



WORCESTER COUNTY HEALTH DEPARTMENT FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

*Return to: Worcester County Health Dept., Office of Environmental Health
13070 St. Martin's Neck Road, Bishopville, MD21813
Phone 410-352-3234 or 410-641-9559*

Type of Plans Submitted and Fee

- New Construction (High/Moderate) \$275.00 New Construction (Low/Prepackaged) \$150.00
- Remodel/Materially Altered (COMAR 10.15.03.33) \$150.00 Ventilation Hood Review \$135.00
- Mobile Unit (High/Moderate) \$275.00 Mobile Unit (Low/Prepackaged) \$150.00

Facility Name: _____ Former Name: _____

Facility Address: _____

City _____ State _____ Zip _____

Name of Owner: _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone: _____ Fax _____ e-mail _____

Contact / Project Manager Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____ e-mail: _____

Anticipated Start Date: _____ Anticipated Date of Completion _____

Exhaust Ventilation System Fabricator/Manufacturer (Name, Address, Phone) _____

Type of Service (Check all that apply):

- Full Service Carry Out Bar/Tavern/Nightclub Mobile Vendor Nonprofit Kitchen
- Grocery/market Bakery Confections Institution Other _____

I have submitted plans/applications (if applicable) to the following authorities:

- Plumbing Electric Planning & Zoning Building Fire

****Check with other agencies to determine how many sets of plans that will require Health Dept. approval.**

Please note that plans are not forwarded to this department by any other agency.

Office Use Only

Date Received _____ Fee _____ Receipt _____ Clerk _____

Maryland Health-General Code Annotated, §21-321, requires that properly prepared plans be submitted and approved before a person constructs a food establishment, remodels or alters a food establishment, or converts or remodels an existing building for use as a food establishment. Please read carefully and provide all required information. Failure to do so will result in the delay of the plan review process. Once the completed application is presented, please allow for a minimum of 30 days for review. Submittals are retained by this department as part of the permanent record.

Please complete and sign this form and enclose the following documents:

- Fully completed and signed Plan Review Application Packet
- Proposed Menu (including seasonal, off-site and banquet menus)
- Equipment list (see attached) with model number and Manufacturer's Name
- Specification sheets for each piece of equipment shown on the plan. (If a remodel, identify existing and new equipment)
- Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system - if applicable)
- Floor plan **drawn to scale** of food establishment showing layout and arrangement of work areas and location of all equipment, plumbing features, and mechanical ventilation, and lighting
- Finish schedule (coverings and/or finishes for floors, walls, and ceilings)
- Application and fee for exhaust ventilation (hood) system plan review. Obtain ventilation system plan review requirements from this office
- Hazard Analysis Critical Control Point plan
- Standard Operating Procedure signature page
- Application and fee for License to Operate a Food Service Facility
- Statement of Workers' Compensation Insurance

Missing information will result in a delay in review of the plans.
Please address every item that applies to your food service operation.

GUIDELINES FOR PLAN SUBMITTAL

Menu (COMAR 10.15.03.11F &.33)

Submit proposed menu, including seasonal dishes, off-site and catering menus.

Refer to COMAR 10.15.03.11(F) for details regarding undercooked and raw animal food products.

Type of Service (COMAR 10.15.03.33)

Check all of the food processes that you propose to utilize:

- Cook, Cool, Reheat, Hot Hold and Serve
- Cook, Hot Hold and Serve
- Cook and Serve
- Cold Hold and Serve
- Commercially prepackaged foods

Hazard Analysis Critical Control Point (HACCP) Plan (COMAR 10.15.03.33&.34)

HACCP guidelines are available through the Maryland DHMH website,

<http://ideha.dhmh.maryland.gov/OEHFP/OFPCHS/SitePages/plan-review.aspx>.

Required Format and Specifications for Scaled Floor Plans (COMAR 10.15.03.33)

The scaled drawing of the proposed facility must identify the layout and arrangement of work areas and the location of all equipment.

1. Accurately draw floor plan to a minimum scale of 1 inch = 4 feet.
2. Locate the following;
 - a. Seating
 - b. Each piece of equipment labeled with its common name
 - c. Exterior doors
 - d. Shelving, including in any walk-in units, in dry storage areas, and in custodial areas
 - e. Hand sinks-including in the restroom, utensil wash areas, and food preparation areas
 - f. Food preparations sinks and 3 compartment sinks
 - g. Toxic chemical storage area
 - h. Personal storage area
 - i. Mop sink & custodial storage areas
 - j. Open site drains and water heater. Indicate if open site drain is a floor drain
 - k. Indoor garbage & refuse storage containers
 - l. Restrooms

Interior Finishes/Surfaces (COMAR 10.15.03.21&.33)

1. Submit a finish schedule for all areas of the facility.
2. In general, all finishes must be smooth, durable, non-absorbent and easily cleanable.
3. Finishes must be grease resistant in grease producing areas.
4. All floor to wall junctures must be closed and sealed and/or provided with a coved base in all food preparation areas.
5. Drop ceiling panels should be non-perforated and not backed with fiberglass.
6. Sample materials may be required.
7. Piping, conduit and other similar construction that is located outside of the wall must be installed so that there is a minimum of 3/4 of an inch space between the piping, conduit or other similar construction and the wall.
8. If water cleaning is proposed for any floor, including walk-in units, the floor must be graded to a floor drain.

Lighting (COMAR 10.15.03.22 & .33)

1. All lights in food preparation areas and in utensil wash areas must be shielded.
2. Lighting in all food preparation areas must be a minimum of 50 foot candles at the work surface.
3. Lighting in all other areas must be a minimum of 20 foot candles at 30 inches above the floor.
4. Indicate the proposed type of lighting for each area (i.e. fluorescent, incandescent, strip, etc.).
5. Indicate the proposed type of light shields for each area.

Ventilation (COMAR 10.15.03.22 & .33)

1. A hood is required for any open cooking, high temperature sanitization dish machines, and for some heat producing equipment, such as a large pizza oven.
2. UL 710 tested grease removal hoods must provide at least the minimum exhaust according to the UL 710 listing.

Plumbing (COMAR 10.15.03.18)

1. All plumbing must meet the applicable Plumbing Code.
2. The water heater must be sufficiently sized to accommodate the facility. Contact a Master Plumber for assistance in determining adequacy of the water heater.
3. All spigots, including outside spigots and mop sinks, must be installed in a manner that prevents back flow or backsiphonage.
4. An indirect waste line is required in any situation where foods or food contact equipment is placed. The following require indirect drains, 3 compartment sinks, preparation sinks, ice machines, steam kettles, potato peelers, condensate lines and hand sinks located in a food preparation counter
5. Dishwashers require a pressure gauge immediately upstream from the final rinse control valve.

Doors (COMAR 10.15.03.20)

1. All exterior doors must be self closing and tight fitting.
2. Any opening into the building must be less than ¼ inch.
3. Screens must be a minimum of 16-mesh to the inch.

Equipment (COMAR 10.15.03.15 & .33)

1. Identify each piece of equipment indicated on the corresponding floor plan.
2. All equipment must be NSF certified or equivalent.
3. Provide manufacturer and model number and corresponding manufacturer sheets for each piece of equipment.
4. Include shop drawings for custom built equipment.
5. Identify if equipment is new or used (used equipment must be inspected for compliance).
6. Identify if equipment is on casters, 4 inch legs (table top equipment), 6 inch legs, or sealed to all adjacent surfaces.
7. Equipment which weighs in excess of 80 lbs or equipment that is not installed on casters must be adequately spaced from adjacent surfaces to facilitate cleaning.
8. Shelving must be constructed of a non-corrosive material in all moisture producing areas such as in walk-in units. It is recommended that a material such as vinyl coating is utilized.
9. Shelving intended to hold exposed foods or food contact items must be a minimum of 18 inches above the floor, all other shelving must be a minimum of 6 inches above the floor.
10. Over shelves or salamanders are not approved over cooking surfaces, unless a deflector is provided.

Toilet Facilities (COMAR 10.15.03.18)

1. Must provide public restrooms if facility prepares food and provides seating; or is a carry-out with indoor tables used for dining.
2. Public restrooms must be accessible without entering food preparation, storage, or utensil washing areas.
3. The amount of fixtures required is dependant on the number of seats proposed. Refer to the applicable Building or Plumbing Code for guidelines.
4. Restroom doors must be self closing.
5. Must provide mechanical ventilation (minimum of 2 cfm per square foot area), that is exhausted directly to the outside of the building.
6. Must provide a covered trash receptacle for any women's or unisex restrooms.

Storage Areas

1. Must provide sufficient storage areas.
2. Must provide shelving in the storage areas.

Hand Washing Stations (COMAR 10.15.03.18)

1. Hand sinks are required in all restrooms, food preparation, and utensil washing areas.
2. All hand washing stations must be accessible at all times.
3. Must be located greater than 18 inches from any area of potential contamination or a splash guard must be installed.
4. Must provide soap, paper towels or other hand drying device, and trash receptacle at each hand sink.
5. Posting hand washing signs at all hand sinks is recommended.

Mop Sink (COMAR 10.15.03.23)

1. Must provide a mop sink or curbed cleaning facility.
2. Must provide a sufficient method to allow mops to thoroughly dry.
3. Must provide sufficient space to store all custodial equipment.

Chemical Storage (COMAR 10.15.03.13)

Toxic materials must be stored separate from areas used for food storage, food preparation or equipment and utensil washing or storage.

Personal Items & Dressing Rooms (COMAR 10.15.03.23)

1. Must provide sufficient area to store personal items.
2. Specify how personal items will be stored.

Utensil Washing (COMAR 10.15.03.16)

1. A NSF approved 3 compartment sink **or** a NSF approved dishwasher is required.
2. All discharge lines on a 3 compartment sink must be indirectly drained and provided with an air gap.
3. The 3 compartment sink must be adequately sized to accommodate the largest piece of equipment.

Garbage & Refuse Storage (COMAR 10.15.03.19 & .33)

1. Must provide sufficient amount of containers to store refuse & garbage.
2. Exterior containers must be rodent proof.
3. Exterior containers must be located on a grease resistant, cleanable surface.
4. Containers cannot leak.

Additional Guidance for Mobile Unit Requirements Only

- *Note: All aspects of a food service facility operation are prohibited in a private residence. This includes the prohibition of storage, utensil washing, and preparation in a residence.*

Definition

1. “Mobile food service facility” means a food service facility that is a mechanically, electrically, manually, or otherwise propelled vehicle operation on land or water which moves as part of its routine operation to:
 - a. Change location for sales;
 - b. Obtain food and other supplies;
 - c. Fill potable water supply holding tanks;
 - d. Empty wastewater holding tanks; or
 - e. Provide for the cleaning and sanitization of equipment and utensils.
2. “Mobile food service facility” does not include a food service facility that is able to be moved but does not move routinely for a purpose provided in the above definition.

Operational Requirements

1. All mobile unit operators must own and operate a licensed food service facility in Worcester County pursuant to COMAR 10.15.03.
2. Must provide a copy of the vehicle’s State of Maryland Hawker & Peddler license. In addition, Hawker/Peddler licenses must be obtained from Worcester County, the Town of Berlin and the Town of Pocomoke. Sales are not permitted in the Town of Ocean City.
3. The licensed food service facility must provide the following:
 - a. A source of potable water, potable water hoses and clean connections.
 - b. A method for disposal of sewage acceptable to the Worcester County Health Department.
 - c. Clean, adequate, and covered trash receptacles.
 - d. Refrigerated and dry food storage areas, if needed.
 - e. Storage area for single service articles.
 - f. Utensil washing facility.
 - g. An adequate and secure storage area during non-operational hours.
4. All operations shall be confined to the mobile unit. Specifically, food prep and storage of food and all food related items.
5. Hand soap (pump dispenser), paper towels and trash receptacle shall be provided.
6. Mobile unit and all equipment must be washed, rinsed and sanitized daily.

ALL plan submittals must include a plan submittal form, application for licensure, worker’s compensation form, copy of Hawker/Peddler license(s) and required fees.

Statement: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from Worcester County Health Department may nullify final approval.

Signature(s) of Owner(s) or responsible representative(s):

_____ Date _____

_____ Date _____



Approval of these plans and specifications by the Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required – federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with COMAR 10.15.03 Regulations Governing “Food Service Facilities”.

Do not begin construction nor purchase any equipment until final approval is granted. Failure to comply may result in disapproval & removal of purchased equipment or materials.

Unsanctioned alterations made after plan approval is given may result in license denial.

Food Safety Plan

Based on Hazard Analysis Critical
Control Point (HACCP) Principles

Keep in food preparation area

CCP: COLD HOLD

CCP and Critical Limits:

All items are to be Cold Held at 41°F or below at all times

Monitoring:

Internal food temperature to be monitored every _____ to verify proper temperature maintenance.

Corrective Actions:

If internal food temperature rises above 41°F:

For less than 4 hours: all food items to be removed and rapidly re-chilled to 41°F or below.

If food out of temperature for greater than 4 hours, or an unverifiable amount of time (i.e. no temp logs available): food is to be discarded.

Verification:

Person in charge will ensure that internal food temperatures are monitored at interval specified above and that corrective actions are taken if standard not met.

Equipment Used:

Menu items using this CCP: (*Include all menu items that utilize this step)

CCP: Cooking

CCP and Critical Limits:

Foods are cooked to temperatures specified in the Standard Operating Procedures.

Monitoring:

Internal product temperature of food is taken while cooking using a metal stemmed thermometer.

Corrective Actions:

If food has not reached required temperature for specified time, continue cooking.

Verification:

Person in charge will ensure that temperatures are being taken and if not satisfactory, food is returned to cooking equipment until the required time and temperature standards are met.

Equipment Used:

Menu items using this CCP: : (*Include all menu items that utilize this step)

CCP: HOT HOLD

CCP and Critical Limits: Foods are Hot Held at a minimum of 135°F.
Monitoring: Internal temperature of food is taken at least every _____ using a metal stemmed thermometer. Hot Holding Equipment temperature will be checked every _____.
Corrective Actions: If internal food temperature falls below 135°F and: out of temperature for 4 hours or less, product will be rapidly reheated to 165°F ; out of temperature for an unverifiable time or a time greater than 4 hours, product will be discarded.
Verification: Person in charge will ensure that temperatures are being taken at intervals specified above and if the temperature is not acceptable, corrective actions are followed.
Equipment Used:
Menu items using this CCP: : (*Include <u>all</u> menu items that utilize this step)

CCP: Cooling

CCP and Critical Limits: Foods are cooled from 135°F to 70°F within 2 hours, and from 70 to 41 within an additional 4 hours.
Monitoring: Internal product temperature of food is taken at 1.5 and 6 hours with a metal stemmed thermometer.
Corrective Actions: If food is not ≤70°F at 1.5 hours, food will be iced, stirred, or broken into smaller containers. Food that has not reached 41°F within 6 hours will be discarded.
Verification: Supervisor will ensure that temperatures are being taken at proper times and, if not taken or not satisfactory, that corrective actions listed above are taken.
Equipment Used:
Cooling Method(s) Utilized:
Menu items using this CCP: (*Include <u>all</u> menu items that utilize this step)

CCP: Reheating

CCP and Critical Limits:

Foods are cooked to temperatures below for specified time:

All foods are **reheated** to **165°F**.

Monitoring:

Internal product temperature of food is taken at completion of cooking time using a metal stemmed thermometer.

Corrective Actions:

If food has not reached required temperature for specified time, continue cooking. Recheck temperature after additional cooking to make sure standard is reached.

Verification:

Supervisor will ensure that temperatures are being taken and if not satisfactory, food is returned to cooking equipment until the required time and temperature standards are met.

Equipment Used:

Menu items using this CCP: : (*Include all menu items that utilize this step)

STANDARD OPERATING PROCEDURE'S (SOP'S) FOR HAZARDOUS ANALYSIS CRITICAL CONTROL POINT (HACCP) PLANS

RECEIVING:

Standard:

All food must be from approved sources. Foods must be wholesome and not adulterated. No home-prepared foods can be present in a food service facility. Severely dented, rusty, or swollen cans must be rejected. All meats and poultry must be USDA inspected. All eggs must be from USDA registered flocks. All shellfish must be from FDA approved harvesters and must be provided with shell stock tags. The shellstock tags and egg records must be maintained on site for 90 days.

Monitoring:

Inspect incoming product for package integrity. Measure product temperature to ensure the product has been received at a compliant temperature. Pasteurized crab meat and vacuum packed meats with no preservatives must be refrigerated at 38°F or below. All other refrigerated product must be 41°F or below and frozen product must be fully frozen upon delivery. Inspect shellfish and other seafood products for freshness.

Corrective Action:

Reject delivery or discard product if criteria is not met.

Verification:

Person in charge visually observes that employees are inspecting incoming product for package integrity and that temperature monitoring is being conducted if necessary.

STORAGE:

Standard:

Frozen products must be fully frozen. Pasteurized crab meat and vacuum packed meats with no preservatives must be refrigerated at 38°F or below. All other refrigerated products must be stored at 41°F or below. Store raw refrigerated animal food products separate from refrigerated ready-to-eat foods. If stored on same set of shelves, raw animal foods must be stored below ready-to-eat foods. Foods must be stored only in designated areas. Protected foods must be stored a minimum of 6 inches above the floor; exposed food must be stored at least 18 inches above the floor.

Monitoring:

While the facility is in operation, check temperature of refrigeration and freezer units a minimum of every 4 hours.

Corrective Action:

If a storage freezer is not working properly, move foods to freezer unit capable of maintaining frozen foods. If frozen product has begun to thaw, move to refrigerated unit maintaining 41°F or below and cook within 72 hours.

If a refrigerator is not maintaining 41°F or below, and if the product was out of temperature for a verifiable time of less than 4 hours then move the product to a unit properly maintaining 41°F or below. If the product temperature was above 41°F for an unverifiable time or longer than 4 hours then discard the product.

Verification:

Review temperature logs of storage units if available. If temperature logs are not utilized, the supervisor will visually observe that unit temperatures are monitored by employees and corrective actions are taken when warranted.

THAWING:

Standard:

Food products must be thawed in a refrigerator at 41°F or below, under potable running water that is at or below 70°F, in a microwave oven only if product is being cooked immediately or as part of the conventional cooking process.

Monitoring:

Monitor temperature of refrigerator to ensure unit is maintaining 41°F or below for proper thawing.

Ensure running water is less than 70°F with sufficient force to agitate and float off loose particles if this process is used.

Ensure product is immediately cooked after thawing in the microwave.

Corrective Action:

Any food items that have begun the thawing process must be cooked within 72 hours.

If a refrigerator is not maintaining 41°F or below, and if the product was out of temperature for a verifiable time of less than 4 hours then move the product to a unit properly maintaining 41°F or below.

If the product temperature was above 41°F for an unverifiable time or longer than 4 hours then discard the product.

Foods not cooked immediately after thawing in the microwave are discarded.

Verification:

Supervisor visually observes that employees are thawing foods properly and that corrective actions are taken when needed.

PREPERATION/PROCESSING/ASSEMBLING:

Standard:

Food workers prevent contact of exposed, ready-to-eat food with their bare hands by using gloves or utensils such as tongs or deli paper. Cross contamination is prevented by not allowing contact between ready-to-eat and raw foods. Utensils used in food preparation are clean and sanitized. Fruits and vegetables are free of dirt, etc. prior to processing. The time that potentially hazardous items are removed from temperature control for processes such as portioning, slicing and mixing must be minimized.

Monitoring:

All raw fruits and vegetables are washed thoroughly to remove soil and other contaminants before cutting, cooking, or serving. Managers will ensure employees are properly utilizing gloves or other approved method when handling ready-to-eat foods. Ensure that the time that potentially hazardous foods are out of temperature control for preparation is minimized.

Corrective Action:

Any food items contaminated by bare hands, unclean utensils, etc. are discarded. Discard product if out of temperature control for an extended period of time for preparation.

Verification:

Supervisor visually observes that proper techniques are being utilized during food preparation and ensures that corrective actions are being taken when monitoring procedures are not met.

COOKING:

Standard:

All potentially hazardous foods must be cooked to the following proper minimum internal temperature for 15 seconds unless otherwise noted:

- Pork; Ham 145°F
- Comminuted fish/meats 155°F
- Ground Beef 155°F
- Roast Beef 130°F for 121 minutes for immediate service
- Poultry; Stuffing; Stuffed Meat 165°F
- Shelled Eggs 155°F
- Shelled Eggs 145°F for immediate service
- Ready to eat commercially processed foods 135°F
- All others not specified 145°F

Certain foods may be cooked to order for immediate service upon customer request, provided that a consumer advisory is provided and process is approved in the HACCP plan.

Monitoring:

A consumer advisory is provided on the menu or in another approved form when an animal food, such as beef, eggs, fish, lamb, pork, poultry, or shellfish, is served raw or undercooked. The HACCP plan must specify that raw or undercooked items are offered and must include method of customer notification. Advisory must state "consuming raw or undercooked animal foods may increase your risk of contracting a foodborne illness, especially if you have certain medical conditions". Internal product temperatures will be checked using a calibrated stem thermometer.

Corrective Action:

Product will continue to cook until proper temperatures are reached.

Verification:

Review cooking temperature logs. If cooking logs are not utilized, the supervisor must visually observe that temperatures are taken at the proper times and if unsatisfactory, food is returned to the cooking equipment until the required time and temperature standards are met. Supervisors must also verify that thermometers are properly calibrated.

HOT HOLDING:

Standard:

All food items are hot held at a temperature of 135°F or above.

Monitoring:

Internal product temperatures will be checked using a calibrated stem thermometer at regular intervals as specified in HACCP plan or at a minimum of every two hours.

Corrective Action:

Food item is rapidly reheated to a minimum temperature of 165°F if the food was below 135°F for a verifiable period not exceeding 4 hours. Product is discarded if the food was below 135°F for more than 4 hours or the time the food had been out of temperature is not verifiable.

Verification:

Monitor temperature logs, and/or observe temperature monitoring and calibration practices.

COOLING:

Standard:

Potentially hazardous cooked food's internal temperature is cooled from 135°F to 70°F within 2 hours and from 70°F to 41°F or less within an additional 4 hours. Cooling is accomplished by refrigerating in shallow pans less than 3 inch food depth with vented cover, reducing food mass by separating foods into smaller portions, use of ice water baths combined with frequent stirring or use of other effective method acceptable to the approving authority. Cooling method of foods must be documented in the approved HACCP plan for facility.

Monitoring:

Internal product temperature will be checked using a calibrated stem thermometer at regular intervals as specified in HACCP plan, at a minimum of every two hours.

Corrective Action:

If internal product temperature does not reach 70°F within 2 hours, rapidly reheat product to 165°F and begin cooling process again. If internal product temperature does not reach 41°F within the additional 4 hour time period, product will be discarded.

Verification:

Review cooling logs, and/or observe temperature monitoring procedures.

REHEATING:

Standard:

Potentially hazardous foods that have been cooked, cooled, and refrigerated are reheated to an internal temperature of 165°F or above within 2 hours. Ready to eat foods taken from a commercially processed, hermetically sealed container or from an intact package from a food processing plant that is inspected by a food regulatory authority is reheated to a minimum of 135°F.

Monitoring:

Internal product temperature will be checked using a calibrated stem thermometer at regular intervals as specified in HACCP plan.

Corrective Action:

Product will be discarded if it fails to reach 165°F within 2 hours.

Verification:

Monitor temperature logs, and/or observe temperature monitoring and calibration practices.

HAND WASHING:

Standard:

Hand washing must be performed prior to the start of handling foods and after eating, drinking, smoking, sneezing, coughing, using the restroom, handling soiled equipment or utensils, and handling raw animal products. Hands must be washed for a minimum of twenty seconds while utilizing soap and warm water. Hands must be dried with paper towels, hand dryer or other approved method.

DISHWASHING:

Standard:

Dishes, utensils and equipment must be flushed of all debris, then washed with hot soapy water in the first compartment, rinsed in hot clear water in the second compartment, and sanitized in the third compartment. The time and strength will be dependant on the type of sanitizer utilized. Chemical test strips must be provided to ensure the proper sanitizer strength is utilized. Dishes, utensils and equipment must air dry prior to stacking and putting away.

WIPING CLOTHS:

Standard:

If wiping cloths are to be utilized, they must be stored in a container of sanitizer solution between uses. If utilizing chlorine, the sanitizer strength must maintain a minimum of 50 ppm. Any debris on the cloth must be disposed of in the garbage, prior to placing the cloth into the sanitizer solution.

WRITTEN PROCEDURES FOR EMPLOYEE HACCP TRAINING

Implementation of the Hazard Analysis Critical Control Point (HACCP) plan in your establishment will give you the greatest assurance possible that the food you are serving to your customers is safe. In order to prevent foodborne illness, HACCP targets the critical steps in preparing and serving potentially hazardous foods. The HACCP plan that is approved for your facility is intended to be used as a reference and a training tool for all food workers.

All employees will be trained to use the approved HACCP plan prior to beginning employment and periodically after that. Training will include identification of the processes that are critical control points, how these processes will be monitored, and what corrective actions must be taken when standards are violated. The approved HACCP plan will be available in the food preparation area at all times.

At a minimum, I will train all food workers in approved methods on the following:

- Hand washing
- Glove use
- Cleaning and sanitizing utensils, equipment, and food preparation surfaces
- Weekly calibration of a metal stem thermometer

I have read the above information and agree to train my staff in all areas listed in this Standard Operating Procedures (SOP) document.

Printed Name

Title

Signature

Date



SEND APPLICATION TO:
 Worcester County Health Department
 13070 St. Martin's Neck Road
 Bishopville, MD 21813

Date _____
 410-352-3234 or 410-641-9559
 Checks payable to: Worcester County Commissioners

APPLICATION FOR LICENSE TO OPERATE A FOOD SERVICE FACILITY

Application is hereby made to operate a food service facility in accordance with COMAR 10.15.03 Regulations Governing Food Service Facilities.

PLEASE PRINT CLEARLY OR TYPE

FACILITY NAME _____

NEW OWNER: YES NO FORMER NAME (if any) _____

MAILING (Correspondence) ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

OWNER(S) OF BUSINESS _____ IF CORP. /LLC. _____

E-MAIL _____ FAX # _____ Officers Names & Titles _____

OWNER'S MAILING ADDRESS _____

FACILITY PHONE _____ OWNER PHONE _____

EXACT LOCATION _____

NORMAL DAYS & HOURS OPEN FOR BUSINESS _____

FACILITY INFORMATION (check all applicable boxes)

- | | |
|---|---|
| <input type="checkbox"/> Full Service Restaurant/Lounge | <input type="checkbox"/> Mobile Unit Year _____ Make _____ |
| <input type="checkbox"/> Confections (Candy, Ice Cream) | Model _____ Tag# _____ |
| <input type="checkbox"/> Grocery-Market/Deli | <input type="checkbox"/> Nonprofit kitchen (church, fire co., school, etc.) |
| <input type="checkbox"/> Market/Prepackaged | <input type="checkbox"/> Carry Out Available |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Carry Out Only |
| <input type="checkbox"/> Bar/Lounge/Liquor Store | <input type="checkbox"/> Soft serve Ice Cream/Yogurt |
| <input type="checkbox"/> Other | |

SEATING

Yes No

Inside: Yes No Outside: Yes No

LENGTH OF OPERATION

Year 'round

Seasonal From _____ To _____ (Month/Date)

ALCOHOLIC BEVERAGE LICENSE Yes No

WATER SUPPLY Public Private

SEWERAGE Public Private

Please complete and sign both front and back pages. If application is not complete, it will be returned to you.
Allow 10 business days for processing of your food service operating license.

APPLICANT'S SIGNATURE _____ POSITION _____

AMOUNT OF FEE ENCLOSED \$330.00 \$150.00 \$100.00 N/A \$10.00 Certified Letter Fee

(Check all applicable boxes) \$50.00 per Day Late Fee (Maximum Late Fee - \$300.00)

*****PLEASE MAKE CHECKS PAYABLE TO WORCESTER COUNTY COMMISSIONERS*****

OFFICE USE ONLY

Change of Ownership

I.D. Number _____ Sanitarian _____ Priority Assessment _____

Date Issued _____ Date Expires _____ Workmen's Comp Statement _____

Comments _____

Environmental
Programs Approval



Snow Hill (Main Office)
410-632-1100
Fax 410-632-0906
TTY 410-632-1100

Worcester County

HEALTH DEPARTMENT

P.O. Box 249 • Snow Hill, Maryland 21863-0249

Deborah Goeller, R.N., M.S.
Health Officer

STATEMENT OF WORKERS' COMPENSATION INSURANCE

Maryland Health-General Code Annotated Section 1-202 requires that before any license or permit be issued under the Health-General Article to an employer to engage in an activity in which the employer may employ any individual, the employer must file with the issuing authority a certificate of compliance with the State Workers' Compensation Laws indicating the employer's Worker' Compensation insurance policy or binder number. Waiver or certificate of compliance can be obtained by calling the Workers' Compensation Commission at 410-864-5100.

CIRCLE the number of the option below which applies to you, provide the requested information, sign and date the form, and return it with the attached application. (**NOTE: License cannot be issued without completion of this form.**)

1. I have Workers' Compensation insurance.

Insurance Company _____ Policy/Binder No. _____
Agent _____ Phone Number _____

2. A waiver has been received from the Workers' Compensation Commission. (A COPY OF THE WAIVER MUST BE ATTACHED BEFORE A LICENSE WILL BE GRANTED.)

3. As provided by Maryland Annotated Code Article 101, I am exempt from having Workers' Compensation insurance. (Circle option a or b below.)

- a. Attached is a copy of the certificate of compliance.
- b. I have applied for a certificate of compliance from the Workers' Compensation Commission on _____. Copy of certificate will be forwarded to Worcester County Office of Environmental Health upon receipt.

4. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (A COPY OF THE CERTIFICATE OF COMPLIANCE MUST BE ATTACHED BEFORE A LICENSE WILL BE GRANTED.)

5. I have no employees, therefore I am not required to carry Workers' Compensation insurance.

SIGNATURE/TITLE

DATE

FACILITY NAME

TITLE

WCHD (rev) 10/12