



Department of Public Safety and Health Office of Health Services

## 35 Kennedy Boulevard, East Brunswick, NJ 08816 Tel: 732-745-3100 • Fax: 732-745-2568

## **Time as Public Health Control Plan Application**

Applicant/Facility Information					
Date:		Facility Name:			
Municipality:		Facility Address:			
Applicant Name:		Facility Phone:			

**Important Note**: Improper time/temperature control is a leading cause of foodborne illness. Time/Temperature control is an important factor in preventing foodborne illness. The Centers for Disease Control (CDC) estimates nationally that foodborne illness kills 3,000 people a year and 48 million more become ill.

I am completing this written procedure because I desire to utilize time only as a public health control to hold working supplies of Potentially Hazardous Foods in my Retail Food Establishment.

The following is a description of the standard procedures and policies I will use to operate my business in order to protect the health and safety of the public.

## Requirement

Please identify the **specific food item** where Time as a Public Health Control will be utilized to hold the Potentially Hazardous Foods. You must then identify the **location** of the food item or group of food items where the items will be held. If there are more than one type of item, (i.e. Types of Sushi) you must list them each separately. Please also list the ingredients of each food item that will be under the Time as a Public Health Control Rule. You may attach additional information, recipes, etc. to this form.

Potentially Hazardous Food Items Proposed						
Item Number	Food Item & Ingredients	Location/Time Frame(s)				
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

		REQUIREMENT					
Identify the point at which Time as a Public Health Control will begin for each identified food item or group of food items.  (Example: When proteins are removed from refrigeration, when cooking or heating is complete and foods are 135F or greater, etc)							
Proposed Procedure (select all the apply or describe with other)							
Potentially Hazardous Foods are removed from refrigeration and stored at room temperature							
Potentially Hazardous Foods are cooked and/or reheated and stored at room temperature							
Ready to Eat Foods are neither cooked nor cooled and stored at room temperature							
o Other:							
		REQUIREMENT					
Describe the preparation processes for the proposed food items (include times, temperatures, or applicable specialized processes):							
		REQUIREMENT					
Per Department Policy each Item must be logged of its Start and End time. Each item must also be noted whether it has been consumed or thrown away. Each replacement item must also be logged of its start time and end time. These logs must be maintained on site for at least 1 year and available for review by the Department. Per NJAC 8:24, each item must be marked or identified of the time that is 4 hours past the point in time when the food is removed from temperature control.							
		Proposed Procedure (I Acknowledge the above-me	entioned procedural	requirem	ents)		
		o Yes					
	T	RULES AND REGULAT					
o Yes	o No	I understand the life of all Potentially Hazardous foods held utilizing Time as a Public Health Control is limited to 4 Hours. The food shall be cooked and served, served if ready-to-eat, or discarded within 4 hours from the point in time when the food is removed from temperature control.					
o Yes	о <b>No</b>	I understand once Time as a Public Health Control has begun, the food(s) may not be returned to temperature control.					
o Yes	o No	I understand that Potentially Hazardous Foods held for a maximum of 4 hours using Time as a Public Health Control must begin at 41°F or below, or at 135°F or greater.					
o Yes	O No	I understand that any processes including cooking, cooling, reheating, or specialized processes must be documented and recorded as such. I must have written procedures for these processes maintained in the Retail Food Establishment for staff and Health Department Review and in accordance with NJAC 8:24.					
o Yes	O I understand that these written procedures and any required logs or monitoring documentation must be available at all times in the establishment and made available for review upon request.						
Name:			Date:				
Signature	a·		Title:				
Office Use Only:  Name/Title: Date:							
-			Date:	_ 1	David I -		
Signature	e:		Approved C	0	Denied 0		