

Application for Approval of Plans for a Day Care Food Service Establishment

Pursuant to part 14-1.190 of the NYS Sanitary Code, prior to constructing, major renovation, or commencing operation of a food service establishment, properly prepared plans and specifications shall be submitted to the regulatory authority for review and approval before construction is started.

Submit completed form, professional blueprints or a floor plan drawing of kitchen, and a plan review fee of \$75.00 to the address below:

Monroe County Department of Public Health
 Food Protection, Room 832
 111 Westfall Road
 Rochester, New York 14620
 Phone: (585) 753-5064 / Fax: (585) 753-5013
food@monroecounty.gov

Name and address of establishment:	Name and address of owner:
Name and address of Architect, Engineer or Consultant:	Name and address of Operator:
Signature of Architect, Engineer or Consultant:	Signature of Applicant:
Date: _____	Date: _____

Approval or Disapproval should be sent to:

Owner
 Establishment
 Architect, Engineer or Consultant
 Operator

Contact person: _____ Phone # _____

Email address: _____

Type of Establishment: Day Care **Capacity** (Number of children permitted by OCFS License): _____

Anticipated Opening Date: _____

Type of Plan Approval:

New Owner Remodeling of existing food service facility
 New Structure Converting from other use to food service

(FOR OFFICE USE ONLY)	Plans Approved: Inspector _____ Date _____
	Plans Approved: Food Protection Supervisor _____ Date _____
	Plans Approved: Bureau of Engineering _____ Date _____
	Plans Disapproved: By _____ Date _____
	Comments: _____ _____

Complete back side of this form →

Details of Proposed Daycare Food Service

*****All Sinks and Equipment must be CLEARLY labeled on blueprint/floorplan drawing*****

1. Bathrooms - self-closing doors and ventilation fans are required

Handwash sinks present in bathrooms: Yes No

2. Sinks

Three Bay sinks present (stainless steel): Kitchen: Yes No

Food Prep Sink present (stainless steel with indirect drain): Yes No

Mop sink present: Yes No

of Handwash sinks with pump soap and paper dispenser: Kitchen: _____

**Handwash sinks are required at all food and beverage prep areas*

3. Commercial Dishwashing Machine Kitchen: Yes No

4. Grease Trap Indoors Outdoors – Location: _____ N/A

5. Surface Material Type (tile, wood, drop panel, etc.) *unfinished bare wood not allowed

Kitchen: Floors _____ Walls _____ Ceilings _____

Service: Floors _____ Walls _____ Ceilings _____

Dining: Floors _____ Walls _____ Ceilings _____

Storage Area: Floors _____ Walls _____ Ceilings _____

6. Exhaust Ventilation Exhaust Ventilation present? Yes No

7. Refrigeration *Thermometers are required in each unit

of Walk-in Refrigerators: _____ # of Reach-in Refrigerators: _____

of Walk-in Freezers: _____ # of Reach-in Freezers: _____

8. Storage

Dry Storage location: _____ Area (sqft)? _____

Toxic Storage location: _____ Area (sqft)? _____

9. Water Supply

Public Supplier (piped into facility): Name of supplier _____

-or- Private supply (well water): Monroe Co. Health Department approval date _____

Hot water tank (40 gallon minimum): Capacity = _____ gallons

-or- On-Demand Tank (Check compatibility with mechanical dishwasher)

10. Waste (sewage)

Public sewer system

-or- Private sewer (septic system): Monroe Co. Health Department approval date _____

11. Lighting Light Shields present: Yes No

12. Food Service

Menus attached for types of food that will be provided

If food service is catered, provide name of caterer: _____