



CITY OF BETHLEHEM

10 East Church Street, Bethlehem, Pennsylvania 18018-6025

BUREAU OF HEALTH

Phone: (610) 865-7083
Fax: (610) 865-7326
TDD: (610) 865-7084
www.bethlehem-pa.gov

APPLICATION FOR FOOD FACILITY PLAN REVIEW

City of Bethlehem Health Bureau regulations require that all food facilities must have a valid license issued by the Bethlehem Health Bureau. Properly prepared plans and specifications must be submitted to and approved by the Health Bureau before any construction, remodeling, conversion of an existing structure, or alteration of a food service facility is begun.

Please complete and submit **ALL** of the following information to the Bethlehem Health Bureau. Please note that personal information (cellphones, email, ect.) is for internal use only and will not be released to the public.

OWNER LICENSING INFORMATION

Name of Facility: _____

Address of Facility: _____ Zip Code: _____

Facility Phone Number: _____

Owner's Name: _____

Owner's Address: _____

Owner's Phone Number: (home) _____

(cell) _____

(office) _____

Owner's Email Address: _____

Emergency Phone Number: _____ (if different from Owner's Number)

Name to Appear on Health License: _____

** If ownership is a firm, corporation, or partnership – List Firm Name and the name of all officers or partners.

Firm Name: _____

Firm Address: _____

Officer Name: _____ Phone: _____

Officer Name: _____ Phone: _____

Name of Responsible Agent if Other Than Owner: _____

Agent's Address: _____ Phone: _____

Position of Agent: (manager, contractor, designer, supplier, etc.) _____

FACILITY INFORMATION

Type of Facility: Restaurant Retail Food Store Church School/Daycare

Hours/Days of Operation: _____

RESTAURANT ONLY:

Is the Establishment: Take Out Only Sit Down If Sit Down, Seating Capacity? _____

RETAIL FOOD STORE ONLY:

Total Square Footage of Facility: _____

Reason for Application: New Remodel* Conversion Change of Owner

*Will the facility be closed during the remodel to perform the renovations? Yes No**

**If no and the facility plans to remain open during renovations, the Health Bureau requires you to submit areas and methods of containment, proposed work schedule, areas of egress, and Heating, Ventilation and Air Conditioning containment.

Name of Solid Waste Collector: _____

Name of Grease Recollection Company: _____

Does the Facility Have Public Water: Yes No

Does the Facility Have Public Sewer: Yes No

Does the Facility Have a Basement: Yes No

If yes, will it be used for (check all that apply):

- Food preparation*
- Food storage
- Food-contact item storage (ex: cups, take-out containers, plastic ware, etc)
- Other: _____

*If the facility basement is used for food preparation, Bethlehem Health Bureau requirements must be met for sink coverage and structures (floors, walls, ceilings, etc)

Type of Service: Provide a brief description of the proposed food and beverage service and nature of operation. A copy of the intended menu should also be included with this application. If a formal menu has not been developed, please provide a list of items you are considering.

Will undercooked or raw foods be served? Yes No

If yes, a consumer advisory must be provided with a disclosure and reminder statement on menus, placards or table tents.

Anticipated Construction Start Date: _____

Anticipated Completion Date: _____

Signature of Applicant: _____ Date: _____

Checklist for complete plan review packet:

- One (1) copy of plans or layout drawing.
- Food Facility Plan Review Application (attached)
- Copy of proposed food facility menu.
- Application Fee (See below)

APPLICATION FEES:

- **NEW ESTABLISHMENT OR CONVERSION: \$250.00**
- **REMODEL OR CHANGE OF OWNER WITH ALTERATIONS: \$250.00**
- **CHANGE OF OWNER ONLY WITH NO ALTERATIONS OTHER THAN COSMETIC CHANGES TO THE FACILITY: \$125.00**

****NOTE: Application is incomplete if application fee is not received and information is not complete. Plans will not be reviewed until fee and complete application is received.**

Attach all completed Forms, Plans, Fees and Specifications and Submit to:

**Tina Roberts, Permit Coordinator
10 E. Church Street
Bethlehem, PA 18018**

OFFICE USE ONLY

Received Date: _____ Approved Date: _____ Inspected Date: _____

Risk Class: 1 2 3 4

____ **This facility requires Food Safety Manager Certification**

____ **This facility does not require Food Safety Manager Certification**



Person-In-Charge (PIC) Requirements

As per the FDA Food Code, a knowledgeable person with supervisory authority over your facility's employees must be present at all times during your hours of operation and on each shift. That designated person is called the Person-in-Charge, or PIC. The PIC could be an owner, manager or any designated employee on duty at the facility. The PIC must have enough knowledge of the operation of the facility to assure proper food preparation and safety, cleaning and sanitizing, and employee practices and hygiene when the PIC is on duty.

Food Safety Manger Certification Requirements

PA Commonwealth law requires most facilities that offer or prepare food to employ at least one individual that has successfully completed an American National Standards Institute (ANSI) accredited Food Safety Manager Certification course. You must provide at least one employee with the Food Safety Manager Certification within 90 days of opening your facility.

Compliance with law:

- The certified employee is the Person-in-Charge (PIC) when in the facility.
- The Certification Certificate must be posted in the facility in public view.
- New facilities have 90 days to comply with the Act.
- Existing facilities which are not in compliance due to employee turnover or other loss of their certified employee shall have three (3) months from the date of loss to comply.
- An employee may only serve as the certified manager for one (1) facility.

The following are the current ANSI-accredited Food Safety Manager Certification courses:

- 360Training, Inc.
- AboveTraining/StateFoodSafety
- National Registry of Food Safety Professionals
- Prometrics Inc.
- ServSafe by the National Restaurant Association

Name, Certification Number and Type of Certified Food Safety Manager (if available):



GUIDELINES FOR FOOD FACILITY PLAN REVIEW

Preparation of Plans

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

Plans and specifications for food establishments must include:

1. Site plan:

- A. Submit a sketch of the entire property showing trash storage and used cooking grease storage areas.

2. General Floor Plan:

- A. Submit an accurately scaled floor plan of the facility showing all items listed below:

- a. All rooms including kitchens, bars, dining areas, restrooms, basements, retail sales, etc. Include doorways, receiving doors, loading docks, stairways to other floors and any other exits.
- b. Storage areas for foods, dishware, cooking equipment, chemicals, etc.
- c. All food facility equipment including stationary and portable equipment such as:
 - Refrigerator - Pizza Prep - Ice Machine - Ovens
 - Freezers - Prep Tables - Steam Table - Microwaves
 - Dishwashers - Display Cases - Stoves - Grills
 - Bain Maries - Deli Cases - Fryers - Broilers
 - Slicers - Soda Box Towers - Coffee/Tea Brewers - Toasters
 - Drink Machines - Mixers - Walk-In Units - Choppers
 - Warming Cabinet - Ice Bins - Bulk Food Storage - Buffets
- d. Indicate the location and type of all sinks. Clearly label all sinks. A splash-guard may be required on sinks located directly next to equipment or other sinks.

Separate sinks are required for:

- 1) Handwashing sink (Handwashing facilities must be conveniently located to all food service, warewashing and food preparation areas. If handwash sinks are self-closing or metered, the water flow time must be 15 or more seconds. More than one may be required, depending on the facility.)
- 2) 3-compartment sink with drainboards (for washing and sanitizing of food equipment, dishes and utensils)
- 3) Service/mop sink (for general cleaning and disposing of mop water)
- e. Provide details on sneeze guards or other protective devices in food display areas where foods are subject to possible customer contamination.
- f. Any inside trash or recyclables storage areas, if applicable.

Structural Facilities

All floors, walls, baseboard coving, and ceilings in kitchens, prep areas, dry storage areas, ware washing areas, bars (if food preparation or food service takes place), and janitor closets must be smooth, non-porous, easily cleanable must be noted on the “Materials/Finish Schedule” located on page 9 of this packet, or may be shown by another acceptable format.

Equipment

1. Equipment Schedule – A list of all equipment (including manufacture’s names and model numbers) must be indicated on the floor plan and prepared as an addendum to the plans. This information may be presented on the attached “Equipment Schedule”, located on page 10 of this packet, or may be shown in another acceptable format. *See Sample Equipment Schedule below as a reference.

2. General:

- A. All equipment must be six (6) inches or more off the floor, or placed on castors.
- B. Limit the amount of wood surfaces used. All exposed wood surfaces subject to splash or food residue, must be sealed and finished to be smooth, non-porous and cleanable.

3. Thermometers:

- A. Thermometers must be visible and accurate to +/- 3°F for each cold storage unit to be used in the storage of potentially hazardous foods.
- B. A probe-style thermometer must be available and accurate to +/-2°F to ensure the proper internal temperature of food.

4. If ice is made available to customer self-service, automatic ice dispensers are required.

****SAMPLE EQUIPMENT SCHEDULE***

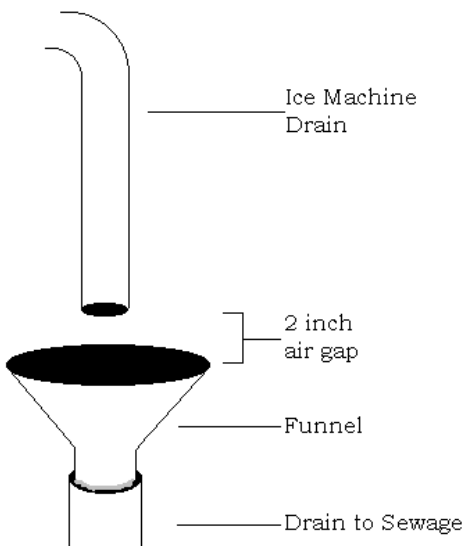
Item No.*	Equipment Description	Name of Manufacturer	Model No.
1	3-compartment sink	H&M Manufacturing	A36-3
2	Meat Slicer	A&E Equipment Co.	910
3	6-Burner Stove	Atlas Range Co.	CB-45
4	Grill	Atlas Range Co.	30
5	Exhaust Hood	Bill’s Stainless Steel Metal Fabricator	Custom Fabric.
6	Walk-in Box	Cold King	30-5x6

***Equipment item number must correspond with the equipment listed on the floor plan (example: Item No. 1 should be on the plan as #1).**

Additional Food Code Construction Highlights

1. Hot water at hand washing sinks must be a minimum temperature of 100°F and must be a minimum of 110°F at all other sinks.
2. All potable water supplies must not connect directly to liquid waste disposal systems. All ice machines and ice bin drains must be properly air-gapped. A proper air gap is one that is two times the diameter of the drain line and not less than 1 inch.

Sample ice machine drain air-gap:



3. Vermin Control - Doors and Windows
 - A. All doors to the outside and all restrooms must be self-closing and rodent-proof.
 - B. Indicate screening or other insect-control devices, such as, air curtains.
4. Protection for light fixtures, such as light shields and shatter resistant bulbs, must be provided to ensure shattered glass does not become a food safety hazard.
5. All women's and unisex restrooms must be provided with a covered trash receptacle.
6. Sewage or waste water lines must have a protective barrier when over food/food contact areas.
7. Special operational procedures, cleaning schedules and/or food transportation procedures pertinent to the operation of the establishment, if applicable, must be attached to this application.

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MATERIALS/FINISH SCHEDULE

COMPLETE AND SUBMIT WITH YOUR PLANS

Note: If the facility is a “Change of Owner” only, you are not required to submit a Materials/Finish Schedule.

Room/Area	Floors	Baseboard Coving	Walls	Ceiling
(Examples)	(vinyl composition tile, quarry tile, sealed concrete, etc.)	(molded vinyl, quarry tile, ceramic tile, etc.)	(stainless steel, fiberglass reinforced panels (FRP), semi-gloss painted drywall, etc.)	(drywall painted with high gloss enamel, vinyl coated suspended tile, etc.)
Kitchen/Cooking				
Dry Storage				
Ware Washing				
Serving				
Restrooms				
Custodial Closet				
Dining Area				
Retail Sales				
Bar				
Other - explain:				

EQUIPMENT SCHEDULE
 COMPLETE AND SUBMIT WITH YOUR PLANS

Item No.*	Equipment Description	Name of Manufacturer	Model No.

***Equipment item number must correspond with the equipment listed on the floor plan (example: Item No. 1 should be on the plan as #1).**

**Licensed Trash Haulers
For the City of Bethlehem**

Advanced Disposal-Lehigh Valley
2690 Howertown Rd #1
Northampton, PA 18067
610 440-3700

Arties Sanitation
Po Box 1082
Bethlehem, PA 18018
610-867-8550

Berger Sanitation
Po Box 20342
Lehigh Valley, PA 18002
610 837-1790

Cressman Sanitation
1933 Greenleaf St
Bethlehem, PA 18017
610-868-5469

Chrin Hauling Inc.
635 Industrial Drive
Easton, PA 18042
610-258-8737

Del Guericos Inc.
2895 Grouse Ln #100
Riegelsville, PA 18077
484 368-2144

Freedom Sanitation LLC
Bethlehem, PA 18018
610 866-8380

J & S Disposal Service
Bethlehem, PA 18016
610 866-2430

Ray Dancho
434 Forrest Avenue
Bethlehem, PA 18017
610-865-2925

Reiss Brothers
1154 Passer Rd
Coopersburg, PA 18036
610 346-7535

Republic Services
1200 N Irving St
Allentown, PA 18109
610 432-757

East Penn Sanitation
Po Box 268
Bethlehem, PA 18020
610-759-6398

The Good Guys (Smale)
Po Box 228
Bethlehem, PA 18016
610-866-2811

Marth Hauling
1438 Willowbrook Rd
Northampton, PA 18067
610-262-9021

Waste Management
1963 Argyle Rd
Pen Argyl, PA 18072
610-863-6057

Star Disposal
1540 Greenview Dr
Bethlehem, PA 18018
484-821-1944

Raritan Valley
1200 N Irving St
Allentown, PA 18109
610-432-7574

Royer's Sanitation
Po Box 551
Bethlehem, PA 18016
610-867-3813 or 610-691-5147

Frank Sigley
1656 2nd Street
Bethlehem, PA 18020
610-867-1372

Frank J. Sipos
37 E. Union Blvd
Bethlehem, PA 18018
610-867-2641

Sterner Sanitation
1337 N Troxell St
Allentown, PA 18109
610-434-1375

Strohl Sanitation
5041 Hanoverville Rd
Bethlehem, PA 18017
610-837-9929

Len Symons
Po Box 106
Bethlehem, PA 18016
610-868-6221

FINAL INSPECTION GUIDE

A final preoperational inspection of your facility will be conducted when your project is 100% complete.

At the time of this inspection all construction must be completed and the premises clean. All equipment must be installed and able to be operated.

The following items will be addressed during the inspection:

1. Temperatures of all refrigeration equipment (minimum of 41 degrees F in refrigerators).
2. Presence of a visible and accurate thermometer in all refrigeration equipment.
3. Number and location of sinks, fully working with hot and cold water.
4. Presence of a soap dispenser, paper towels/hot air hand dryer, and a hand wash reminder sign at all hand wash sinks.
5. Testing of water pressure and water temperatures (minimum of 100 degrees F at hand washing sinks and 110 at ware washing sink).
6. Testing of automatic dishwasher, including recording of temperatures.
7. Presence of a sanitizer (chlorine/bleach, quaternary ammonia, or iodine) and sanitizer test kit.
8. Testing of ware washing machine, if applicable.
9. Presence of required light shielding.
10. Presence of a probe thermometer.
11. Self-closing doors on restroom doors.
12. Covered trash can in women's and unisex restrooms.
13. Outdoor garbage/refuse area is sanitary.

Reminder: A full-time Certified Food Safety Manager is required within 90 days of the facility's opening date.

