



State of New Mexico
ENVIRONMENT DEPARTMENT
Environmental Health Division
 www.nmenv.state.nm.us



HOME-BASED FOOD PROCESSING PLAN REVIEW APPLICATION

Return this application completed and attach required additional documents from Section III, for review.

SECTION I

Date: _____ NEW; REMODEL/FACILITY CONVERSION; OWNERSHIP TRANSFER

Name of Applicant: _____
 Applicant's Mailing Address: _____, City _____, State _____, Zip _____
 Applicant's Telephone #: (____) _____ E-mail _____

Name _____ of _____ Food _____ Establishment: _____
 Physical location: _____, City _____, State _____, Zip _____
 Establishment Telephone #: (____) _____ E-Mail _____

Indicate Type of Food Product to be made in Home-based Food Processing Operation: mark all that apply

List name of all products to be produced/use extra sheet if necessary/Fill out Attachment P-1A for each product listed

- **Baked goods:**
 - Yeast Bread: _____
 - Quick Breads: _____
 - Cookies: _____
 - Cakes: _____
 - Candy/fudge: _____
 - Fruit Pies: _____
 - Tortillas: _____
 - Other: _____
- **Dry Mixes:**
 - Type(s) _____
- **Jams/ Jellies:**
 - Type(s) _____
- Other: _____
- _____

SECTION II A
OPERATING PROCEDURES -FOOD PREPARATION REVIEW

PLEASE ANSWER ALL QUESTIONS

A. FOOD SUPPLIES: (Ref: 7.6.2.9A(1) NMAC)

1. Please list each food ingredient used and where it will be obtained and/or purchased

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B. COLD STORAGE:

1. Need refrigerator storage YES NO If yes, how will refrigerated food ingredients be kept separate from household supplies _____

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Approximate capacity of refrigerator in cubic feet _____

2. Need freezer storage YES NO If yes, how will frozen food ingredients be kept separate from household supplies _____

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—

Approximate capacity of freezer in cubic feet _____

3. Does each refrigerator/freezer have a thermometer? (Ref: 7.6.2.9B(12) NMAC) YES NO

C. THAWING: YES NO N/A If yes, indicate how thawing is to be done; mark all methods that apply

- Under refrigeration
- Running water less than 70°F
- Microwave (as part of the cooking process)
- Cooked from frozen state

D. COOKING: YES NO N/A

If yes, what type of cooking is required: Oven Stove Top Other _____

Indicate type of thermometer used (check one): Bi-metal Stem, Digital stem, Thermocouple

E. COOLING: YES NO N/A If yes, what foods will be cooled? _____

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How will cooling be done? (Shallow pans In ice bath Reduce volume Other)

Where place? _____ will _____ cooling _____ take

F. PREPARATION:

1. How will animals/pets be kept out of the food processing areas (kitchen, food storage) when home-processing?

- _____
- _____
- _____

2. Where will non-food processing items such as mops, pet dishes and cages, and similar items be washed?

- _____
- _____

3. How will children/guests/non-employees be kept out of the food processing areas (kitchen, food storage) during home-processing?

- _____

4. When will home-processing take place? (i.e. day, time, seasonal, etc.) _____

- _____

5. Where will the home-based food products to be sold? _____

- _____

6. How will the food products be protected from contamination during transport to sale sites?

- _____
- _____

7. How will bare-hand contact of ready-to-eat foods be minimized? _____

- _____

8. Will produce be washed on-site prior to use? (Ref: 7.6.2.9C(7) NMAC) YES NO N/A
If yes, where will produce be washed?

9. How many compartments are there in the dishwashing sink? One Two Three
How will utensils, pot/pans, etc. be cleaned and sanitized? _____

10. How will the food preparation area be cleaned and sanitized before and after use? _____

11. Is the hand-washing lavatory in the food preparation area separated and for no other purpose? (Ref: 7.6.2.9G(1) NMAC) YES NO

If no, where will hand-washing be done while food processing? _____

12. Employee Health: Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? (Ref: 7.6.2.8H(2); 7.6.2.9H(5) NMAC) YES NO **If Yes, please attach a copy of your policy.**

**SECTION II B
PHYSICAL FACILITY**

A. INSECT AND RODENT CONTROL:

1. How will rodents and insects be kept out of the processing area(s)? (Ref: 7.6.2.10E (1),(3),(4),(5) NMAC)

2. How will any infestation be controlled?

B. GARBAGE (Ref: 7.6.2.9F NMAC)

1. How and where will garbage be stored?

2. How will it be disposed of?

C. WATER SUPPLY:

1. Is water supply **public** or **private** ? (Ref: 7.6.2.9I NMAC)
2. If private, has source been approved? **YES** **NO** **PENDING**
 - a. **Please attach copy of written approval, permit and testing results.**
3. Is there a water treatment device? **YES** **NO** If yes, how will the device be inspected & serviced?

4. Are there backflow prevention devices on the water supply? **YES** **NO** Describe how devices are inspected & serviced?

5. **ICE:** If applicable, respond to # 5 (Ref: 7.6.2.9A (6) & E (1) NMAC)
Ice made on premises or purchased commercially ; How will ice scoop be stored? _____

D. SEWAGE DISPOSAL (Ref: 7.6.2.9F(1) NMAC)

1. Is building connected to a municipal sewer? **YES** **NO**
 - a. If yes, please provide verification from municipality of connection.
 - b. If no, is private disposal system approved? **YES** **NO** **PENDING**
Please attach copy of approved permit/system.
2. Are grease traps/interceptors provided? **YES** **NO** **N/A**
 - a. If yes, where are they located? _____ Indicate size: _____

E. GENERAL

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? (Ref:7.6.2.9C(12) NMAC) **YES** **NO** Indicate location: _____
2. Are insecticides/rodenticides approved for use in food service establishments? (Ref: 7.6.2.9C(14) NMAC) **YES** **NO**
3. Are all toxics materials including personal medications, stored away from food preparation and storage areas? (Ref: 7.6.2.9C(12) NMAC) **YES** **NO**
4. Are all containers of toxics materials including sanitizing spray bottles clearly labeled? (Ref: 7.6.2.9C (11) NMAC) **YES** **NO**
5. Are containers used to store bulk food products constructed of safe materials? (Ref: 7.6.2.9C(2) NMAC) **YES** **NO**
Indicate type: _____

F. SINKS

1. Is a mop sink present? (Ref: 7.6.2.9D(18)) **YES** **NO** If no, please describe facility for cleaning of mops and other cleaning equipment: _____

G. DISHWASHING FACILITIES 7.6.2.9D

1. **If using dish washing machine:** Indicate brand name and model _____
Does dish machine have a sanitizing cycle? (Ref: 7.6.2.9D(13)(c) NMAC) **YES** **NO** **If yes indicate type** _____.
2. **If manual dish washing:** A **One** **Two** or **Three**-Compartment Sink will be used for dish washing.
 - A. Does the largest pot and pan fit into each compartment of the dish washing sink? (Ref: 7.6.2.9D(9) NMAC) **YES** **NO**
 - B. Is there adequate space to store dirty and clean dishes/utensils separately? (Ref: 7.6.2.9D(11) NMAC) **YES** **NO**
 - C. What type of sanitizer is used? Chlorine, Iodine, Quaternary ammonium, Other _____
at _____ concentration. (Ref: 7.6.2.9D(6)(b) NMAC)
 - D. Are test papers/kits available for checking sanitizer concentration? (Ref: 7.6.2.9D(7) NMAC) **YES** **NO**

H. HANDWASHING/TOILET FACILITIES

1. Is the hot water heater sufficient for the needs of the establishment? **YES** **NO** (Ref: 7.6.2.9I(2) NMAC)
 - a. Water Heater Size: _____ (Gallons) _____ (BTUs)
2. Is there a hand-washing sink in the food preparation, dish washing area? (Ref: 7.6.2.9G(2) NMAC) **YES** **NO**
3. Do all hand-washing sinks, including those in the toilet room(s), have a mixing valve or combination faucet? (Ref: 7.6.2.9G(3) NMAC) **YES** **NO**
4. Does the toilet room open into the kitchen food preparation or food storage area? (Ref: 7.6.2.10B (3)) **YES** **NO**
 - a. If yes will the door remain closed during food preparation? **YES** **NO**
5. Is hand cleanser available at all hand-washing sinks? (Ref: 7.6.2.9G(5) NMAC) **YES** **NO**
6. Are paper towels holders or air blowers available at all hand-washing sinks? (Ref: 7.6.2.9G(4) NMAC) **YES** **NO**
7. Are waste receptacles available in "food facility designated" restroom? (Ref: 7.6.2.9G(4) NMAC) **YES** **NO**
8. Is hot and cold running water under pressure available at each hand-washing sink? (Ref: 7.6.2.9G(6) NMAC) **YES** **NO**
9. Are "food facility designated" toilet room(s) equipped with adequate ventilation? (Ref: 7.6.2.10G(1) NMAC) **YES** **NO** **N/A**

I. DRY GOODS STORAGE

1. Where will food ingredients and finish product(s) be stored? _____

2. How will dry goods be stored off the floor? (Ref: 7.6.2.9C(1) NMAC)
Describe: _____

3. Is there any area to store returnable damaged goods? **Yes** **No** **N/A**
If yes where? _____

J. PLUMBING CONNECTIONS 7.6.2.9F(1), (2)

a. Please check the type of plumbing connect at each of the listed areas for the existing, new or remodeled facilities:

	*AIR GAP	**AIR BREAK	*** "P" TRAP	
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*AIR GAP: The unobstructed vertical distance through free atmosphere ... ; UPC 1997 **AIR BREAK: A physical separation which may be a low inlet into the indirect waste receptor from the fixture... UPC 1997 ***TRAP: A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or wastewater through it. An integral trap is one that is built directly into the fixture, e.g. a toilet fixture. A "P" trap is a fixture trap that provides a liquid seal in the shape of the letter "P." Full "S" traps are prohibited.
Sinks	N/A	N/A	<input type="checkbox"/>	
• Mop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Hand wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• 1-Compartment	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
• 2-Compartment	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
• 3-Compartment	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Refrigeration condensate/drain lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- b. Are floor drains provided & easily cleanable? **Yes** **No** **N/A**
If yes, indicate location: _____

SECTION III

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS (Ref: 7.6.2.8A NMAC)

Please enclose the following documents:

1. **Provide site plan** showing location of home-based food operation (building) on property including alleys, streets; and location of any outside equipment (dumpsters, well, septic system – if applicable).
2. **Provide plans** that are accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans. Include and provide specifications for:
 - a. Indicate entrances/exits to residence used for home-based food operation;
 - b. Mark locations in residence (rooms) to be used during the preparation and/or storage of ingredients and finished products (i.e., kitchen area, food storage area, finish product storage area, etc.)
 - c. Indicate type of construction material on floors, walls, ceilings in areas associated with the home-based food operation;
 - d. Show the placement of the equipment used in the home-based food operation on the floor plan.
 - e. Indicate toilet facility designated as the employee restroom and indicate the hand wash sink in the immediate area of food preparation.
3. **Provide list of home-based food product(s) and operational plan (see attachment P-1A) for each product.**
4. **Provide a current certificate of training.** Note: must be an approved training by NMED, EHD, Food Program.

APPLICANT'S SIGNATURE PAGE

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 Office may nullify final approval.

Signature(s) :

_____ Date: _____

Applicant(s) or responsible representative(s)

_____ Title

_____ Date: _____

Applicant(s) or responsible representative(s)

_____ Title

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**, governing food service establishments. After the pre-opening inspection is completed and an approval to open is given, the fee remittance will be required and accepted.

Comments: _____

NMED USE ONLY

FOOD SPECIALIST'S REVIEW

Comments:

District Food Specialist Signature: _____ Date: _____

REVIEWER'S APPROVAL

Comments:

- APPROVED**
- DENIED**
 - Reason(s):**

NMED APPROVING AUTHORITY: _____

Date:

(ATTACH LETTERS AND RECORDS OF CORRESPONDENCE)

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Attachment P-1A
OPERATIONAL PLAN:
INFORMATION REQUIRED (for Home-based Food Operations) WITH APPLICATION
OR FOR ADDITION OF NEW PRODUCT

Provide the following information for each product on a separate sheet of paper:

1. product name
2. product ingredient(s)
3. final pH of product (if not applicable, write NA)
4. final water activity of product (if not applicable, write NA)
5. name of preservative(s) (if none, write “none”)
6. type of packaging to be used and whether the packaging is integral to product stability (for example, vacuum packaging)
7. intended distribution and use condition of the product
8. Is product to be distributed at ambient temperature, refrigerated, or frozen?
9. What is the expected shelf life during distribution, storage, and in the hands of the consumer?
10. How the product is to be prepared for consumption?
11. Describe the potential for mishandling in distribution or by the consumer.
12. Provide copies of product label (in conformity with 7.6.2.12D and 7.6.2.16D)
13. Give a description of the coding system which will be used on the label to identify the date and place of manufacture of each unit of the product (7.6.2.12G(3))
14. Describe the complete operational procedure from raw ingredients to packaged food, including cooking time and temperature, with “critical control points” identified.
15. Give a description of the firm’s product recall procedure.

Attachment P-1B

NMED USE ONLY
OPERATIONAL PLANS REVIEW PAGE
PROCESSORS ONLY

Comments:

The operational plans, for the food item(s) to be processed, submitted by the applicant are:

- Acceptable and adequate.

- Need to be revised and resubmitted (see attached)
- Reason(s): _____

- Incomplete/more information requested (see attached)
- Reason(s): _____

- Unacceptable/inadequate (see attached)
- Reason(s): _____

District Food Specialist: _____ Date: _____