



Township of Woodbridge

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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, hotels/motels, health clubs, etc.

Whether you are attempting to open a brand new Retail Food Establishment, renovating 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 may encounter if you do comply with these existing regulations and Health Department procedures.

It is important to note that this outline of steps does not cover requirements for 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 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 ceiling, 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. The code does not require blue-prints, plans can be hand drawn. 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

https://www.state.nj.us/health/ceohs/documents/food-drug-safety/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

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. Also, some renovations can legally require that other structural and/or equipment aspects of your establishments also be brought into compliance with the current code. . Your Inspector will determine this, and whether or not you need to submit plans. If the renovation includes any changes in your existing menu, you must include that with your plans.
- Contacting your Inspector for any intended renovations can also provide you the opportunity to obtain helpful tips on material/equipment selection and optimal placement with respect to food safety and sanitation. We can also determine if such renovations would change your licensing classification.

III. CHANGE OF OWNERSHIP OF AN EXISTING R.F.E.

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 retail food establishments, which are not in compliance with current specific structural and equipment requirements (as 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” the Health Inspector will identify any such structural or equipment violations (as well as violation s unrelated to the change of owner. The Health Inspector will establish a compliance time deadline date to abate these violations.
- Based on the magnitude of any structural or equipment violations found, the Health Inspector will determine the requirement for the submission of blue prints or schematic plans. If plans are required, follow steps 2 and 3 noted above for new retail food establishment

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 health authority based on 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, manufactures, model numbers, locations, detentions, performance, capacities, and installation specifications;
- 5: Proposed program of training for the persons in charge and food employees pertaining to protecting public's health and the safety and integrity of food; and
- 6: Other information that may be required by the health authority for 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 € 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 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 category type identifying critical control points and providing information of the following:

i. Ingredients, materials, and equipment used in 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;

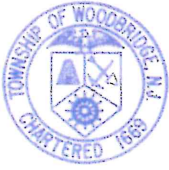
v. Action to be taken by the person in charge if critical limits for each critical point are not met; and

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 if this chapter.



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Woodbridge - Ten Towns, One Community

New Retail

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: _____

Home Phone Number: _____ Cell Phone Number: _____

Food Service Certification

Name of Certified Personnel	Position of Responsibility	Please list additional Certified Personnel on the back
		<p style="text-align: center;">→ →</p>

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 Department Only:

License Number Issued: _____ Class Type: _____ Date: _____

Amount \$: _____ Cash: _____ Check: # _____

Township Web Address
www.twp.woodbridge.nj.us



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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 Address (Cannot be store address): _____

Owner Email Address: _____

Contractor Name & Phone Number: _____

Date Plans Received: _____ Projected Opening Date: _____

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 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 that 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 Department Use Only:

Plan Review Fee Date: _____ Amount: _____ Cash: _____ Check: _____

License Number Issued: _____ Class Type: _____ Date: _____ Initials: _____

Cc: Building Department

Licensing Department

Township Web Address
www.twp.woodbridge.nj.us

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 for as part of the licensing of your establishment: Thank you.

For your convenience, this form can be sent via fax to 732-855-0944 , mail or by e-mail to healthenv@twp.woodbridge.nj.us

Establishment Information

Name of Establishment: _____
Address (street): _____
Town and Zip: _____
Phone Number: _____
Store's Email Address: _____

Owner Information

Owner Name: _____
Address: _____
Town and Zip: _____
Phone Number: _____
Cell Phone Number: _____

General Manager Contact Information

Contact Name: _____
Contact Cell Phone Number: _____
Contact Email Address: _____

Emergency Contact Information

Contact Name: _____
Contact Cell Phone Number: _____
Contact Email Address: _____

Date: _____