Identify the location and containers that will be used to store bulk food products (rice, flour, sugar, etc.).

_____
_____
_____

FOOD PREPARATION PROCEDURES:

Explain the following with as much detail as possible. Provide descriptions of the specific areas on the plan where food is prepared.

Explain the handling/preparation procedures for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (prep table, sink, counter, etc.) the food will be washed, cut, marinated, breaded, cooked, etc. When (time of day and frequency/day) food will be handled/prepared

READY-TO-EAT FOOD (salads, cold sandwiches, raw shellfish)

PRODUCE

POULTRY

MEAT

SEAFOOD

THAWING FROZEN TCS FOOD:

Thawing Method(s) (check all that apply and indicate where thawing will take place):

_____Under Refrigeration: _____

_____Running Water less than 70º F_____

_____Microwave (as part of cooking process):_____

_____Cooked from frozen state: _____

_____Other: (describe) _____

List all foods that will be cooked and served_____

List all foods that will be held hot prior to service:_____

List all foods that will cooked and cooled:_____

List all foods that will be cooked, cooled, and reheated:_____

Provide a HACCP plan for specialized processing methods of foods such as Reduced Oxygen Packaging (vacuum packaging, cook-chill, etc.), use of additives to render a food non-TCS food, curing and smoking for preservation, and molluscan shellfish tanks.

COOKING:

1. Will food product thermometers be used to measure final cooking/reheating temperatures of TCS's?

YES / NO

What type of temperature measuring device: _____

2. List types of cooking equipment.

_____

_____

_____

HOT/COLD HOLDING:

1. How will hot TCS's be maintained at 135°F or above during holding for service? Indicate type, number, and location of hot holding units.

_____

_____

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

_____

_____

COOLING:

Please indicate by checking the appropriate boxes how TCS's will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES
Shallow Pans					
Ice Baths					
Reduce Volume or Size					

Rapid Chill					
Other (describe)					

REHEATING:

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

_____

_____

EMPLOYEE TRAINING

1. Will food employees be trained in good food sanitation practices? YES / NO

Method of training:

_____

Number(s) of employees: _____

2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES / NO

3. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES / NO

Please describe briefly:

_____

_____

_____

_____

4. Will employees have paid sick leave? YES / NO

A. FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas. Materials must be smooth, nonabsorbent, and easily cleanable. Studs,

joist and rafters may not be exposed in walk-in refrigeration units, food preparation areas, or equipment washing areas. Utility service lines may not be unnecessary exposed on walls or ceilings.

Kitchen	FLOOR	COVING	WALLS	CEILING
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators and Freezers				

B. <u>INSECT AND RODENT CONTROL</u>

APPLICANT: Please check appropriate boxes.

	YES	NO	NA
1. Will all outside doors be self-closing and rodent proof?	( )	( )	( )

2. Are screen doors provided on all entrances left open to the outside? ( ) ( ) ( )

3. Do all window openings have a minimum #16 mesh screening? ( ) ( ) ( )

4. Is the placement of electrocution devices identified on the plan? ( ) ( ) ( )

5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? ( ) ( ) ( )

6. Is area around building clear of unnecessary brush, litter, boxes and other harborage? ( ) ( ) ( )

7. Will air curtains be used? If yes, where? _____ ( ) ( ) ( )

C. <u>GARBAGE AND REFUSE</u>

1. Will refuse be stored inside? Do all containers have lids? ( ) ( ) ( )

2. Is there an area designated for garbage can or floor mat cleaning ( ) ( ) ( )

If so, where? _____

3. Will a dumpster or compactor be used? ( ) ( ) ( )

Number _____ Size _____
Frequency of pickup _____

Contractor _____

11. Will garbage cans be stored outside? ( ) ( ) ( )

12. Describe surface and location where dumpster/compactor/garbage cans are to be stored

_____

_____

_____

13. Describe location of grease storage receptacle

_____

_____

( ) ( ) ( )

14. Is there an area to store recycled containers?

_____

_____

Indicate what materials are required to be recycled;
( ) Glass
( ) Metal
( ) Paper
( ) Cardboard
( ) Plastic

15. Is there any area to store returnable damaged goods? ( ) ( ) ( )

D. PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	*"P" TRAP	VACUUM BREAKER	CONDENSATE PUMP
Toilet						
Urinals						
Garbage Grinder						

Ice machines						
Ice storage bin						
Sinks **a. Mop** **b. Janitor** **c. Handwash** **d. 3 Compartment** **e. 2 Compartment** **f. 1 Compartment** **g. Water Station**						
Steam tables						
Dipper wells						
Refrigeration condensate/ drain lines						
Hose connection						
Potato peeler						
Beverage Dispenser w/carbonator						
Other						

*** 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 waste water 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.

1. Are floor drains provided & easily cleanable, if so, indicate location:

_____

E. WATER SUPPLY

1. Is water supply public ( ) or non-public/private ( )?

2. If private, has source been approved? YES ( ) NO ( ) PENDING ( )

Please attach copy of written approval and/or permit.

3. Is ice made on premises ( ) or purchased commercially ( )?

If made on premise, are specifications for the ice machine provided? YES ( ) NO ( )Describe provision for ice scoop storage: _____

_____

Provide location of ice maker or bagging operation_____

4. What is the capacity of and location of the hot water generator?

_____

5. Is the hot water generator sufficient for the needs of the establishment? Provide calculations for necessary hot water (see Part 5 & Part 9 under Section III in this manual)

6. Is there a water treatment device? YES ( ) NO ( )

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

_____

_____

7. How are backflow prevention devices inspected & serviced?

_____

_____

F. SEWAGE DISPOSAL

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

2. If no, is private disposal system approved? YES ( ) NO ( ) PENDING ( )

Please attach copy of written approval and/or permit.

3. Are grease traps provided? YES ( ) NO ( ) If so, where? _____

4. Size of trap? _____ Approval letter from Sanitary Bd. Provided? ( )Yes ( ) No

Provide schedule for cleaning & maintenance_____

G. DRESSING ROOMS

1. Are dressing rooms provided? YES ( ) NO ( )

2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

_____

_____

H. GENERAL

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? YES ( ) NO ( )

Indicate location: _____

_____

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

3. Are all containers of toxics including sanitizing spray bottles clearly labeled?

YES ( ) NO ( )

4. Will linens be laundered on site? YES ( ) NO ( )

If yes, what will be laundered and where? _____

_____

If no, how will linens be cleaned? _____

5. Is a laundry dryer available? YES ( ) NO ( )

6. Location of clean linen storage: _____
7. Location of dirty linen storage: _____

_____

8. Are containers constructed of safe materials to store bulk food products? YES ( ) NO ( )

9. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: _____

Concentration: _____

Test Kit: YES / NO

10. 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? YES/NO

If not, how will ready-to-eat foods be cooled to 41°F?

_____

_____

11. Will all produce be washed on-site prior to use? YES / NO

12. Is there a planned location used for washing produce? YES / NO

If yes, describe the location.

_____

_____

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

_____

_____

_____

_____

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

_____

_____

14. Will the facility be serving food to a highly susceptible population? YES / NO

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

_____

_____

15. Indicate all areas where exhaust hoods are installed:

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

16. How is each listed ventilation hood system cleaned?

_____

I. <u>SINKS</u>

1. Is a mop sink present? YES ( ) NO ( )

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

_____

_____

2. If the menu dictates, is a food preparation sink present? YES ( ) NO ( )

J. DISHWASHING FACILITIES

1. Will sinks or a dishwasher be used for warewashing?

Dishwasher ( )
Two compartment sink ( )
Three compartment sink ( )

2. Dishwasher—type of sanitization used?

Hot water (temp. provided) _____
Booster heater _____
Chemical type _____

Is ventilation provided? YES ( ) NO ( )

3. Do all dish machines have templates with operating instructions? YES ( ) NO ( )

4. Do all dish machines have temperature/pressure gauges as required that are accurately working? YES ( ) NO ( )

5. Does the largest pot and pan fit into each compartment of the pot sink? YES ( ) NO ( )

If no, what is the procedure for manual cleaning and sanitizing?

_____

6. Are there drain boards on both ends of the pot sink? YES ( ) NO ( )

7. What type of sanitizer is used?

Chlorine
Quaternary ammonium
Hot Water
Other

8. Are test papers and/or kits available for checking sanitizer concentration? YES ( ) NO ( )

K. HANDWASHING/TOILET FACILITIES

1. Is there a handwashing sink in each food preparation and warewashing area? YES ( ) NO ( )

2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES ( ) NO ( )

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES ( ) NO ( )

4. Is hand cleanser available at all handwashing sinks? YES ( ) NO ( )

5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?

YES ( ) NO ( )

6. Are covered waste receptacles available in each restroom? YES ( ) NO ( )

7. Is hot and cold running water under pressure available at each handwashing sink? YES ( ) NO ( )

8. Are all toilet room doors self-closing? YES ( ) NO ( )

9. Are all toilet rooms equipped with adequate ventilation? YES ( ) NO ( )

10. Is a handwashing sign posted in each employee restroom? YES ( ) NO ( )

STATEMENT: **I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.**

Signature(s) _____
Owner(s) or responsible representative(s)

Date: _____

Approval of these plans and specifications by this Regulatory Authority 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 preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Applicants that do not agree with the decision of the reviewer are entitled to appeal by submitting a request for reconsideration in writing to the Health Officer at the local health department within 30 days of receipt of the notification of decision. *64CSR1*