



Application Date: _____

General Information

Facility Information

Name of Facility:			
Street Address:			Phone:
City:	County:	Zip:	Fax:
Mailing Address (if different than above):			
City:	State:	County:	Zip:
Current Permit #:			

Ownership Information

Select one: Association Corporation Individual Partnership LLC Other Legal Entity _____

NM Combined Reporting System Identification Number (CRS #) _____

Individual or Corporate Name:		Phone:
Mailing Address:		Fax:
City:	State:	Zip:

Ownership Contact Information

Name and Title:		Phone:
Mailing Address:		Cell:
City:		Email:
State:	Zip:	Correspondence Delivery Preference: Email/USMail

Type of Operation

<input checked="" type="checkbox"/>	Food Establishment (Retail)		
-------------------------------------	-----------------------------	--	--

Type of Retail Food Establishment

<input checked="" type="checkbox"/>	Other: Hunters for the Hungry		
-------------------------------------	-------------------------------	--	--



Section 1 – Floor Plan/Site Plan

FACILITY FLOOR PLAN/EQUIPMENT LAYOUT:

- A. Submit floor plans (can be hand drawn) that include the location and identification of all equipment.

SITE PLAN:

- A. Submit a site plan (can be hand drawn) 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)

- B. Provide refrigeration units in the tables below.

Refrigeration Capacities (must keep food at 41 degrees F or less)		
TYPE OF UNIT	# OF UNITS	
Walk-in Cooler		
Walk-in Freezer		
Reach-in Cooler		
Reach-in Freezer		
Retail Display		
Other:		
Other:		



Section 2 - Plumbing

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 cleansers 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"/>

Manual Warewashing – 3-Compartment sinks are required and must be large enough to submerge the largest piece of equipment or utensil used.

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"/>

Water Heater - Provide type and capacity of all water heaters.

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



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: Provide a copy of the liquid waste system permit and/or discharge plan.

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.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;"><i>Type</i></th> <th style="text-align: left; padding: 2px;"><i>Frequency</i></th> <th style="text-align: left; padding: 2px;"><i>Limit</i></th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Total Coliform</td> <td style="padding: 2px;">Initial and Monthly</td> <td style="padding: 2px;">Absent</td> </tr> <tr> <td style="padding: 2px;">Nitrate</td> <td style="padding: 2px;">Initial and Annual</td> <td style="padding: 2px;">10 ppm</td> </tr> <tr> <td style="padding: 2px;">Nitrite</td> <td style="padding: 2px;">Initial</td> <td style="padding: 2px;"><1.0 ppm</td> </tr> </tbody> </table>	<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	
<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/drinking_water/													

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 3 Chemical and Personal Items

CHEMICAL AND PERSONAL STORAGE:

Cross Contamination Prevention:

Describe how food, equipment, utensils, linens, and single-service articles will be stored separate from chemicals and personal items:

Pest Control Program:

Describe and/or attach a pest control program:



Section 4 – Food Handling

Monitoring Food Temperatures:	
Describe how the temperature of foods will be monitored to ensure food is stored at proper temperature. Food must be kept at 41 degrees or colder, Frozen food in frozen state	
List temperature monitoring devices for food temps and refrigeration temps	

Refrigeration/Freezer:		
Will raw meats be kept in the refrigerator/freezer at 41 degrees F or less?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Thawing Food:		
Will frozen food be thawed under refrigeration only?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Employee Health:		
Describe how food employees will report illness information to the person in charge (Reference 2-201.11 <i>Responsibility of Permit Holder, Person in Charge, and Conditional Employee, in the Food Code.</i>) Helpful Resources Employee Health and Personal Hygiene Handbook: http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/IndustryandRegulatoryAssistanceandTrainingResources/ucm113827.htm		
Is the written procedure for responding to vomit and diarrheal events attached? (Reference 2-501.11 <i>Clean-up of Vomiting and Diarrheal Events</i>)	YES <input type="checkbox"/>	
Is the written policy to exclude or restrict food workers who are sick or have infected cuts and lesions attached? (Reference 2-201.12 <i>Exclusions and Restrictions</i> and 2-201.13 <i>Removal, Adjustment, or Retention of Exclusions and Restrictions, in the Food Code.</i>)	YES <input type="checkbox"/>	

FOOD TRAINING CERTIFICATES:

A. Food handler Cards

- a. Food Handler Cards are required of all staff who handle TCS-foods, utensils, and food contact surfaces. Employees must obtain the cards within 30 days of employment. The employee must keep a copy of the card on them, or the employer must keep a copy on file.

You can find classes at the link below:

<https://anabpd.ansi.org/Accreditation/credentialing/certificate-issuers/AllDirectoryListing?prgID=264&statusID=4>



Section 5 – 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

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).

NMED Use Only	
Food Specialist Review Comments:	
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"/>
<i>Office</i>	<i>Establishment</i>
District:	Owner #:
Field Office:	Permit #:
Inspector:	Type:
Reviewer Signature:	Date Opened:



Donation of Wild Game Resources and Checklist

In New Mexico, the Food Donors Liability Act [41-10-5 NMSA 1978] provides for the donation of wild game meat products. Wild game (defined in the Act as deer, elk, antelope, caribou, ibex, oryx, and Barbary sheep) meat products may be donated by hunters, taken to a commercial meat processor for preparation and delivery to charitable, religious or other nonprofit organizations and served for human consumption at no charge if transported, stored and processed according to procedures established by the New Mexico Environment Department (NMED).

Current NMED food regulations provide for the donation of wild game meat to charitable organizations operating permitted facilities for the needy.

3-201.17 Game Animals.

(4) As allowed by LAW, for field-dressed wild GAME ANIMALS under a routine inspection program that ensures the animals:

- (a) Receive a postmortem examination by an APPROVED veterinarian or veterinarian's designee, P or
- (b) Are field-dressed and transported according to requirements specified by the agency that has animal health jurisdiction and the agency that conducts the inspection program, P and
- (c) Are processed according to LAWS governing MEAT and POULTRY as determined by the agency that has animal health jurisdiction and the agency that conducts the inspection program. P.

NMED is also following the "Comprehensive Resource for Food Recovery Programs", revised April 2016 published by the Conference for Food Protection.

- Complete the Hunter Donation Form, maintain form for one year following processing date. Animals limited to Elk and Deer, ground only, not to exceed 10lbs packages.
- Clean and Sanitize all areas used for processing meat. Sanitize use a mixture of bleach and water at 100ppm
- Any fat added to the ground meat must come from a federally inspected plant.
- Wild game meat donated to qualified organizations may NOT be cured, smoked, dried, fermented, or processed into other products.
- Individually package and label the finished product.
 - Ensure the label clearly and conspicuously states:
 - Name/species of the game animal;
 - Assigned NMHHH # for processing facility;
 - NM hunting license number;
 - Packaging date;
 - Contains following statements:
 - Not for Sale
 - Keep Frozen
 - Store separately from any other foods
 - Thaw in Refrigeration
 - Cook to 165 °F for 15 seconds.