

GENERAL INSTRUCTIONS

Complete all items that apply to your establishment.

All applicants must complete sections A, B, G, & H. If you have any questions, contact the local health department that issues your permit.

SECTION A: Facility Information

Facility Name, Facility Address, Telephone Number, Fax Number and Municipality: Self explanatory

Capacity

- A. Food services: enter actual seating capacity, or enter 00 for take out only.
- B. Recreational vehicle parks, campsites, agricultural fairgrounds and mobile home parks: enter the number of actual sites.
- C. Children's camp: enter the maximum number of campers the camp is approved for at one time.
- D. Temporary residences and migrant farmworker labor camps, swimming pools, bathing beaches, mass gatherings: enter the maximum number of people the facility is approved to hold.
- E. Recreational aquatic spray ground: enter 00.
- F. Tanning Facility: enter the total number of tanning devices.

Facility Status: Check either profit or nonprofit. If nonprofit, submission of documentation (incorporation paper) verifying status may be required.

Facility Type: From the list below enter the facility type that best describes the main or primary operation of the facility. Some multiple operation facilities may require submission of separate permit application(s). Please consult the health department that issues your permit with any questions.

Facility Types:

Agricultural Fairgrounds

Bathing Beaches

- Freshwater River
- Impoundment/Pond
- Lake
- Ocean Surf
- Other Saltwater

Campground/Recreational Vehicle Park

Children's Camps

- Day Camp
- Day Camp – Developmentally Disabled
- Day Camp – Municipal
- Day Camp – Traveling
- Overnight Camp
- Overnight Camp – Developmentally Disabled
- Overnight Camp - Municipal

Food Service Establishment

- Restaurant
- Caterer
- School
- Institution
- State Office for the Aging (SOFA) – Prep Site
- State Office for the Aging (SOFA) – Satellite Site
- Summer Feeding Program (USDA) – Prep Site
- Summer Feeding Program (USDA) – Satellite Site

Mass Gathering

Migrant Farm Worker Housing

- Farm Labor Housing

Mobile Home Parks

Mobile Food

Recreational Aquatic Spray Grounds

- Indoor
- Outdoor

Swimming Pools

- Indoor
- Outdoor
- Indoor/Outdoor
- Wave Pool – Indoor
- Wave Pool – Outdoor
- Wave Pool – Indoor/Outdoor
- Aquatic Amusement – Indoor
- Aquatic Amusement – Outdoor
- Aquatic Amusement – Indoor/Outdoor
- Spa

Tanning Facility

Temporary Food

Temporary Residences

- Labor Camps other than Migrant
- Interior Corridor – Single Story
- Interior Corridor – Two Story
- Interior Corridor – Three Story
- Interior Corridor – Four or more Story
- Exterior Corridor – Single Story
- Exterior Corridor – Two Story
- Exterior Corridor – Three Story
- Exterior Corridor – Four or more Story
- Cabin or Bungalow Colony

Vending Food Machines

State Agency Licensed Facilities

- State Licensed Inspected Facility
- State Owned Operated Facility
- Day Care Center – Residential
- Day Care Center – Non-Residential

Water Supply/Sewage System: Check "public" if the facility is serviced by a municipal or public system. Check "private" (onsite) if the system(s) and its operation is onsite and only for this facility. A water/sewage system that is commonly used by several establishments (i.e.: a mall operation) would be a public system.

Operations under this registration: Provide the number of specific operations that apply to this registration. Complete even if the primary or main operation of the facility was identified under the facility type. A swimming complex with one spa, one beach, one indoor and two outdoor pools would report a facility type swimming pool-indoor and enter 1 for spa, 1 for bathing beach, 1 for indoor pool and 2 for outdoor pools in the operations under this registration Section A. For tanning facilities enter the number of beds and booths. Some facilities with multiple operations require separate applications, (i.e., a food service operated at a swimming pool complex would require a separate swimming pool and food service application, and would report their specific operations on the appropriate application forms).

Expected Opening/Closing Date: Enter the expected opening and closing dates (i.e., June 1 is 06/01). If the operation is year-round, enter 01/01 for opening and 12/31 for closing.

Days of Operation: Check each box for the day(s) the facility will be open under routine operation.

Hours of Operation: Enter the hour the facility is expected to open and close under routine operation. Circle AM or PM as appropriate.

SECTION B: Operator/Owner Information

Name of Legal Operator or Operating Corporation (Person in Charge): Enter name of the legal entity that operates the facility. If the facility is operated by a corporation, enter the name of the operating corporation and the name of the person in charge of the day to day operation. Provide the name(s) of the corporate officers/partners in Section F.

Permanent Address of Operator and Telephone Number: Enter the mailing address including street, city, state and zip code where the legal operator wants to receive mailed correspondence. Enter the telephone and fax number of the legal operator.

Employer Identification/Social Security Number: Enter the **Employer Identification or Social Security Number** of the operator of the facility.

Email Address and Fax No.: Enter the email address and fax no. where important health and safety alert messages should be sent during an emergency.

Name of Owner: Enter the name of the owner of the facility if different from the operator.

Permanent Address of Owner and Telephone Number: Enter the mailing address and telephone number of the owner if different from the operator.

SECTION C: Complete only for temporary food service establishments, regulated under Subpart 14-2 NYSSC

SECTION D: Complete only for mobile food service vehicles or pushcarts, regulated under Subpart 14-4 NYSSC

Check the appropriate type of unit. If motorized, provide the license plate number. Provide the name and address of the commissary where the food is prepared. Attach a separate list of the types of food(s) and/or beverages to be served.

SECTION E: Complete only for food/beverage vending machines, regulated under Subpart 14-5 NYSSC

Attach a list of the number and type of food dispensing machines including the address and telephone number of each site under this permit.

SECTION F: Partners and Corporation Officers

If a facility is operated by a partnership or corporation, provide the name, title, permanent mailing address and telephone number of all corporate officers or partners involved in the operation or ownership of the facility.

SECTION G: Workers' Compensation and Disability Insurance

Provide copies of appropriate forms documenting compliance with the Worker's Compensation Law for (1) both Workers' Compensation and New York State Disability Insurance coverage, **or** (2) exemption from coverage.

SECTION H: Signature

Provide the signature of the individual operator, a corporate officer or other authorized identified official in Section F. Please print the name, title and date in the space provided. **Failure to sign the form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code and is punishable by fines.**

Application for a Permit to Operate

Complete all items that apply to your establishment (all applicants must complete Sections A, B, G and H), sign on the back page and return with the appropriate fee at least 30 days prior to the expected opening date to:

SECTION A: Facility Information (Entire section must be completed by all applicants.)

Facility name _____

Facility address _____

City _____ State _____ Zip _____ Telephone no. (____) _____ Fax no. (____) _____

Municipality _____ [T] [V] [C] Capacity [_____] Facility Status [] Profit [] Non-profit

Facility Type [_____] Indicate days operation is open S M T W T F S

Expected opening date [][] [][] [][] Expected closing date [][] [][] [][] Hours of operation [][] [][] [][] AM PM [][] [][] [][] AM PM
Month/Day Month/Day Open Close

Water Supply

Sewage System

Number of operations under this registration

- Public (municipal) Public (municipal) Indoor Pools Bathing Beaches Food Services Day Camps
 Private (onsite) Private (onsite) Outdoor Pools Spa Pools Recreational Aquatic Spray Grounds
 Tanning Devices

SECTION B: Operator/Owner Information (Entire section must be completed by all applicants.)

Legal **operator** or operating corporation (If corporation or partnership, Section F must be completed.)

Person in charge _____ Telephone no. (____) _____ Fax no. (____) _____

Permanent address _____ Email address _____

City _____ State _____ Zip _____ Employee Identification Number [][] [][] [][] [][] [][] [][] [][] [][] [][]

Or Social Security Number [][] [][] [][] - [][] [][] - [][] [][] [][] [][]

Owner _____ Telephone (____) _____

Permanent address _____ City _____ State _____ Zip _____

SECTION C: Complete for temporary food service establishments only (attach additional sheets as necessary).

Name and location of event _____

Name of Foods Supplier of ingredients Where and how foods will be prepared and served

Name of Foods	Supplier of ingredients	Where and how foods will be prepared and served

SECTION D: Complete for mobile food service establishments or pushcarts only.

Type of vehicle Motorized Pushcart Other (specify) _____

Motor vehicle license number (motorized vehicles only) _____

Commissary name _____ Telephone No. (____) _____

Address _____ City _____ State _____ Zip _____

List on a separate sheet of paper the type of food and beverages served.

SECTION E: Food and beverage machines only. Attach a list of all machine locations and food dispensed.

SECTION F: Partners and Corporate Officers

List all partners and corporate officers in the operation of the facility. Include vice president(s), secretary, treasurer. Attach DOH-2135 (or additional sheets) as necessary.

Name	Title	Address	Telephone No.

SECTION G: Workers' Compensation and Disability Insurance (All applicants must complete this section.)

Check the appropriate lines and submit copies of the following documentation with the application to document compliance with the Worker's Compensation Law:

A. Workers Compensation and Disability Insurance Coverage **Provided**

Workers Compensation

Form C-105.2 – Certificate of Worker's Compensation Insurance **OR**

Form U-26.3 – Certificate of Workers' Compensation Insurance **OR**

FormSI-12 – Certificate of Workers' Compensation Self-Insurance **OR**

GSI – 105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance

AND

Disability Insurance

DB-120.1 - Certificate of Disability Benefits **OR**

Form DB-155 – Certificate of Disability Benefits Self-Insurance

B. Workers Compensation and Disability Insurance Coverage **NOT Provided**

Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

SECTION H: Signature (Entire section must be completed by all applicants.)

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW.

Failure to sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code.

Signature of individual operator or authorized official _____

Print name of person signing _____ Title _____ Date _____

SECTION I: FOR OFFICE USE ONLY

Permit issuance recommended? Yes No Permit Effective Date [][][] Permit Expiration Date [][][]

Conditions of approval

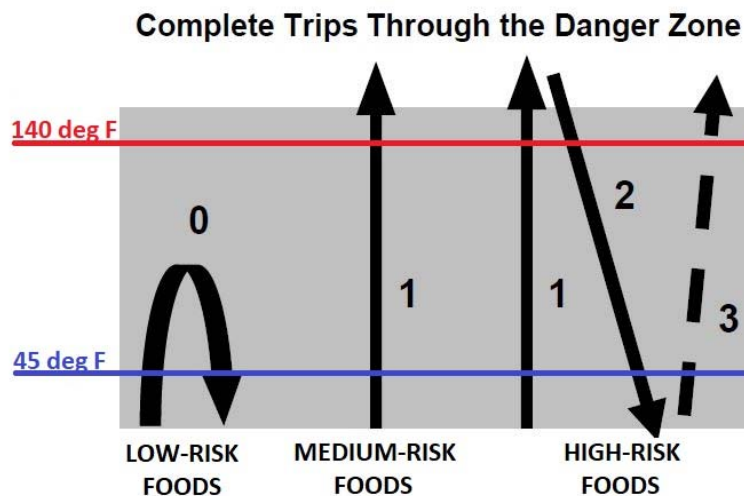
Signature _____ Title _____ Date _____



Facility/Operation Name: _____

Check the one (1) risk category that applies to your proposed operation:

- LOW RISK** – “Low-Risk” food service establishments serve primarily non-TCS₁ foods (foods that do not need refrigeration), or TCS₁ foods requiring little to no processing (pre-cooked or no-cook foods) prior to service. Examples of common “low-risk” foods include hot dogs, pre-cooked hamburgers/sausage, pizza with only cheese and pepperoni toppings, popcorn, candy and most baked goods.
- MEDIUM RISK** – “Medium-Risk” food service establishments serve TCS foods requiring limited on-site processing (cook-and-serve). Examples of common “medium-risk” foods include hamburgers/sausage cooked from raw products, specialty pizzas, BBQ chicken, fish fries, deli sandwiches/subs, and any cooked vegetable-based dishes and sliced tomatoes.
- HIGH RISK** – “High-Risk” food service establishments serve TCS foods requiring significant processing (multiple cooking, cooling, and reheating steps) and/or involving transport of hot/cold ready-to-eat meals off site for service. Examples of common “high-risk” foods include many soups, roasted/smoked meats, potato/pasta salads, any raw meats, raw seafood, and any food items that are prepared ahead of time and reheated prior to service. “High-Risk” food service establishments might also include facilities which primarily serves food to a vulnerable population such as pre-school age children, the elderly or the infirmed.



Please include a copy of your proposed menu with your application materials. If you are unsure of what Risk Category applies to your facility or if you have any questions please contact the Cattaraugus County Health Department at (716) 701-3386.

- TCS – Time/Temperature Controlled for Safety.** TCS Foods include: poultry, beef, pork, lamb, other meat, fish, shellfish/crustacea, eggs, milk, all cooked vegetables, cooked rice & noodles, cut/prepared fresh fruits and vegetables including melons, tomatoes and salad greens; cream pastries, cream/custard pies and tarts, pudding prepared from a mix or from scratch, all gravies, all soups.

NOTICE

Proof of Completion of a Certified Food Protection Manager Course is Required for All Medium-Risk and High-Risk Permits

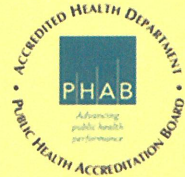
Cattaraugus County requires all medium-risk and high-risk food service permit applicants to provide proof that a manager/supervisor has completed an ANSI-CFP accredited “Certified Food Protection Manager” course at the time of application. Both in-person and online classes are acceptable.

Failure to provide proof of training when required will result in delays or denials of your food service permit. No exceptions will be granted.

The following list of training courses are acceptable. Other ANSI-CFP accredited training courses not listed here will also be accepted.

Online Options:

- Food Safety Manager Training – StateFoodSafety.com
<https://www.statefoodsafety.com/food-safety-manager-certification#/>
- Learn2Serve Food Safety Manager Principles Training – 360training.com
<https://www.360training.com/food-beverage-programs/food-manager-certification>
- ServSafe Manager Online Course – National Restaurant Association
<https://www.servsafe.com/ServSafe-Manager>
- Food Protection Manager – Always Food Safe
<https://alwaysfoodsafes.com/>
- Food Safety Manager Certification – National Registry of Food Safety Professionals
<https://www.nrfsp.com/exam-center/manager/>
- Certified Professional Food Manager – Prometric
<https://www.prometric.com/cpfm-exam>



Upcoming Training Opportunity at

Saint Bonaventure University
De La Roche Hall, Room 123

By: Xiao-Ning Zhang, Ph.D.
Email: xzhang@sbu.edu
Ph: 716.375.2485

FOOD SERVICE MANAGER TRAINING CERTIFICATION

This session is a supervisory/managerial level course and covers a variety of topics related to food safety, food handling, food preparation and food service intended to protect the public from food-borne illness.

This class satisfies the Cattaraugus County Health Department requirement that all medium-risk and high-risk food service permit applicants complete a "Certified Food Protection Manager" course.

EXAM IS NOT OFFERED

**Saturday, April 13, 2024
9am to 4pm**

**Saturday, August 17, 2024
9am to 4pm**

**November 9, 2024
9am to 4 pm**

To Register, Email: ELFWLER@CATTCO.ORG
Or call Cattaraugus County Environmental Health at (716) 373-3386

Cost is \$100/Person
Textbook are not Required

Class is limited to 30 persons per session Payment by Check, Money Order, or Cash Please make checks out to "Xiao-Ning Zhang" (checks accepted up to one week before the class)

Cash must be brought into the Cattaraugus County Health Department – Olean, NY



CATTARAUGUS COUNTY HEALTH DEPARTMENT



Public Health
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Cattaraugus County
Health Department

SPECIAL NOTICE

New York State Workers' Compensation/Disability Benefits Insurance Requirements

Effective December 1, 2008, the New York State Workers' Compensation Board (WCB) has replaced Form WC/DB-100 (previously used to demonstrate exemption from WC/DB insurance requirements) with the new Certificate of Exemption (Form CE-200). Consequently, every permittee MUST EITHER:

A) Provide current insurance policy information (see application section G)

OR

B) File a current Certificate of Exemption (CE-200) form with your Department of Health permit application.

Failure to provide complete and accurate information about Workers' Compensation/Disability Insurance, or proof of exemption, will preclude the Health Department from issuance/renewal of your permit. Current forms must be attached to your application each year or the permit will be denied in accordance with the New York State Workers' Compensation Law (NYSWCL).

An overview that clarifies the requirements and the CE-200 exemption form can be found on the WCB website (www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp). New instructions for obtaining a certificate of exemption through the NY Business Express website are printed on the reverse side of this notice.

If you have questions or need assistance you must call 1-877-632-4996.

The majority of these forms will be processed electronically. Applicants with internet access must complete the questionnaire online and print a copy of the CE-200 exemption to enclose with your permit application. Applicants without internet access should call the help line number above to request a paper form for mailing. However, be advised that mail applicants may wait up to four weeks before receiving their approved CE-200 form. To avoid delays, ALL applicants are strongly encouraged to use the online form. Therefore, if you do not have a computer with internet access, we suggest you visit your local public library to use one.

Certificate of Exemption



Instructions for obtaining and filing a Certificate of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

Follow these steps:

1. Go to businessexpress.ny.gov.
2. Select **Log-in/Register** in the top right hand corner.
3. If you do not have an NY.gov account, go to [step 4](#) to set up your account.
If you have an NY.gov log-in and password, go to [step 16](#).
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
 - First and Last Name
 - Email
 - Confirm Email
 - Preferred Username (check if username is available)
7. Select **I'm not a robot**.
 - You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
 - If you already have an NY.gov account, the screen will display your existing accounts, either Individual or Business.
 - Do one of the following:
 - If the account(s) shown is an NY.gov Individual account, select **Continue**.
 - If the account(s) shown is an NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
 - Select **Continue**.
10. An activation email will be sent.
 - If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
 - Specify three security questions.
12. Select **Continue**.
13. Create a password (must contain at least eight characters).
14. Select **Set Password**.
 - You have successfully activated your NY.gov ID.
15. Select **Go to MyNy**.
 - At the top of the screen select **Services**.
 - Select **Business**.
 - Select **New York Business Express**.
 - Select **Login/Register**.
16. On the New York Business Express Home Page:
 - Scroll down to Top Requests and select **Certificate of Attestation, or**
 - Search Index A-Z for **CE-200**.
17. Select **How to Apply**:
 - Select **Apply as a Business, or**
 - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
18. Complete application screens.
19. Review Application Summary.
20. Attest and submit.

You will receive an email when your application has been Issued/Approved.

To view your certificate:

- Click **Access Recent Activity** from your email, or
- Access businessexpress.ny.gov, and then access your **Dashboard** (under your Log-In name on right).

Print and sign the **Exemption Certificate**.

Submit your **CE-200** for your license, permit or contract to the issuing Agency.



CATTARAUGUS COUNTY HEALTH DEPARTMENT

PLAN REVIEW FEE DETERMINATION SCHEDULE



1. Determine what fee(s) apply to your project.
2. Enter total at bottom of form; sign and date where indicated.
3. Make check payable to the “**Cattaraugus County Health Department**” for total amount, or to pay by credit card call (716) 701-3386 (includes a 2.5% convenience fee).
4. Mail this form with check, accompanied by appropriate applications, engineering drawings, reports, etc. to the Health Department office in Olean: 1 Leo Moss Drive, Suite 4010, Olean, New York 14760-1154.

Name of Facility/Project Description: _____

Mailing Address of Applicant: _____

<u>Type of Project</u>	<u>Fee</u>	<u>Fee Calculation</u>
Onsite Sewage Treatment System		
Less than 1,000 gpd	\$ 80.00	_____
Greater than 1,000 gpd	\$ 160.00	_____
Mobile Home Park (Site Plan)	\$ 160.00	_____
Campground (Site Plan)	\$ 160.00	_____
Realty Subdivision (Per Lot)	\$ 25.00 *	_____
Public Bathing Facility		
Pool/Spa (Per Filter System)	\$ 210.00	_____
Beach	\$ 105.00	_____
Public Water Supply		
Treatment	\$ 210.00	_____
Distribution	\$ 210.00	_____
Storage	\$ 160.00	_____
Source	\$ 160.00	_____
Cross Connection Control (Per Service)	\$ 80.00	_____
Sanitary Sewer Extension	\$ 210.00	_____
Food Service Establishment		
New Construction	\$ 130.00	_____
Renovation	\$ 80.00	_____
Mass Gathering (Site Plan)	\$2,100.00	_____
	TOTAL	_____

Certification Statement: I hereby certify that the statements made above are accurate to the best of my knowledge.

Signature of Operator/Applicant	Title	Date
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*Fee established by New York State



CATTARAUGUS COUNTY HEALTH DEPARTMENT

1 Leo Moss Drive, Suite 4010
Olean, New York 14760-1154



Public Health
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Cattaraugus County
Health Department

**APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS FOR
THE CONSTRUCTION, ALTERATION OR REMODELING OF A
FOOD SERVICE ESTABLISHMENT**

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: DATE: _____	Signature of Operator: DATE: _____

Approval or Disapproval to be sent to: Establishment Owner Architect, Engineer or Consultant Operator

When a food establishment is constructed or substantially remodeled or an existing structure converted for use as a food establishment, properly prepared plans and specifications shall be submitted to the regulatory authority for review and approval before construction is started. Part 14, Section 14.90, New York State Sanitary Code.

Type of Establishment: Restaurant/Bar School Institution Sub/Pizza Shop Catering Commissary
 Retail Frozen Dessert Manufacturing Retail Bakery Vending Commissary, Mobile Vending
 Other (Describe) _____

Type of Facility:
 New Structure Remodeled Existing Food Service Facility Building Converted From Other Use to Food Service
Seating Capacity: _____
Are Banquet Facilities Available? _____
Banquet Seating Capacity: _____

Potentially Hazardous Foods: Thin meats, poultry, fish, eggs Thick meats (roasts), whole poultry
 Cold Processed Foods (salads, sandwiches, vegetables)
 Hot Processed Foods (soup, stews, chowders, casseroles)
 Bakery goods (pies, custards, creams)

(FOR OFFICE USE ONLY)

Plans Approved Date _____ By _____
Plans Disapproved Date _____ By _____

Reason(s) for Disapproval _____

DETAILS OF PROPOSED FOOD SERVICE FACILITIES

SERVICE ARRANGEMENTS

For each of the following questions, please circle Yes or No:

Counter protection devices, cabinets, display cases or similar protective equipment provided for the open display of food (including condiments)? Yes No

Protective shielding for light fixtures in food storage, preparation, service, and display areas? Yes No

Properly scaled thermometers, mounted and easily visible, in each refrigeration unit? Yes No

Properly scaled thermometer available at each hot food storage unit? Yes No

Floor Mounted equipment:

Easily Removable? Yes No

Elevated 6 inches above floor? Yes No

Sealed to floor? Yes No

SURFACE MATERIAL

Kitchen Area:

Floors _____

Walls _____

Ceilings _____

Service Areas:

Floors _____

Walls _____

Ceilings _____

Dining Areas:

Floors _____

Walls _____

Ceilings _____

Storage Areas

Floors _____

Walls _____

Ceilings _____

WASHING & SANITIZING FACILITIES

Dishwashing:

Manual (three compartment sink)? Yes No

Mechanical? Yes No

Make/Model _____

Booster? Yes No

Thermometer(s)? Yes No

Potwashing:

Manual (three compartment sink)? Yes No

Mechanical? Yes No

Make/Model _____

Booster? Yes No

Thermometer? Yes No

Bar Glass Washing:

Manual (three compartment sink)? Yes No

Mechanical? Yes No

Make/Model _____

Handwashing:

Sinks in Food Preparation Areas? _____

Sinks in Restrooms? _____

EXHAUST VENTILATION

Hood Locations

(Restroom Ventilation must be mechanical in all new or remodeled establishments.)

STORAGE

Walk-In

Reach-In

Refrigerator (No. of Units) _____

Freezer (No. of Units) _____

Dry Stores (Sq. Ft.) _____

Separate Cabinet for Toxic Items? _____

EMPLOYEE FACILITIES

Toilets? _____

Locker Room or Lockers? _____

WATER SUPPLY

Public? _____ Private? _____

Adequate; Safe and Sanitary Quality? _____

Hot Water

Capacity (Gals.) _____

Temperature Setting F _____

WASTE DISPOSAL

Sewage: Public _____ Private* _____

Food Waste: Commercial Disposal Service _____

Grinder _____ Other _____

Trash: Commercial Disposal Service _____

Other _____

*Health Department Approved? _____

PLUMBING

Are indirect drains installed on: (Answer Yes or No)

Food preparation sinks? _____

Ice Machines? _____

Steam Tables? _____

Ice Storage Bins? _____

Dishwasher? _____

Is a vented double check valve installed on each carbonator?

Yes No

Are vacuum breakers installed on: (Answer Yes or No)

Each hose bibb? _____

The dishwasher inlet? _____

Soap dispenser on dishwasher? _____

Faucet-mounted soap dispensers? _____

Has a curbed floor basin, supplied with hot and cold running water, been installed?

Yes No

OTHER

Fly Control

-Are screens installed on all openable windows? Yes No

-Are screens or air curtains installed on all exterior opening?

Yes No

Comments:

Please Note: This is not an all inclusive list. For specific requirements refer to Part 14 of the NYS Sanitary Code.



CATTARAUGUS COUNTY HEALTH DEPARTMENT DIVISION OF ENVIRONMENTAL HEALTH



Public Health
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Cattaraugus County
Health Department

TEMPERATURE GUIDELINES

Cooking

Foods should be cooked to the following internal temperatures:

Ground Meat and foods containing Ground Meat.....	158°F
Poultry, shell eggs, stuffed meats, stuffings containing meat.....	165°F
Pork and foods containing pork.....	150°F
All other foods.....	140°F

Cooling

Foods should be cooled to the following internal temperatures:

- From 120°F to 70°F in less than two hours
- and
- From 70°F to 45°F in less than four hours

Reheating

Foods must be reheated to an internal temperature of 165°F.

Cold/Hot Holding

Cold foods must be maintained at or below 45°F at all times. *

Hot foods must be maintained at or above 140°F at all times. *

* Exception

Food temperatures may be in the range of 45°F to 140°F during preparation and service no longer than 30 minutes.



CATTARAUGUS COUNTY HEALTH DEPARTMENT



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Health Department



PRE-OPENING CHECKLIST FOR NEW OR REMODELED FOOD SERVICE FACILITIES

(For use by owner/operator. Complete this checklist to
determine when to call for a pre-opening inspection.)

- Sinks:** A three-compartment sink with drain boards on both ends and/or a dishwashing machine. Food preparation sinks must be equipped with an indirect drain. Hand soap and hand drying at each designated hand wash sink. A curbed floor basin, supplied with hot and cold running water, a floor drain and space to hang wet mops.
- Refrigeration:** At least, one refrigerator/cooler, properly sized. Adequate shelving in refrigerator/cooler to provide for shallow pan cooling/storage. Used shelving that is not smooth, not durable, not easily cleanable will not be approved. Used shelving may require replacement or re-plating. No wood shelving is allowed.
- Thermometers:** One indicating thermometer permanently mounted and easily visible, in each refrigerator unit, on or towards the door. Metal stemmed thermometer graduated in 2° F increments (0°- 220° F). One for each cook.
- Shelving:** Must be adequate, plentiful, durable, smooth, and easily cleanable. No contact paper surfacing. Shelving should be movable and adjustable. Bottom shelf maintained (6) inches off the floor.
- Lighting:** Bright enough to clearly see under/behind equipment, inside the refrigerator/coolers and the corners of the room. All lighting fixtures in food storage, preparation, serving and display areas must be shielded.
- Walls:** Scrubbable, smooth, light-colored, non-porous and easily cleanable. No plastic coated tempered hardboard or similar surface adjacent or behind stoves, grills, or dishwashing areas. Metal surfaces recommended.
- Floors:** Scrubbable, smooth (no texture), covered base molding, non-porous and easily cleanable.
- Ceilings:** Scrubbable, smooth, non-porous, durable and easily cleanable. Drop-in, acoustical type not acceptable for some food service operations.
- Ventilation:** Exhaust hood with filtering for all areas producing greases, vapors, steams, odors, etc., including restrooms (contact local building code officials and insurance carriers for details).
- Pest Control:** All openings to the outside, i.e. windows and doors, must be adequately screened. (You may need to consult Pest Control firms for routine maintenance.)
- Garbage:** Dumpsters provided. Check contract for routine maintenance and, if necessary, replacement. - or - Adequate number of covered liquid-tight containers to hold all wastes generated between pick-ups by refuse hauler.
- Miscellaneous:**
 - Provide suitable hair restraints.
 - Bleach for sanitizing.
 - Bookkeeping area.
 - Adequate facilities provided for orderly storage of employee clothing and personal belongings.
 - Provide shallow pans 2", 4", and 6" deep for rapid cooling.
 - Organizational board for postings, cleaning and maintenance schedules.
 - Variety of disposable latex and/or plastic gloves.
 - Portable, easily cleanable cutting boards.
 - Counter protective devices, cabinets, display cases, or similar protective equipment provided for the open display of foods (including condiments).



Additional Requirements for Food Service Establishments with Onsite Water Supplies and Wastewater Treatment Systems



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department

If your food service establishment will be served by an onsite water supply and/or wastewater treatment system, additional requirements must be met beyond Subpart 14-1: Food Service Establishments.

These requirements do NOT apply to establishments served by municipal water supplies and wastewater treatment systems.

Onsite Water Supplies

Development of any new public water supply requires new source water testing as well as an engineering plan review and approval. Permanent disinfection systems are required for all new public water supplies. Additional treatment may also be necessary depending on the results of the source water testing.

When estimated development costs are less than \$5,000, the treatment plans may be prepared by the owner or water treatment supplier. For more extensive treatment systems, costing more than \$5,000, plans must be prepared by a NYS licensed professional engineer.

Please contact our Water Resource Specialist, Timothy Zerfas at (716) 701-3388 for more information or to discuss the specifics of your situation.

Onsite Wastewater Treatment Systems

Due to wastewater volume, food service establishments will typically require the services of a NYS licensed professional engineer to develop plans for the construction of the new wastewater treatment system. These plans must be submitted to the health department for review and approval. A SPDES permit may also be required from the NYSDEC depending on the system design flow.

It may be possible to use an existing wastewater treatment system if it meets all state and county design requirements. If you decide to use an existing system, it may need to be partially uncovered and evaluated by your engineer to document its size and condition, and modifications may be required.

Please contact your nearest health department office if you have any questions.

Olean Office: (716) 701-3386

Little Valley Office: (716) 938-2474