



Application Date: _____

General Information			
Establishment Information			
Name of Establishment:			
Street Address:		Phone:	
City:		Cell:	
State:	Zip:	Fax:	
Mailing Address (if different than above):			
City:			
State:	Zip:	Email:	
Business/Ownership Information			
Select one: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other Legal Entity _____			
NM Combined Reporting System Identification Number (CRS #) _____			
Individual or Corporate Name:		Phone:	
Mailing Address:		Cell:	
City:		Fax:	
State:	Zip:	Email:	
Person Directly Responsible for Operation (Manager)			
Name and Title:		Phone:	
Mailing Address:		Cell:	
City:		Fax:	
State:	Zip:	Email:	
Immediate Supervisor of Person Directly Responsible for Operation (Area Manager)			
Name and Title:		Phone:	
Mailing Address:		Cell:	
City:		Fax:	
State:	Zip:	Email:	
Ownership Information (List all persons comprising legal ownership)			
Name and Title:		Phone:	
Mailing Address:		Cell:	
City:		Fax:	
State:	Zip:	Email:	
Attach separate page, if additional space is required.			
Regulations			
A copy of the regulations may be obtained at: www.env.nm.gov/foodprogram			
Preferences:	Invoice:	Email <input type="checkbox"/> Mail <input type="checkbox"/>	Permit: Email <input type="checkbox"/> Mail <input type="checkbox"/>



Type of Operation (Check one)			
<input type="checkbox"/>	Food Establishment (Retail)	<input type="checkbox"/>	Mobile Support Unit
<input type="checkbox"/>	Food Processing Plant	<input type="checkbox"/>	Mobile Food Establishment
<input type="checkbox"/>	Servicing Area (Commissary)	<input type="checkbox"/>	Self-Contained Mobile Unit
		<input type="checkbox"/>	Non Self-Contained Mobile Unit
		<input type="checkbox"/>	Pushcart

Type of Construction (Check one)			
<input type="checkbox"/>	New Construction	<input type="checkbox"/>	Remodel
<input type="checkbox"/>	Facility Conversion to Food Operation	<input type="checkbox"/>	Opening or Transfer of Ownership of Existing Food Operation

Type of Retail Food Establishment (Check all that apply)			
<input type="checkbox"/>	Full Service Restaurant	<input type="checkbox"/>	Bar
<input type="checkbox"/>	Fast Food	<input type="checkbox"/>	Coffee Shop
<input type="checkbox"/>	Deli	<input type="checkbox"/>	Catering Operation
<input type="checkbox"/>	Seafood Market	<input type="checkbox"/>	Concession Stand / Snack Bar
<input type="checkbox"/>	Meat Market	<input type="checkbox"/>	Institution and/or Hospital
<input type="checkbox"/>	Convenience Store	<input type="checkbox"/>	Bakery
<input type="checkbox"/>	Daycare	<input type="checkbox"/>	Market (Grocery)
<input type="checkbox"/>	School Food Program	<input type="checkbox"/>	Other:

Type of Food Processing Plant (Check all that apply)			
<input type="checkbox"/>	Acid Food	<input type="checkbox"/>	Tortilla
<input type="checkbox"/>	Formulated Acid Food	<input type="checkbox"/>	Frozen Food
<input type="checkbox"/>	Acidified Low-Acid Canned Food	<input type="checkbox"/>	Refrigerated Food
<input type="checkbox"/>	Low-Acid Canned Food	<input type="checkbox"/>	Dry Mix Food
<input type="checkbox"/>	Seafood	<input type="checkbox"/>	Jams/Jelly
<input type="checkbox"/>	Shellfish	<input type="checkbox"/>	Jerky
<input type="checkbox"/>	Bottled Water	<input type="checkbox"/>	Warehouse
<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Candy
<input type="checkbox"/>	Salsa	<input type="checkbox"/>	Fermented Food
<input type="checkbox"/>	Juice	<input type="checkbox"/>	Meat Product
<input type="checkbox"/>	Raw Food	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Chile Product	<input type="checkbox"/>	Other:



Construction and Opening Details

Date Construction is to Start:		Date of Planned Opening:	
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**Below is a checklist of required information needed to complete the plan review.
Please ensure all information is included.**

Lack of complete information will delay review and plan approval.

1	Floor Plan (pg.5)	6	Chemical and Personal Items (pg.12)
	<ul style="list-style-type: none"> Equipment layout Equipment Specification Sheets 		<ul style="list-style-type: none"> List on the floor plan the chemical and employee personal items storage areas
2	Plumbing (pg.8)	7	Food Handling (pg.13)
	<ul style="list-style-type: none"> Plumbing Connections 		<ul style="list-style-type: none"> Menu Food Preparation SOP or Manuals (if available) Employee Hygiene Plan Temperature monitoring logs (if applicable)
3	Mechanical (pg.10)	8	Mobile (pg.17)
	<ul style="list-style-type: none"> Mechanical Plans and Schedules (new construction) 		<ul style="list-style-type: none"> MVD Registration Servicing Area Agreement (if applicable) List of Mobile Support Units (if applicable)
4	Electrical (new construction) (pg.11)	9	Food Processing Plant (pg.18)
	<ul style="list-style-type: none"> Electrical Plans and Schedules 		<ul style="list-style-type: none"> List of processed foods Operational Plan Flow charts Product labels Recall procedure Water activity laboratory results (if applicable)
5	Site Plan (pg.11)	10	Administrative (pg.21)
	<ul style="list-style-type: none"> Site Plan Water Test Results (if applicable) Piping diagram of the water supply disinfection system (if applicable) 		<ul style="list-style-type: none"> Certified Manager Certificate Retail packaged food labels (if applicable)



Square Footage and Area Location		
<i>*If the establishment is in a multi-story structure, indicate on which floor each area is located.</i>		
Please indicate square footage in each area	Square Feet (ft.²)	*Floor
Total Square Feet of the Establishment		
Total Square Feet of the Kitchen Area		
Square Feet of the Food Preparation and Dishwashing Area		
Square Feet of Food/Beverage Storage Areas		
Square Feet of Retail Sales Area (Markets)		

Indicate number of seats in each area:			
Indoor:		Outdoor:	

Days and Hours of Operation							
Insert hours below in the following format: 8am to 8pm							
If there is a break in the hours you are open, use the second line to insert additional hours.							
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours	to	to	to	to	to	to	to
Hours	to	to	to	to	to	to	to

For seasonal operations, check all that apply.											
Jan <input type="checkbox"/>	Feb <input type="checkbox"/>	Mar <input type="checkbox"/>	Apr <input type="checkbox"/>	May <input type="checkbox"/>	Jun <input type="checkbox"/>	Jul <input type="checkbox"/>	Aug <input type="checkbox"/>	Sept <input type="checkbox"/>	Oct <input type="checkbox"/>	Nov <input type="checkbox"/>	Dec <input type="checkbox"/>

Additional information (if applicable):

Projected daily maximum number of meals to be served per shift, where applicable.					
Breakfast		Lunch		Dinner	
Maximum number of kitchen staff per shift, where applicable.					
Breakfast		Lunch		Dinner	

Previous Submittal		
Have plans for this establishment previously been submitted to NMED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, prior to proceeding with sections 1-5 check with NMED office to determine if acceptable plans are on file.		



Section 1 – Floor Plan

FACILITY FLOOR PLAN/EQUIPMENT LAYOUT:

A. Submit floor plans drawn to scale that include the location and identification of all equipment including but not limited to, the items listed in table below. Check all that apply to your facility.

Floor Plan/Equipment Layout			
Refrigerators		Indoor/Outdoor Seating	Hand sink(s) (required)
Stoves		Outdoor Cooking/Bar/Patio	Toilet Facilities
Microwave		Chemical Storage Areas	Floor Sinks/Floor Drains
Ovens		Personal Storage Areas	Hose bibs/hose reels (if applicable)
Dipper Wells		Dry Storage Areas	Grease Interceptor/Grease Trap
Ice Bins/Ice Machines		Garbage/Recyclables Storage	Water Heater Locations
Buffet Lines		Chemical Dispensing Units	Ventilation Hoods
Walk in refrigerators		Laundry Facility Locations	Warewashing Sinks
Freezer		Wait Stations	Utility Mop sinks
Steam tables		Bar Service Areas	Dump Sinks
Blaster chillers		Food Preparation Sinks	Dish machines

B. Provide refrigeration units and hot holding information in the tables below.

Refrigeration Capacities		
TYPE OF UNIT	# OF UNITS	TOTAL CUBIC FEET
Walk-in Cooler		
Walk-in Freezer		
Reach-in Cooler		
Sandwich Prep Cooler		
Reach-in Freezer		
Blast Chiller		
Retail Display		
Other:		
Other:		

Hot Holding Units		
TYPE OF UNIT	# OF UNITS	ANSI STD #
Steam Tables		
Hot Box		
Cook & Hold Units		
Other:		
Other:		
Other:		



C. Provide or use the finish schedule in table below to indicate interior finishes for each area within the establishment.

ROOM FINISH SCHEDULE									
Room Name or Number	Floors			Wall Finishes				Ceiling	
	Material	Finish	Type of Base	North	East	South	West	Material	Finish
<i>EXAMPLE: Kitchen</i>	<i>Tile</i>	<i>Smooth</i>	<i>Tile Coving</i>	<i>Stainless</i>	<i>Stainless</i>	<i>Stainless</i>	<i>Stainless</i>	<i>Vinyl Acoustic Tile</i>	<i>Smooth</i>
Kitchen									
Dishwashing Area									
Dry Storage									
Walk-in Refrigerator									
Walk-in Freezer									
Other:									
Other:									
Other:									
Other:									



EQUIPMENT SPECIFICATIONS:

D. Submit equipment specification sheets, including make and model numbers. Equipment shall be certified or classified for sanitation by an American National Standards Institute (ANSI)-accredited certification program. If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used.

Bulk and self-service food:		
Will food items such as candy, trail mix, etc. be sold in bulk to the public? If yes, please submit equipment specifications for bulk food bins.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will self-service foods (i.e., buffets and salad bars) be provided? If yes, please submit equipment specifications for food shields and/or sneeze guards.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

E. Complete table below to indicate method of equipment installation or attach an equipment schedule, including display units.

Clean-In-Place Equipment Installation List <i>Note: Under "Installation Method", check all that apply.</i>					Installation Method					
					Floor Mounted			Counter/ Table-Mounted		
ID # on Plan or Location	Equipment	Make/Model	New (N) / Used (U)	Plumbing Required Yes / No	Casters	Legs (at least 6 inches)	Sealed In Place	Portable	Legs (at least 4 inches)	Sealed In Place



Section 2 - Plumbing

PLUMBING CONNECTIONS:

Complete table below for all food service related equipment and plumbing fixtures. Indicate if fixtures or equipment will be indirectly drained (e.g. floor sink or air gap), directly connected to the sewer (p-trap), and/or what method of backflow prevention will be used (if applicable).

ID # on Plan or Location	Fixture or Equipment	Indirect/Direct Drainage	Method of Backflow Prevention
	Warewashing Facilities		
	Dish Machines		
	Garbage Disposals		
	Hand sinks		
	Food Preparation Sinks		
	Refrigeration Units		
	Ice Bins/Machines		
	Beverage Machines		
	Mop/Utility Sink		
	Chemical Dispensing Units		
	Others:		
	Others:		

Note: Approved backflow protection is intended to protect the water supply. A vacuum breaker on water inlet lines for dishwashing machines, garbage disposals, or hose bibs is an example. Indirect drainage is intended to protect fixtures from sewage backup. An air gap at warewashing, food preparation sinks, ice bins/machines or beverage machines is an example.

Hand Washing Sink:		
Do all sinks have a mixing valve or combination faucet with hot and cold running water under pressure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are hand drying devices and hand cleanser available at each sink?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Food Preparation Sink:		
Is a dedicated food preparation sink provided?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is a garbage disposal provided?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Food Preparation Sink Information		
ID # on Plan or Location	Length (inches) of Drain board	Dimensions (inches) of Sink Compartments (LxWxD)
		x x
		x x
		x x



Drain boards:		
Will alternate equipment or methods be used in place of traditional drain boards?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, indicate the methods that will be used and provide specification sheets:		

Manual Warewashing - Include the size of each compartment (*length x width x depth*) of the warewashing sinks, soiled and clean drain board lengths, and whether or not a pre-rinse spray hose will be installed for each warewashing area, including bars.

Manual Warewashing Information						
ID # on Plans or Location	Length (inches) of Soiled Drain board	Dimensions (inches) of Sink Compartments (LxWxD)		Length (inches) of Clean Drain board	Pre Rinse Sprayer Yes/No	
		x	x		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		x	x		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		x	x		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Note: Warewashing sinks must be large enough to accommodate the largest piece of equipment or utensils used.

Mechanical - Provide make and model numbers and attach specification sheets for each warewashing machine by completing the table below.

Mechanical Warewashing Information								
Make	Model #	Sanitizing		Drain board Length (inches)	Pre-Rinse		Utensil Soak Sink Dimensions (inches) (LxWxD)	
		Heat	Chemical		Yes	No		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	x	x
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	x	x
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	x	x

Dirty Dishes:
Where will dirty dishes be stored prior to cleaning?
How will they be rinsed before putting them into the machine?



Utensils:

Food will be primarily served on:	Multi-use tableware <input type="checkbox"/>	Single-Service Tableware <input type="checkbox"/>	Both <input type="checkbox"/>
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Booster Heater:

Is a separate booster heater provided?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Water Heater - Provide type and capacity of all water heaters.

Water Heater:

Type (Ex: Standard, Quick Recovery, Tankless)	Capacity

Provide the number of plumbing fixtures requiring hot water in the table below. This information will be used to determine the hot water demand within the establishment and sizing criteria for the water heater.

Plumbing Fixtures Requiring Hot Water	Number of Fixtures throughout establishment
3-compartment sinks	
Warewashing machines	
Pre-rinse sprayers	
Utensil soak sinks	
Hand sinks include restrooms	
Mop sinks/Utility sinks	
Garbage can washer	
Showers	
Hose bibs used for cleaning	
Other:	
Other:	
Other:	

Section 3 – Mechanical

MECHANICAL VENTILATION PLANS AND SCHEDULES:

- A. Provide plans and schedules that indicate the location and specifications of ventilation hoods, fire suppression systems (as required by state or local fire authority), and restroom exhaust fans. The ventilation schedule shall include exhaust capacities in cubic feet per minute (CFM) for all kitchen hoods and exhaust fans. Indicate the volume of outside air each roof top and make up air unit will supply into the building. **(new construction)**
- B. Provide make and model numbers or shop drawings for each ventilation hood and exhaust fan in table below. **(all existing and new construction)**



Ventilation Information		
ID # on Plans or Location	Make	Model

Section 4 – Electrical (new construction)

ELECTRICAL PLANS AND SCHEDULES:

- A. Provide plans and schedules that indicate the locations and specifications of all lights.
Note: All lights in kitchen areas, dry storage areas, dishwashing areas, inside equipment, and above areas where open foods are held or displayed must be equipped with shatter proof bulbs or shields that will protect open food, utensils and single use items from broken glass if a bulb is broken.

Section 5 - Site Plan

SITE PLAN:

- A. Submit a site plan which includes the following:
- 1) Dumpster enclosures and trash compactors
 - 2) Outside walk-in coolers/freezers
 - 3) Outside food storage areas
 - 4) Location of well heads and well water supply lines servicing the building (if applicable).
 - 5) Location of on-site liquid waste treatment systems and associated lines servicing the building (if applicable)
 - 6) Grease interceptors/grease traps (if applicable)
 - 7) Submit piping diagram of the disinfection system. Include size of holding tank(s), pressure tank(s), make and model number of treatment system, etc.

Sewage Disposal:
Select the type of sewage disposal system that services the establishment
<input type="checkbox"/> Public - Name of municipality:
<input type="checkbox"/> On-site liquid waste system – Permit number:

Water Availability:
I acknowledge and understand that running water is required at <u>ALL</u> times and agree to discontinue all food-related activities, if water is not available, until water service is restored or an alternative plan is approved by NMED.
Signature:



Water Supply: (Select the type of water supply system that services the establishment.)		
<input type="checkbox"/> Public Water System - Name of municipality:	Water Supply System (WSS)# of establishment:	
<input type="checkbox"/> Private: Submit a copy of the most recent water sample test results that meet the drinking Water quality standards of a non-community water system as specified in 20.7.10 NMAC.		
<i>Type</i>	<i>Frequency</i>	<i>Limit</i>
Total Coliform	Initial and Monthly	Absent
Nitrate	Initial and Annual	10 ppm
Nitrite	Initial	<1.0 ppm
A list of certified labs can be located at: https://www.env.nm.gov/dwb/sampling/CertifiedLabs.htm		

Private Drinking Water Supply Information			
Well Depth (feet)			
Disinfection	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type:
Is there a water treatment device?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
If yes, how will the device be inspected and serviced?			
Setback to liquid waste drain field (feet)			

Section 6 – Chemical and Personal Items

CHEMICAL AND PERSONAL STORAGE:

Cross Contamination Prevention:
Describe how food, equipment, utensils, linens, and single-service articles will be protected from contamination by chemicals and personal items:



Pest Control Program:
Describe and/or attach pest control program:

Section 7 – Food Handling

FOOD HANDLING PROCEDURES:

- A. Submit menus, such as breakfast, lunch and dinner menus.
- B. If available, submit Standard Operating Procedures and/or Food Handling Procedure Manuals that describe food preparation procedures and complete tables below.

Reduced Oxygen Packaging:		
Will reduced oxygen packaging or specialized processes, as outlined in Section 3-502.11 <i>Variance Requirement</i> or 3-502.12 <i>Reduced Oxygen Packaging Without a Variance, Criteria</i> of the <i>Food Code</i> , be conducted?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, further information and documentation will be required. One or more of the following items may be required: HACCP Plan, variance, scheduled process, and/or equipment specifications. Please contact NMED to discuss these requirements further.		

Monitoring Food Temperatures:	
Describe how the temperature of foods will be monitored. Provide the frequency of temperature checks and what foods and/or equipment will be monitored. If logs or other types of documentation will be used to help manage proper food temperatures, please attach copies:	
List temperature monitoring devices (thermometers, thermocouples, data loggers, infrared devices):	



Cooling Cooked Foods:		
Will cooked foods be cooled?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
What methods will be used to rapidly cool cooked foods to 41°F (5°C) or below? Check all that apply. (Reference 3-501.14 <i>Cooling</i> and 305.15 <i>Cooling Methods</i> in the <i>Food Code</i> .)		
<input type="checkbox"/> Under refrigeration	<input type="checkbox"/> Stirring the food in a container placed in an ice water bath	<input type="checkbox"/> Adding ice as an ingredient
<input type="checkbox"/> Rapid cooling equipment (ex: blast chiller)	<input type="checkbox"/> Shallow pans	<input type="checkbox"/> Separating food into smaller portions
<input type="checkbox"/> Other:	<input type="checkbox"/> Using containers that facilitate heat transfer	
List the foods that will require rapid cooling. Include foods that are made from scratch such as soups, sauces, potato salad, pastas, chili, noodles, roasts, casseroles, sausages, yogurts, etc.		

Reheating Food:		
Will foods be reheated and then held hot before being served?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain how they will be rapidly reheated to above 165°F (74°C) according to Reference 3-403.11 <i>Reheating for Hot Holding</i> , in the <i>Food Code</i> .		
List the equipment that will be used for reheating:		

Refrigeration:		
Will raw meats, poultry, or seafood be stored/displayed in the same refrigerators and freezers with cooked and/or ready-to-eat foods?	YES <input type="checkbox"/>	NO <input type="checkbox"/>



Thawing Food:		
Will frozen food will be thawed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
What methods will be used to thaw foods? Check all that apply. (Reference 3-501.13 <i>Thawing</i> , in the <i>Food Code</i> .)		
Under refrigeration <input type="checkbox"/>	Under running water <input type="checkbox"/>	In a microwave <input type="checkbox"/>
As part of the cooking process <input type="checkbox"/>	Other <input type="checkbox"/>	

Food transportation:		
Will catering be conducted?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will food be transported or delivered to another location?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please list the equipment that will be used to maintain food at proper temperatures during transport and onsite. Attach equipment specification sheets.		
TYPE OF UNIT	# OF UNITS	

Dining area:		
Will foods be prepared tableside in dining areas?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please list the foods that are intended for tableside preparation:		
Will a salad bar, buffet line, omelet station, sauté station, carving station, beverage bar or customer self service areas be operated?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, describe:		



Produce:

Will produce be washed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, explain where?		
If not, will produce be received pre-washed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Selling to Other Retail Food Establishments:

Will the establishment prepare foods that will be sold to other retail food establishments? (If yes, please complete section 9)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Bare Hand Contact:

How will bare hand contact with ready-to-eat foods be avoided during preparation? Check all that apply. (Reference 3-301.11 *Preventing Contamination from Hands*, in the *Food Code*.)

Utensils <input type="checkbox"/>	Gloves <input type="checkbox"/>	Deli Tissue <input type="checkbox"/>
Dispensing equipment <input type="checkbox"/>	Other <input type="checkbox"/>	

Employee Health:

Describe how food employees will report illness information to the person in charge (Reference 2-201.11 *Responsibility of Permit Holder, Person in Charge, and Conditional Employee*, in the *Food Code*.)

Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? (Reference 2-201.12 <i>Exclusions and Restrictions</i> and 2-201.13 <i>Removal, Adjustment, or Retention of Exclusions and Restrictions</i> , in the <i>Food Code</i> .)	YES <input type="checkbox"/> If yes, please attach.	NO <input type="checkbox"/>
If no, please describe.		

Helpful Resources

Employee Health and Personal Hygiene Handbook:

<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/IndustryandRegulatoryAssistanceandTrainingResources/ucm113827.htm>

Employee Illness Flow Chart: Refer to https://www.env.nm.gov/fod/Food_Program (Exclude and restrict employees from food handling).



Section 8 – Mobile Food Establishments

MOBILE FOOD ESTABLISHMENT:

- A. Submit Proof of MVD registration
- B. Submit Servicing area agreement (if applicable) NMAC 7.6.2.9.J(1)(a).

Mobile Unit and Servicing Area Information Servicing area shall have a current NMED Permit		
Mobile Unit Storage Location during non–operating hours		
Street Address:	Phone:	
City:	Cell:	
State/Zip:		
Servicing Area Business Name:	Phone:	
Street Address:	Cell:	
City:	Fax:	
State/Zip:	Email:	
NMED Permit number:		
Servicing Area Contact Name:		
Phone:	Cell:	Email:
Attach Servicing Area Agreement – must include days, hours, and support services.		

Servicing Area Agreement:
<p>Prior to discontinuing use of a Servicing Area, the operator shall provide a revised agreement for a new Servicing Area. Mobile Food Establishments shall not operate prior to the approval of a new Servicing Area.</p>
Signature:

Mobile Support Unit:		
Is a mobile support unit used?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please list all the units and NMED permit numbers:		

Mobile Unit:	
Location of potable water source:	Location of liquid waste disposal:



Identification of Multiple Mobile Units:

Describe the identification system used to distinguish multiple mobile units:

Toilet Facilities:

I acknowledge and understand the Mobile Food Establishment shall be operated within 200 feet of toilet facilities as specified in Sections 5-203.11 *Handwashing Sinks* and 5-203.12 *Toilets and Urinals* of the Food Code whenever the unit is stopped to operate for more than a two (2) hour period.

Signature:

Section 9 - Food Processing Plant

FOOD PROCESSING ESTABLISHMENT:

- A. Submit list of processed food.
- B. Submit a Food Processing Plant Operational Plan for each product. Refer to checklist below for requirements:

Food Processing Establishment Operational Plan Checklist

Operational Plan includes the product formulation, production steps, safety requirements, distribution, labeling, and Recall procedures of a Food product that will be implemented by a Food Establishment or Food Processing Plant when processing Packaged Food

Food products or types of production methods may be grouped together, if the Food Hazard, Critical Control Points, Critical Limits, and procedures required are essentially identical. The grouping of operational plans together shall be approved by the Regulatory Authority

Product information:

1	Name of product
2	Names of the ingredients, listed in order by weight (largest quantity first)
3	Final product pH (if applicable).
4	Final product water activity (a _w) (if applicable)
5	Names of any preservatives (if none, write none)
6	The type of packaging to be used and whether the packaging is integral to product stability (e.g. the vacuum packing of fresh meat)
7	Expected shelf life of the product
8	Detailed instructions concerning preparation requirements for consumers.
9	Detailed description of the proposed product coding system.

Product distribution:

10	Intended distribution (ex: restaurant, grocery store) and/or interstate locations
11	Temperature requirements during distribution (ambient, refrigerated, frozen temperature, etc.)
12	Mishandling possibilities by consumers



<i>Product Process:</i>	
13	A flow chart, identifying Critical Control Points and illustrating product formulation beginning with receiving incoming ingredients and continuing to final product distribution
<i>Product Labels:</i>	
14	Submit product labels that comply with all requirements of Title 21, Code of Federal Regulation, Part 101 or Title 9 and NMAC 7.6.2.11.C. Attach actual size sample label
<i>Recall:</i>	
15	<p>Attach a description of the firm’s written product recall procedure</p> <ul style="list-style-type: none"> • Procedures for identifying, and subsequently verifying, products which may be injurious to human health • A plan for recalling products which may be injurious to human health, including alerting consumers and businesses, collecting, warehousing, and rework or disposal of products • A method of determining the effectiveness of Recalls • A list of governmental agencies, including the Regulatory Authority, that will be notified concerning recalls
<i>HACCP:</i>	
16	<ul style="list-style-type: none"> • List all Food Hazards that are reasonably likely to occur and must be controlled for each product type • List the Critical Control Points for each of the identified Food Hazards that is reasonably likely to occur, including as appropriate • List the Critical Limits that shall be met at each of the Critical Control Points • List the procedures, and the frequency with which they are to be performed, that will be used to monitor each of the Critical Control Points to ensure compliance with the Critical Limits • Include any Corrective Action plans that have been developed and will be followed in response to deviations from critical limits at Critical Control Points • List the Validation and Verification procedures, and the frequency with which they are to be performed. • Describe the recordkeeping system to document the monitoring of the Critical Control Points. • Any additional scientific data or information supporting the determination that food safety is not compromised by the proposal



SSOP:	
17	<ul style="list-style-type: none"> • Sanitation Controls - Provide the Sanitation Standard Operating Procedures (SSOPs) that addresses sanitation conditions and practices before, during, and after processing <ul style="list-style-type: none"> ○ Safety of the water that comes into contact with Food or food-contact surfaces or that is used in the manufacture of ice; ○ Condition and cleanliness of food-contact surfaces, including utensils, gloves, and outer garments; ○ Prevention of cross contamination from insanitary objects to Food, food-packaging material, and other food-contact surfaces, including utensils, gloves, and outer garments, and from raw product to processed product; ○ Maintenance of hand washing, hand sanitizing, and toilet facilities; ○ Protection of Food, food-packaging material, and food-contact surfaces from adulteration with lubricants, fuel, pesticides, cleaning compounds, sanitizing agents, condensate, and other chemical, physical, and biological contaminants; ○ Proper labeling, storage, and use of toxic compounds; ○ Control of Employee health conditions that could result in the microbiological contamination of Food, food-packaging materials, and food-contact surfaces; and ○ Exclusion of pests from the Food Processing Plant • Monitoring - Describe how the Food Processing Plants shall monitor the conditions and practices during processing with sufficient frequency to ensure, at a minimum, conformance with those conditions and practices specified in the SSOPs are being met. • Records - Describe how the Food Processing Plants shall maintain SSOPs records that, at a minimum, document the monitoring and corrections
Additional Jerky Processing Requirements	
18	Proposed equipment to measure and monitoring food safety factors related to production of jerky (example temperature and/or relative humidity)
19	Copies of proposed monitoring records
20	Documentation confirming a final water activity below 0.85 based upon the submitted operational procedure



FDA or USDA Registration:		
<i>Did you register with FDA or USDA?</i>		
The FDA Food Safety Modernization Act (FSMA), enacted on January 4, 2011, amended section 415 of the Federal Food, Drug, and Cosmetic Act (FD&C Act), in relevant part, to require that facilities engaged in manufacturing, processing, packing, or holding food for consumption in the United States submit additional registration information to FDA, including an assurance that FDA will be permitted to inspect the facility at the times and in the manner permitted by the FD&C Act. Section 415 of the FD&C Act, as amended by FSMA, also requires food facilities required to register with FDA to renew such registrations every other year, and provides FDA with authority to suspend the registration of a food facility in certain circumstances.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Low-acid canned Foods and Acidified Foods Processors</i> A commercial processor, when first engaging in the manufacture, processing, or packing of acidified foods (AF) or low-acid canned Foods (LACF) shall register and file with FDA. Registration and processing information forms are obtainable on request from: Food and Drug Administration, LACF Registration Coordinator (HFF-233), 200-C Street, SW, Washington, D.C. 20204	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Meat and Poultry Processors</i> Meat, poultry products, or Siluriformes (ex: catfish) inspected by USDA-FSIS or exempted.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Section 10 - Administrative

Other NMED Permits Held	
Name of Establishment	Permit #

CERTIFIED MANAGER CERTIFICATE:

- A. Submit Certified Manager Certificate

RETAIL PACKAGED LABELS:

- A. If food is prepared and prepackaged at the food establishment, submit retail packaged labels that comply with all requirements of Title 21, Code of Federal Regulation, Part 101 or Title 9 and NMAC 7.6.2.11.C. Attach actual size sample label. (if applicable)



Section 11 – Signatures

Applicant's Signature Page	
Comments:	
STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the State of New Mexico Environment Department may nullify final approval. I agree to comply with 7.6.2 NMAC -- Food Service And Food Processing Regulations and allow the regulatory authority access to the establishment and records.	
Applicant or responsible representative(s) Signature / Title	Date
Applicant or responsible representative(s) Signature / Title	Date

Approval of these plans and specifications by the State of New Mexico Environment Department 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 & operational will be necessary to determine if it complies with **7.6.2 NMAC -- Food Service And Food Processing Regulations**. After the pre-opening inspection is completed and an approval to open is given, the fee remittance will be required and accepted.

NMED Use Only		
Food Specialist Review Comments: (Food Processing Plant, Retail Packaged Food Labels, or as applicable)		
Signature:		Date:
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	
Final reviewer's comments:		
Signature/Title:		Date:
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	
Office	Establishment	
District:	Owner #:	
Field Office:	Permit #:	
Inspector:	Type:	
Review Date:	Date Opened:	Date Closed: