## MID BERGEN REGIONAL HEALTH COMMISSION

President
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**Member Towns:** 

Bogota, Englewood Cliffs, Leonia New Milford, River Edge

**Contracting Towns:** 

Bergenfield, Carlstadt, Cliffside Park, Closter, Garfield, Hasbrouck Heights, Ramsey, Ridgefield Park, Tenafly, Wallington



## **Pre-Operational Checklist of Requirements**

As a Retail Food Establishment owner, it is your responsibility to understand and comply with: N.J.A.C. 8:24 "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines"

All hardware and construction debris etc. remove	d from establishment	
All areas of establishment, including equipment a	nd kitchenware, are clean	ed and sanitized
Food Protection Manager Certificate – Individual(s) with certificate must be on site at all hours of operation		
Hot and cold running water available at all times		
Sink Requirements:		
3 compartment sink and/or Commercial of	dishwasher – high tempera	ature or chemical sanitizing
Adequate supply of sanitizer and test strips readily available at all times		
Adequate area to air dry dishes		
Hand-washing sink in all food preparatio	n areas and restrooms	
Soap, and hand drying provision available at all times at each handwashing facility		
"Employees must wash hands" signs posted in all `restrooms and hand washing sinks		
Adequate preparation sinks		
Curbed(floor) mop sink and appropriate area to store cleaning supplies and equipment		
Indirect waste pipe by means of an air gap for all equipment and fixtures utilized for the storage,		
preparation and handling of food: 3-compartment sink, ice machine, food prep sinks, walk-in units etc.		
Grease trap is appropriate size and cleaning schedule available and posted in establishment at all times		
Refrigerators must maintain 41°F or below at all times of operation. Freezers must keep food frozen solid.		
Internal thermometers must be located in every refrigerator		
All hot holding equipment must be capable of maintaining 135°F or above		
HACCP Plan for Risk Type 4 Establishments required		
Adequate & appropriate gloves, deli tissues and/or utensils		
Covered trash receptacle in women's restroom		
Certified Pest Control contract and schedule available and posted in establishment at all times		
Storage areas protected (storage under wastewater pipes prohibited)		
Dumpster/refuse pick-up arranged		
Copy of menu provided		
"No smoking" sign posted		
Choking prevention poster in dining area (if applicable)		
Approval from Municipal Building/Electric/Fire/Plumbing Code Officials required prior to Health inspection		
Name of Establishment	A ddmagg.	
Vame of Establishment: Address:		
Pre-Operational Inspection Date:	Satisfactory	Not Satisfactory
	O G:	
Owner Name:	_ Owner Signature:	
Health Department Signature:		