



# Township of Woodbridge

John E. McCormac, CPA, Mayor

Department of Health and Human Services

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Woodbridge - Ten Towns, One Community

## OPENING A RETAIL FOOD ESTABLISHMENT IN WOODBRIDGE TOWNSHIP

**Note:** This guide may also be applied to constructing or renovating other facilities, such as swimming pools, hotel/motels, health clubs, etc.

Whether you are attempting to open a brand new Retail Food Establishment, renovate an existing one, or change ownership of an existing one, there are laws and related procedures regulating how these things must be done.

Following the steps outlined below will help you avoid a multitude of costly problems and enforcement actions you will encounter if you do not comply with these existing regulations and Health Department procedures.

It is important to note that this outline of steps does not cover requirements from other Departments such as Zoning or Building. You should contact them to identify their requirements as well.

### I. CONSTRUCTING A NEW RETAIL FOOD ESTABLISHMENT

**STEP 1:** Contact the Zoning Officer In Town Hall to **ensure that the location and the type of Retail Food Establishment** you intend to construct **are zoned for such a use.**

- Be prepared to furnish the Zoning Officer with details as to the type of establishment you are proposing e.g. is it a sit down restaurant or take-out only? What is the seating capacity? Parking capacity? Serving liquor?

**STEP 2:** Once you have confirmed that the site in question is zoned for your proposed Retail Food Establishment use, you must **develop and submit plans** in the form of architectural blue prints to our office.

- There are specific structural and equipment requirements for constructing an R.F.E. (finish materials for walls, floors and ceilings, number and types of sinks, etc.), all of which must be shown on the blue prints. As such, we strongly encourage you to utilize an architect who has experience in preparing blue print plans for food establishments. A copy of the pertinent sections of Chapter 24 which identifies these requirements is attached in Appendix A for your convenience and also can be accessed online at [http://nj.gov/health/eoh/documents/chapter24\\_effective\\_1207.pdf](http://nj.gov/health/eoh/documents/chapter24_effective_1207.pdf).
- It is critical to be familiar with Chapter 24 before developing your plans.
- It is critical to consider "food flow" (the path food will take from being delivered to your establishment to storage to preparation to serving) as a key part of your plan development. Proper "food flow" design will minimize the opportunity for cross contamination of foods and will allow for the most efficient overall operation of your establishment.

- A menu of the foods you plan to prepare must accompany your blue print plan submittal. It is important that you also identify any and all raw ingredients such as meats, fish, etc. which you plan to prepare.
- Your plans must be submitted to and approved by the Health Department **before** they are submitted to the Building Department.
- There is a plan review user fee of \$100 or \$200 depending upon the total seating capacity or square footage of the proposed establishment. You must identify the seating capacity and square footage of the establishment within the plans.
- Upon submission of the plans you will also be required to procure the facility Health license with our Licensing Division.
- The health authority shall review these plans and respond accordingly **within 30 days of the date of submission**

**STEP 3:** After you have received a formal plan review approval from our Health Department office, and before you **begin operating your new R.F.E., you must contact your Health Inspector who approved your plans to arrange for a pre-operational inspection.**

- Be sure to contact your Health Inspector at least one week before your intended opening date to schedule the pre-operational inspection. This inspection should also be scheduled only after all other Township inspections (Building, Plumbing, Electrical, etc.) have been satisfactorily completed.
- One of the main purposes of the pre-operational inspection is to confirm that your R.F.E. construction is in accordance with your plan submission that we approved. If during construction an issue arises where a surface material or equipment type or location cannot be installed as per plan, you must contact the Health Department immediately! Otherwise, if we find a conflict with what exists vs. the plan that we approved, we may not allow your establishment to open for business.
- We will be checking all operational items. Cooling units must be up and running, hot water must be available as well as visible thermometers, soap, hand drying devices, sanitizing agent, test kit, etc.
- By law a "Person in Charge" must be present at all times within your establishment. A separate notice on this requirement will be provided to you. You must identify who your "Person(s) in Charge" are at the pre operational inspection.
- There should be no food items within the establishment at this time.

**STEP 4:** Participation with a **State Approved Food Safety and Sanitation Education Program:**

- This is required for all "Risk 3" level establishments. Your Health Inspector will determine if you are a Risk 3 establishment as part of your plan review and will provide additional details at that time.

**STEP 5:** Once you have passed our pre-operational inspection, you will be authorized to receive food products.

## **II. RENOVATING AN EXISTING RETAIL FOOD ESTABLISHMENT**

**STEP 1: Notify the Health Department** (your Health Inspector) of any intentions to conduct renovations regardless of how small or large you perceive them to be **before conducting any such work.**

- Some renovations require that you submit plans while others do not. Also, some renovations can legally require that other structural and/or equipment aspects of your establishment also be brought into compliance with current Health regulations. Your Inspector will determine this, and whether or not you need to submit plans and to procure a new license. If the renovation includes any change in your existing menu, you must include that with your plans.
- Contacting your Inspector of any intended renovations can also provide you the opportunity to obtain helpful tips on material/equipment selection and optimum placement with respect to food safety and sanitation. We can also determine if such renovations would change your licensing classification.
- If your Health Inspector determines that your proposed renovations require a plan submittal, follow steps 1 through 3 noted for new R.F.E's.

## **III. CHANGE OF OWNERSHIP OF AN EXISTING RETAIL FOOD ESTABLISHMENT**

**STEP 1:** Prior to any Change of Ownership, **notify the Health Department.**

- Health Department operational licenses are "non-transferable". Therefore, it is the **obligation of the prospective new owner** of an existing R.F.E. to notify the Health Department accordingly. Failure to do so constitutes "Operating without a License" and is grounds for closure and other enforcement action by the Health Department. All prospective new owners must fill out a "Change of Ownership" form accordingly.
- In accordance with Chapter 24 of the State Sanitary Code, existing R.F.E.s, which are not in compliance with current specific structural and equipment requirements (as the result of previous grand fathering), are required to meet such requirements upon changing ownership.

**STEP 2:** Schedule a "Change of Ownership Inspection"

- Upon the "Change of Ownership Inspection" our Health Inspector will identify any such structural or equipment violations (as well as violations unrelated to the c.o.o.). The Health Inspector will establish a compliance time deadline date to abate these violation(s).
- Based on the magnitude of any structural or equipment violations found, the Health Inspector will determine the requirement for the submission of blue print or schematic plans. If plans are required, follow steps 2 and 3 noted above for new R.F.E's.

**STEP 3:** Participation with a **State Approved Food Safety and Sanitation Education Program:**

- This is required for all "Risk 3" level establishments. Your Health Inspector will determine if you are a Risk 3 establishment as part of your plan review and will provide additional details at that time.

For further information or to speak with a Health Inspector call 732-855-0600 x5027.

## **Subchapter 9. REVIEW OF PLANS**

### **8:24-9.1 Plan submission and approval**

(a) A permit applicant or operator shall submit to the health authority properly prepared plans and specifications for review and approval before:

1. The construction of a retail food establishment;
2. The conversion of an existing structure for use as a retail food establishment; or
3. The remodeling of a retail food establishment or a change of type of retail food establishment or food operation if the health authority determines that plans and specifications are necessary to ensure compliance with these rules.

(b) The plans and specifications for a retail food establishment shall include, as required by the health authority based on the type of operation, type of food preparation, and foods prepared, the following information to demonstrate conformance with rule provisions:

1. The intended menu;
2. The anticipated volume of food to be stored, prepared, and sold or served;
3. The proposed layout, mechanical schematics, construction materials, and finish schedules;
4. The proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities, and installation specifications;
5. Proposed program of training for the persons in charge and food employees pertaining to protecting public health and the safety and integrity of food; and
6. Other information that may be required by the health authority for the proper review of the proposed construction, conversion or modification, and procedures for operating a retail food establishment.

(c) The health authority shall review these plans and respond accordingly within 30 days of the date of submission. No retail food establishment shall be constructed, renovated, or converted except in accordance with plans and specifications previously submitted to and approved by the appropriate health and construction authorities.

(d) Prior to engaging in an activity that requires a HACCP plan, an operator shall submit to the health authority for approval a properly prepared HACCP plan as specified under

(e) below and the relevant provisions of this chapter if:

1. Approval for specialized processing is required as specified under N.J.A.C. 8:24-3.5(h); or
2. The health authority determines that approval for specialized processing is required based on the plans submitted under (b) above, an inspectional finding, or request for

specialized processing as specified under N.J.A.C. 8:24-3.5(h) and (i).

(e) For a retail food establishment that is required under (d) above to have a HACCP plan, the plan and specifications shall indicate:

1. A categorization of the types of potentially hazardous foods that are specified in the menu such as soups and sauces, salads, and bulk, solid foods such as meat roasts, or of other foods that are specified by the health authority;
2. A flow diagram by specific food or category type identifying critical control points and providing information on the following:
  - i. Ingredients, materials, and equipment used in the preparation of that food; and
  - ii. Formulations or recipes that delineate methods and procedural control measures that address the food safety concerns involved;
3. Food employee and supervisory training plan that addresses the food safety issues of concern;
4. A statement of standard operating procedures for the plan under consideration including clearly identifying:
  - i. Each critical control point;
  - ii. The critical limits for each critical control point;
  - iii. The method and frequency for monitoring and controlling each critical control point by the food employee designated by the person in charge;
  - iv. The method and frequency for the person in charge to routinely verify that the food employee is following standard operating procedures and monitoring critical control points;
  - v. Action to be taken by the person in charge if the critical limits for each critical control point are not met; and
  - vi. Records to be maintained by the person in charge to demonstrate that the HACCP plan is properly operated and managed; and
5. Additional scientific data or other information, as required by the health authority, supporting the determination that food safety is not compromised by the proposal.

### **8:24-9.2 Pre-operational inspection**

Whenever plans and specifications are required by N.J.A.C. 8:24-9.1 to be submitted to the health authority, the health authority shall inspect the retail food establishment prior to the start of operations, to determine compliance with the requirements of this chapter.



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## New Retail Food Establishment

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

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

Address of Establishment: \_\_\_\_\_

Proposed Type of Establishment (Bakery, Pizzeria, Deli, Etc.): \_\_\_\_\_

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

Square Footage: \_\_\_\_\_

## APPLICANT/OWNER INFORMATION

Owner Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Food Service Certification

Name of Certified Personnel	Position of Responsibility	Please list additional Certified Personnel on the back → →

Exempt from certification requirement: Yes  No

By making this application, I (we) agree to comply with all the Ordinances of Woodbridge Township and the State of New Jersey that regulate such establishments. It is further agreed that I (we) shall surrender this license if suspended/revoked by the Health authority. \*\*\*\*\* LICENSE NOT TRANSFERABLE\*\*\*\*\*

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Registered Environmental Health Specialist: \_\_\_\_\_ (732) 855-0600, Ext. \_\_\_\_\_

.....  
**For Health Dept. Use Only:**

License Number Issued: \_\_\_\_\_ Class Type: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Cash  Check  # \_\_\_\_\_ Initials: \_\_\_\_\_

Cc: Licensing Department



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## PROPOSED ESTABLISHMENT - PLAN RECEIPT FORM

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

Address: \_\_\_\_\_

Type of Facility (Bakery, Pizzeria, Etc.): \_\_\_\_\_

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

Square Footage: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

Owner Address (Cannot be store address): \_\_\_\_\_

Owner Email Address: \_\_\_\_\_

Contractor Name & Phone Number: \_\_\_\_\_

Date Plans Received: \_\_\_\_\_

Projected Date of Opening: \_\_\_\_\_

We are in receipt of your plans for \_\_\_\_\_ construction or \_\_\_\_\_ remodeling at the above establishment. As per N.J.C.A. 8:24 -10.1, we will review these plans and respond accordingly within thirty days of the date of submission of the plans.

**No establishment shall be constructed, extensively remodeled or converted without approved plans and specifications. No construction is to begin until your plans receive the approval of this department.**

By making this application, I (we) agree to comply with all the Ordinances of Woodbridge Township and the State of New Jersey that regulate such establishments. It is further agreed that I (we) shall surrender this license if suspended/revoked by the Health authority.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Registered Environmental Health Specialist: \_\_\_\_\_ (732) 855-0600, Ext. \_\_\_\_\_

.....  
For Health Dept. Use Only:

Plan Review Fee: Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Cash  Check  # \_\_\_\_\_

License Number Issued: \_\_\_\_\_ Class Type: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Cash  Check  # \_\_\_\_\_ Initials: \_\_\_\_\_

Cc: Building Department  
Licensing Department

To all facility Licensees:

To better serve and communicate with you in weather and other emergencies, we are requiring the completion and return of the following form as part of the licensing of your establishment: Thank you.

For your convenience, this form can be sent via Fax to 732-855-0944 or by e-mail to [healthenv@twp.woodbridge.nj.us](mailto:healthenv@twp.woodbridge.nj.us).

PLEASE PRINT CLEARLY

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

Address (street) \_\_\_\_\_

Town and Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Store's e-mail address \_\_\_\_\_

\*\*\*\*\*

Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_

Owner Town and Zip Code \_\_\_\_\_

Owner Telephone # \_\_\_\_\_

Owner e-mail address \_\_\_\_\_

\*\*\*\*\*

**EMERGENCY CONTACT INFO**

Please list contact information for at least two key personnel

Contact Name \_\_\_\_\_

Contact cell number \_\_\_\_\_

Contact e-mail address \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact cell number \_\_\_\_\_

Contact e-mail address \_\_\_\_\_