



HOUSATONIC VALLEY HEALTH DISTRICT PLAN REVIEW APPLICATION

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|---|--|
| TYPE OF APPLICATION: <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Ownership <input type="checkbox"/> New Establishment | Send all paperwork to: <input type="checkbox"/> Establishment <input type="checkbox"/> Owner |
|---|--|

TYPE OF FOOD OPERATION:
 Food Service Establishment/Restaurant Food Store/Market Seasonal Restaurant Club/Private Dining Facility Caterer
 School, Daycare, Healthcare Facility Seasonal Restaurant Itinerant Vendor
 Other Food/Beverage Services: _____

FOOD ESTABLISHMENT INFORMATION

| | | | |
|---|--------------|---------------|-------------|
| Name of Establishment (DBA): | | | |
| Legal/Corporate Name (if different): | | | |
| Establishment Address: | City: | State: | ZIP: |

OWNERSHIP INFORMATION

| | | | |
|-----------------------|----------------------|---------------|-------------|
| Name of Owner: | | | |
| Address: | City: | State: | ZIP: |
| Email: | Phone Number: | | |

APPLICANT INFORMATION (e.g., ARCHITECT/ENGINEER/OTHER)

| | |
|--|--|
| Certified Food Protection Manager: | Additional Certified Food Protection Manager: |
| Contact Person: | |
| After Hours/Emergency Phone Number: | Email: |
| Email: | Phone Number: |

FOOD OPERATION INFORMATION

| | | | |
|--|--|---|--|
| Hours/Days of Operation <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____ | Restaurant Seating Capacity # of Indoor Seats: _____ # of Outdoor Seats: _____ Square Feet of Facility: _____ | Type of Service (check all that apply) <input type="checkbox"/> On-site consumption <input type="checkbox"/> Off-site consumption <input type="checkbox"/> Catering <input type="checkbox"/> Single-use utensils <input type="checkbox"/> Multi-use utensils <input type="checkbox"/> Other: _____ | Employees Max per shift: _____ Maximum meals to be served <input type="checkbox"/> Breakfast _____ <input type="checkbox"/> Lunch _____ <input type="checkbox"/> Dinner _____ |
|--|--|---|--|

The following documents must be submitted along with this application:

- Proposed menu or complete list of food and beverages to be offered (including seasonal, catering and banquet menus)
- Manufacturer Specification sheets for each piece of equipment shown on the plan
- Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside facility (dumpsters, walk-ins, etc.)
- Plan drawn to scale of facility showing location of equipment, plumbing, electrical services and mechanical ventilation
- Completed well water analysis. Establishments served by a well must contact the Water Supply Section of Connecticut DPH for regulatory and monitoring requirements (860) 509-7333 and must complete and submit State registration form with application. **Note: A color coded flow chart may be requested by the Regulatory Authority demonstrating flow patterns for: food (receiving, storage, preparation, service); dishes (clean, soiled, cleaning, storage); trash (service area, holding, storage, disposal).**

| | | |
|-------------|--------|-------|
| Signature: | | Date: |
| Print Name: | Title: | |

Contents and Format of Plans and Specifications:

1. The plans shall be a minimum of 11 x 14 inches in size and the layout of the floor plan accurately drawn to a minimum scale of ¼ inch=1 foot. This is to allow for ease in reading plans.
2. Information accompanying the plan shall include:
 - ✓ The proposed menu
 - ✓ Seating capacity
 - ✓ Projected daily meal volume for food service operations.
3. The plan shall show the location and when requested drawings of all food service equipment. Each piece of equipment shall be clearly labeled on the plan with its common name.
4. Adequate rapid cooling, including ice baths and refrigeration, and hot-holding facilities for potentially hazardous foods shall be clearly designated on the plan.
5. When the menu dictates, separate food preparation sinks shall be labeled and located to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Adequate handwashing facilities used for no other purpose shall be designated for each toilet facility and in each of the areas of food preparation (accessible location for all food handlers). When a separate room(s) is designed for ware washing, a hand sink must also be provided.
7. The plan layout shall contain:
 - Room size
 - Aisle space
 - Space between and behind equipment
 - The placement of the equipment on the floor plan.
8. Areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation shall be represented on the plan and all features of these rooms shown as required by these standards.
9. The plan and specifications shall also include:
 - a. Entrances, exits, loading/unloading areas and docks
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases
 - c. Plumbing schedule to include location of floor drains, floor sinks, water supply lines, overhead waste water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, wastewater line connections (**Grease Trap - this item must be included on design plans and approved by FOG Inspector, Public Utilities Department before submitting to the Health District**)
 - d. Equipment schedule to include make and model numbers and National Sanitation Foundation (NSF) or equivalent listing (when applicable) of all food service equipment
 - e. Source of water supply and method of sewage disposal. The location of these facilities shall be shown and evidence submitted that state and local regulations are to be complied with; **Well water analysis should be included.**
 - f. A color coded flow chart demonstrating flow patterns for:
 - food (receiving, storage, preparation, service)
 - food and dishes (portioning, transport, service)

- dishes (clean, soiled, cleaning, storage)
- utensil (storage, use, cleaning)
- trash and garbage (service area, holding, storage)

g. Ventilation schedule for each room

h. Mop sink with facilities for hanging wet mops

i. Garbage can washing area/facility

j. Cabinets for storing toxic chemicals

k. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required

l. Completed checklist

m. Site plan (plot plan)

n. Qualified Food Operator for facility – Provide copy of Certificate

o. Designated Alternate for facility – Signed Statement on File

p. Training materials for employees – Food Preparation workers need to be trained by QFO, records kept onsite and available at all times.

ALL ITEMS MUST BE SUBMITTED AND BE COMPLETE BEFORE HEALTH DEPARTMENT CAN BEGIN PLAN REVIEW. UNTIL PLAN REVIEW HAS BEEN COMPLETED, THIS DEPARTMENT WILL NOT SIGN OFF BUILDING PERMITS.

Pre-Operational Inspection

- A pre-operational inspection must be conducted by this office and a license obtained before you can open for business. No food is to be delivered to the facility prior to pre-operational approval. Class III and IV establishments must submit documentation of compliance with State Qualified Food Operator requirements at the time of pre-operational inspection.
- It is your responsibility to call in advance to schedule an inspection, giving enough time for corrections and re-inspection prior to opening.
- All equipment must be installed, operational, and holding proper temperatures prior to inspection. • Sign-offs for liquor permits will not occur until after the pre-operational inspection is conducted.

Certified Food Protection Manager

- Please provide at least 2 Certified Food Manager Certificates prior to opening day. Certified Food Protection Managers must be full time employees (35+ hours).
 - Certificates must be from an approved source with one of the following organizations:
 1. ServSafe® National Restaurant Association (NRA)
Website: www.servsafe.com
 2. Prometric (formerly Thomson Prometric, Experior Assessments, National Assessment Institute, Chauncey, and Educational Testing Service)
Website: www.prometric.com/foodsafety
 3. National Registry of Food Safety Professionals/Environmental Health Testing
Website: www.nrfsp.com
 4. 360training.com®
Website: www.360training.com
 5. AboveTraining, Inc dba StateFoodSafety
Website: www.statefoodsafety.com

REGULATORY COMPLIANCE REVIEW LIST FOOD PREPARATION PROCEDURES

FOOD DELIVERY

1. How often will frozen foods be delivered? Daily Weekly Other: _____
2. How often will refrigerated foods be delivered? Daily Weekly Other: _____
3. How often will dry foods or supplies be delivered? Daily Weekly Other: _____

FOOD STORAGE* - Identify amount of space (in cubic feet) allocated for:

Dry Storage _____; Refrigerated Storage (41°F) _____; Frozen Storage _____;

Utensil Storage _____ * Identify on plans where storage will be located.

| PROCESS | IDENTIFY FOOD ITEMS | INDICATE LOCATION AND EQUIPMENT | MEETS CRITERIA (Plan Reviewer Only) |
|--|---------------------|---------------------------------|---|
| Washing FDA Food Code §3-302.15 | | | YES/NO |
| Thawing FDA Food Code §3-501.13 | | | YES/NO |
| Cooking FDA Food Code §3-401 | | | YES/NO |
| Hot Holding Hot food maintained at 135°F | | | YES/NO |
| Cooling Time/Temperature Control for Safety food will be cooled to 41°F within 6 hrs; 135°F to 70° in 2 hrs | | | YES/NO |
| Reheating Food must be reheated to a temperature of 165° for 15 sec. within 2 hrs | | | YES/NO |

FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (FRP), ceramic tile, 4" plastic covered molding, etc.). Indicate Not Applicable (NA) as appropriate.

| ROOM/AREA | FLOOR | FLOOR/WALL JUNCTURE | WALLS | CEILING | MEETS CRITERIA (Plan Reviewer Only) |
|--|-------|------------------------|-------|---------|---|
| Food Preparation | | | | | YES/NO |
| Dry Food Storage | | | | | YES/NO |
| Warewashing Area | | | | | YES/NO |
| Walk-in Refrigerators and Freezers | | | | | YES/NO |
| Service Sink | | | | | YES/NO |
| Refuse Area | | | | | YES/NO |
| Toilet Rooms and Dressing Rooms | | | | | YES/NO |
| Other: Indicate | | | | | YES/NO |
| Identify the finishes of cabinets, countertops, and shelving: | | | | | |

PHYSICAL FACILITIES

| TOPIC | MINIMUM CRITERIA | MEETS CRITERIA (Plan Reviewer Only) |
|-------------------------------|---|---|
| Handwashing facilities | <ul style="list-style-type: none"> • Identify number of the handwashing sinks in food preparation and warewashing areas: _____Food Preparation _____ Warewashing Area • Type of hand drying device? Disposable towels <input type="checkbox"/> Hand-drying device <input type="checkbox"/> | YES/NO |
| Warewashing Facilities | <p>MANUAL DISHWASHING</p> <ul style="list-style-type: none"> • Identify the length, width, and depth of the compartments of the 3-compartment sink: _____ • Will the largest pot/ pan fit into each compartment of the 3-compartment sink? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments? _____ • Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space: _____ • What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water <p>MECHANICAL DISHWASHING</p> <ul style="list-style-type: none"> • Make and Model of Dishwasher: _____ • What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water • <p>Will ventilation be provided? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | YES/NO |

| TOPIC | MINIMUM CRITERIA | MEETS CRITERIA (Plan Reviewer Only) |
|--------------------------|--|-------------------------------------|
| Water Supply | <ul style="list-style-type: none"> • Is the water supply public or non-public/private? public <input type="checkbox"/> private <input type="checkbox"/> ○ If private, has the source been approved? Yes <input type="checkbox"/> No <input type="checkbox"/> ○ Attach copy of written approval and/or permit. • Is ice made on premises or purchased commercially? Made on-site <input type="checkbox"/> Purchased <input type="checkbox"/> Information on Hot Water Heater: _____ BTUs _____ Kw • What is the capacity and location* of the water heater? ____ Gal. <input type="checkbox"/> Check if Tank-less | YES/NO |
| Sewage Disposal | <ul style="list-style-type: none"> • Is the sewage system public or non-public/private? Public <input type="checkbox"/> private <input type="checkbox"/> If private, has the sewage system been approved? Yes <input type="checkbox"/> No <input type="checkbox"/> Attach copy of written approval and/or permit. • Will grease traps/interceptors be provided? Yes <input type="checkbox"/> No <input type="checkbox"/> *Identify location on plan. | YES/NO |
| Toilet Facilities | <ul style="list-style-type: none"> • Identify locations and number of toilet facilities: _____ • Hot and cold water provided? Yes <input type="checkbox"/> No <input type="checkbox"/> (Can not exceed 110F) | YES/NO |
| Dressing Rooms | <ul style="list-style-type: none"> • Will dressing rooms be provided? Yes <input type="checkbox"/> No <input type="checkbox"/> • Describe storage facilities for employee personal belongings _____ | YES/NO |
| Linens | <ul style="list-style-type: none"> • Will linens be laundered on site? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what will be laundered and where? _____ If no, how and where will linens be cleaned? _____ • Identify location of clean and dirty linen storage: _____ • How often will linens be delivered and picked up? _____ | YES/NO |

| TOPIC | MINIMUM CRITERIA | MEETS CRITERIA (Plan Reviewer Only) |
|---|--|-------------------------------------|
| Poisonous/ Cleaning Storage | <ul style="list-style-type: none"> • Identify the location and storage of poisonous or toxic materials <ul style="list-style-type: none"> • Where will cleaning and sanitizing solutions be stored at workstations? _____ • How will these items be separated from food and food-contact surfaces? _____ • Identify the location of the facilities for cleaning of mops and other cleaning equipment? | YES/NO |
| Pest Control | <ul style="list-style-type: none"> • Will all outside doors be self-closing and rodent proof? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will screens be provided on all entrances left open to the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will all openable windows have a minimum #16 mesh screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will insect control devices be used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will air curtains be used? If yes, where? _____ <p>Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.</p> | YES/NO |
| Refuse, Recyclables, and Returnables | <ul style="list-style-type: none"> • Will refuse/garbage be stored inside? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ <ul style="list-style-type: none"> • Identify how and where garbage cans and floor mats will be cleaned? _____ • Will a dumpster or a compactor be used? <input type="checkbox"/> Dumpster <input type="checkbox"/> Compactor • Identify locations of grease storage containers: _____ • Will there be an area to store recyclables? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> If yes, where _____ • Will there be an area to store returnable damaged goods? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ | YES/NO |

FOR DISTRICT USE ONLY:

| | | | |
|---|-----------------|-----------------|----------------|
| <input type="checkbox"/> Credit Card <input type="checkbox"/> Check# _____ | Date Paid _____ | \$ Amount _____ | Rec'd by _____ |
|---|-----------------|-----------------|----------------|

District Use Only

| | | | |
|-------------------|--|-------|--|
| Plan Reviewed By: | | Date: | |
| Plan Approved By: | | Date: | |