



# Township of Woodbridge

John E. McCormac, CPA, Mayor

## Department of Health and Human Services

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Woodbridge - Ten Towns, One Community

## **PROCEDURES FOR OBTAINING A HEALTH PERMIT TO OPERATE**

### **A FOOD/BEVERAGE/DESSERT MOBILE UNIT**

1. Obtain the "Base of Operations" form (attached). The required food safety and sanitation education program will be determined by your Inspector as part of your inspection process.  
**Note:** Complete the "Base of Operations" form in the presence of a Notary, as this form must be notarized. In addition to your own participation, any other employees working the mobile unit must also complete the food handling education program and related materials.
2. Obtain a Woodbridge Township Peddlers or Transient Permit application from the Municipal Clerk's Office at Town Hall (1 Main Street, Woodbridge telephone number 732-602-6007). Call ahead to confirm what documents you may need to bring and the cost of their permit fees.
3. Bring the following to the Health Department for inspection any business day between the hours of 8:30 am to 9:30 am or 3:30 pm to 4:00 pm:
  - a. The completed "Base of Operations" notarized form.
  - b. A copy of the most recent Health Department inspection report or placard posting for your "Base of Operations" facility (this is needed **only** if the base of operations is **not** located within Woodbridge Township).
  - c. Your driver's license.
  - d. The mobile unit.
  - e. The completed food safety education program materials.

#### **Note:**

- **The mobile unit must be clean throughout.**
- **All hot holding and/or cooling units must be in operation for temperature checking.**
- **Thermometers for these units must be properly working and easily visible.**
- **An acceptable means of sanitizing must be presented.**
- **An acceptable means of hand washing must be presented.**
- **Measures to minimize or eliminate direct hand contact with food items (gloves, tongs, etc...) must be presented.**

4. Upon receiving a Satisfactory inspection rating, you must obtain a Health License (\$100.00 fee payable at the Licensing office within the Health Dept).

#### **Note:**

- **You must display your Health Department Satisfactory placard and Health Department license certificate within your mobile unit in plain view of our inspectors during our spot checks as well as the general public.**

**New Retail Food Code – CHAPTER 24 (N.J.A.C. 8:24)**  
***Sanitation in Retail Food Establishments and Food and Beverage Vending Machines***

**HIGHLIGHTS OF MAJOR CHANGES**

8:24-1.5 Definitions

“Refrigeration temperatures” mean 41 degrees F or less except 45 degrees F or less for existing equipment. Exception expires January 2, 2012.

“Risk type 1 food establishment” – low risk

“Risk type 2 food establishment” – medium risk

“Risk type 3 food establishment” – high risk

“Risk type 4 food establishment” – specialized processes

“Safe cooking temperatures” mean 145 degrees F for fish, meat, and pork, 155 degrees F for ground meat, and 165 degrees F for poultry.

8:24-2.1 Supervision

(a) Person in charge present during all hours of operation.

(b) Person in charge must have sufficient knowledge for their operation. By January 2, 2010 at least one certified food protection manager in Risk type 3 food establishments.

8:24-2.3 Personal cleanliness

(b) Wash hands for at least 20 seconds and (c) rub hands together vigorously with soap for at least 10 seconds.

8:24-3.2 Food sources, specifications, etc.

(f)1. Refrigerated foods must be 41 degrees F or less when received, except milk and shellfish.

(f)2. Raw shell eggs must be 45 degrees F or less when received.

(f)3. Hot foods must be 135 degrees F or above when received.

(f)4. Foods labeled frozen must be received frozen.

8:24-3.3 Food protection

(a)2. No bare hand contact with exposed, ready-to-eat food.

8:24-3.4 Destruction of organisms

(a)1. i. Cooking temperature for fish, meat, and pork is 145 degrees F.

(a)1. ii. Cooking temperature for raw shell eggs and ground meat is 155 degrees F.

(a)1. iii. Cooking temperature for poultry, stuffed fish, and stuffed pasta is 165 degrees F.

(a)3. Raw or partially cooked food is allowed but only per customer order for immediate service, and not in an establishment that serves a highly susceptible population.

(d) and (e) Raw or partially cooked fish must be frozen before service or sale. Certain species of tuna exempted.

(f) Cooked, refrigerated food prepared per customer order for immediate service may be served at any temperature.

(g) Commercially processed ready-to-eat food must be cooked to 135 degrees F for hot holding.

#### 8:24-3.5 Limitation of growth of organisms

(d) Advanced prep – Foods must be cooled from 135 degrees F to 70 degrees F within two hours and from 70 degrees F to “refrigeration temp” within four hours.

(f) Foods must be hot held at 135 degrees F or above.

(h) Health Department approval needed for smoking, curing, or acidification as a method of food preservation.

#### 8:24-3.7 Special requirements for Highly Susceptible Populations (HSP)

(a) No raw fish, rare meat, soft-cooked eggs, or seed sprouts can be served at establishments that serve a highly susceptible population.

#### 8:24-4.2 Design and construction

(c) Establishments serving burgers, fish filets, etc. must have small diameter probe thermometer.

#### 8:24-4.6 Cleaning of equipment and utensils

(f) If used with potentially hazardous food, equipment must be cleaned at least every four hours.

WOODBRIIDGE DIVISION OF HEALTH

AFFIDAVIT

MOBILE FOOD VENDOR CERTIFICATION FOR BASE OF OPERATIONS

TRADE NAME \_\_\_\_\_ TYPE OF VEHICLE \_\_\_\_\_

VEHICLE PLATE # \_\_\_\_\_ COLOR OF VEHICLE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

street city state zip code

OWNER'S PHONE NUMBER \_\_\_\_\_

home business

AFFIDAVIT - BASE OF OPERATIONS

NAME OF BASE OWNER \_\_\_\_\_

individual or corporate officer

TRADE NAME \_\_\_\_\_

(trading as)

BASE ADDRESS \_\_\_\_\_

street city state zip code

TYPE OF ESTABLISHMENT OR BUSINESS \_\_\_\_\_

I, \_\_\_\_\_, do attest and confirm that \_\_\_\_\_, trading  
(print name) (vendor)

as \_\_\_\_\_,  
(trade name)

is using my premises/establishment as a certified base of operations. This means that the vehicle will be cleaned and maintained upon my premises, all utensils and equipment relative to the preparation of foods will be sanitized/cleaned chemically or by hot water facilities and that all foods will be sorted and/or refrigerated upon my premises. I further verify that my establishment is operating in compliance with Chapter 24 of the New Jersey State Sanitary code and is so posted accordingly.

DATE OF DECLARATION/AFFIDAVIT \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

SIGNATURE \_\_\_\_\_ WITNESS \_\_\_\_\_

NOTARIZATION

NAME OF NOTARY \_\_\_\_\_ ADDRESS \_\_\_\_\_

print street city state zip code

Subscribed and sworn (or affirmed) to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARY SEAL

/s/ \_\_\_\_\_

NOTARY PUBLIC

My Commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

if base of operations is located in a municipality other than Woodbridge Township.....LETTER OR WHITE POSTING from the applicable HEALTH AUTHORITY must be submitted with this affidavit at time of inspection of vehicle and prior to issuance of the necessary HEALTH LICENSE.