

WEST HARTFORD-BLOOMFIELD HEALTH DISTRICT
580 Cottage Grove Road, Suite 100, Bloomfield, CT 06002
(860) 561-7595, FAX (860) 561-7918

Plan Review for Food Service Establishment Checklist

Please be sure to complete all required items below prior to submission of plan review documentation. Failure to submit all items listed below may result in an increased time for review prior to approval.

- Complete Food Service Establishment (FSE) plan review application
- Submit floor plan of establishment, plan to be to scale (minimum 1/4" = 1')
- Plan must show proposed location of equipment, counters, plumbing, mechanical, ventilation, electrical panels, and all other applicable items
- Specification sheets for all equipment shall be submitted with plan review
- Site Plan showing location of business, including streets, sidewalks, and any applicable structures outside main building. (Walk in cooler, garbage containers, oil/grease barrels, etc.)
- Proposed menu for food service establishment
- If Class 3 or 4 FSE, then Qualified Food Operator Documentation to be submitted

-----For office use only-----

Prior to issuance of food license

Department Final approvals	Agent	Date
Health	-----	-----
Building Department	-----	-----
Fire Marshall	-----	-----
Final sign off for food license approval	-----Date-----	



FOOD ESTABLISHMENT PLAN REVIEW APPLICATION
WEST HARTFORD-BLOOMFIELD HEALTH DISTRICT
 580 Cottage Grove Road, Suite 100
 BLOOMFIELD, CT 06002
 (860) 561-7900 PHONE (860) 561-7918 FAX

Plan Review Fees

Class 2 \$335
 Class 3 \$475
 Class 4 \$475

_____ NEW	_____ REMODEL	_____ CONVERSION
Name of Establishment:		
Establishment's Address:		
Phone (if available):		
Name of Owner or Owner's Representative:		
Mailing Address:		E-mail:
Telephone:		Cell phone:
Applicant's Name and Relationship to Owner (Self, manager, architect, kitchen designer, etc.):		
Mailing Address: _____		
E-mail Address: _____		
Telephone:		Cell phone:
Please note the dates that plans have been submitted to the following agencies:		
Building Department	Fire Marshal	Zoning Department

Hours of Operation:						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Number of Seats:						
Number of Staff: Maximum per Shift						
Total Square Feet of Facility:						
Projected Number of Meals to be served: (approximate number)		Breakfast		Lunch		Dinner
Projected Date for Start of Construction:						
Projected Date for Completion of Project:						
Type of Service:				(Check all that apply)		
Hot Foods Only						
Cold Foods Only						
Hot & Cold Foods						
Commercially Pre-Packaged Foods						
Sit Down Meals						
Take Out						
Off-Site Catering						
Mobile Food Unit						
Customer Self-Service						
Single Service Utensils Only						
Multi-Use Utensil Service Only						
Both Multi-Use and Single Service Utensils						
Other						

The following documents *must* be enclosed for review:

Proposed **menu** items or complete listing of food and beverages to be served

Plan of facility drawn to scale (**minimum 1/4" = 1'**) showing location of equipment, counters, plumbing, mechanical, ventilation, and the location of all electrical panels

Manufacturer **specification sheets** for each piece of equipment shown on plans

Site plan showing location of business: including location of building on site, driveways, streets, and any structure outside the main building (dumpster, walk-ins, storage sheds, etc.)

Other information required for review

Completed finish schedules for each room including floors, wall, ceilings, coved juncture bases, counters, tables, etc.

Location of auxiliary areas such as storage rooms, garbage rooms, toilets, basement and/or cellars used for storage or food preparation.
Dressing rooms, locker area, employees' belonging storage areas, and/or coat racks

The location of the floor drains, floor sinks, water supply lines, hot water generating equipment (with capacity and recovery rate), backflow prevention, and waster waterline connections

The use of all sinks (i.e. handwash sinks, food preparation sinks, utensil washing sinks).

A mop sink or mop basin with facilities for hanging wet mops and storage of mop buckets.
The areas for storing toxic chemicals.

FOOD PREPARATION REVIEW

Check **ALL** categories of Potentially Hazardous Food (PHF) that will be handled, prepared, or served.

CATEGORY	YES	NO
Thin meats, poultry, fish, eggs (hamburgers, chicken breasts, sandwich meats, fish filet, etc...)		
Thick meats, whole poultry (whole roasts, pork, turkey, chicken, meatloaf, etc...)		
Hot processed foods (soups, stews, chowders, meatballs, casseroles, etc...)		
Cold, ready-to-eat foods (salads, sandwiches, etc...)		
Bakery goods (pies, custards, creams etc...)		

Other: (describe): _____

FOOD SUPPLIES – All food must be from inspected and approved sources

Identify the food supplier(s) and the frequency of deliveries: _____

COLD STORAGE

Adequate and approved freezer and refrigeration space must be available to store frozen foods at 0°F and below, and refrigerated foods at 45°F and below.

Describe the method used to calculate cold storage requirements:

Total square footage of space dedicated to **walk-in** cold storage. _____

Total square footage of space dedicated to **reach-in** cold storage. _____

Will raw meats, poultry and seafood be stored in the same refrigerators and freezer with cooked/ready-to-eat foods?

YES

NO

If yes, how will cross-contamination be prevented? _____

Each refrigerator must have a thermometer.

THAWING

Please indicate by checking the appropriate box(es) how potentially hazardous foods (PHF) in each category will be thawed. More than one method may apply.

THAWING PROCESS	THICK MEATS	THIN MEATS	FISH SEAFOOD	MEAT & POULTRY PRODUCTS	COLD FOODS
In a refrigerator					
Submerged in Running Water Less than 70°					
Cooked from a Frozen State					
Microwaved as part of the cooking process					

Other (describe): _____

COOKING PROCESS:

Food temperature measuring devices shall be provided and be readily accessible for use in assuring attainment and maintenance of safe food temperatures. Temperature measuring devices must be accurate to $\pm 2^{\circ}\text{F}$.

Identify which type and how many food product thermometers (0°F - 212°F) will be available and be used to measure final cooking/reheating temperatures of PHF?

Minimum cooking times and temperatures of products utilizing convection and conduction heating equipment:

FOOD PRODUCT	MINIMUM COOKING TIMES AND TEMPERATURES	FOOD PRODUCT	MINIMUM COOKING TIMES AND TEMPERATURES
Beef roast	130°F (121 min)	Comminuted meats	155°F (15 sec)
Seafood	145F (15 sec)	All Poultry Products	165°F (15 sec)
Pork	145°F (15 sec)	Stuffed PHF	165°F (15 sec)
Eggs	145°F (15 sec)	Other PHF	145°F (15 sec)

List each piece of cooking equipment:

HOT HOLDING

How and where will hot PHF (potentially hazardous foods) be maintained at 140°F or above during holding for service? Indicate type and number of hot holding units.

COOLING

Please indicate by checking the appropriate box(es) how PHF (potentially hazardous foods) will be cooled from 140°F to 70°F in 2 hours and from 70°F to 45°F in an additional 4 hours.

COOLING PROCESS	THICK MEATS	LIQUIDS SUCH AS SOUP/STEWES, CHOWDERS	MEATBALLS, CASSEROLES	OTHER HOT FOODS,PASTA, RICE, ETC.	TUNA, SANDWICHES, ETC.
Shallow Pans in the Refrigerators					
Ice Baths					
Stirring with Iced Chill Sticks					
Mechanical Rapid Chill Equipment (Blast Chiller)					

Other (Describe) _____

FOOD PREPARATION

Please list all food items prepared more than 12 hours in advance of service.

How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized? Please describe the procedure:

How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before mixing or assembly?

The following questions deal with the food preparation procedures for your facility. Food preparation procedures are needed to obtain information about how the food will be prepared and to help determine if adequate facilities are available for the safe preparation of food. Food preparation procedures should consider the types of foods prepared, times of day when the food is prepared, and which equipment, surfaces, and utensils are used for food preparation in the facility.

PRODUCE

	YES	NO
Will produce be washed or rinsed prior to use?		
Is there a designated location that will be used for washing or rinsing produce?		
Will this area be used for other operations (i.e. utensil washing)?		

Please indicate the location of the produce **WASHING** area(s) and describe the procedures that will be used to wash the produce. Include the time of day this area will be used and the frequency for washing or rinsing the produce at this location:

Please describe the produce **PREPARATION** procedures (cutting, chopping, slicing, etc.) and indicate the location of the equipment to support these operations. The preparation procedures should include the menu items in which the produce will be used and the time of day and frequency of preparation for the produce at this location.

SEAFOOD

Will raw seafood be washed or rinsed prior to use?	YES	NO
Is there a designated location that will be used for washing, rinsing, or thawing raw seafood?	YES	NO
Will this area be used for other operations (i.e. utensil or produce washing)?	YES	NO

Please indicate the location of the raw seafood **WASHING** area(s) and describe the procedures that will be used to wash the seafood. Include the time of day this area will be used and the frequency for washing or rinsing the seafood at this location:

Please describe the raw and cooked seafood **PREPARATION** procedures (cutting, chopping, slicing, etc.) and indicate the location of equipment to support these operations. The preparation procedures should include the menu items in which the seafood will be used and the time of day and frequency of preparation for the seafood at this location:

POULTRY		
Will raw poultry be washed or rinsed prior to use?	YES	NO
Is there an approved location used for washing, rinsing, or thawing poultry?	YES	NO
Will this area be used for other operations (i.e. utensil or produce washing)?	YES	NO
<p>Please indicate the location of the raw poultry WASHING area(s) and describe the procedures that will be used to wash the poultry. Include time of day this area will be used and frequency for washing or rinsing the poultry at this location:</p> <hr/> <hr/> <hr/>		
<p>Please describe the raw and cooked poultry PREPARATION procedures (cutting, chopping, slicing, etc.) and indicate the location of equipment to support these operations. The preparation procedures should include the menu items in which the poultry will be used and the time of day and frequency of preparation for the poultry at this location:</p> <hr/> <hr/> <hr/>		
PORK & RED MEATS		
Will raw pork and raw red meats be washed or rinsed prior to use?	YES	NO
Is there a designated location that will be used for washing, rinsing, or thawing raw pork and raw red meats?	YES	NO
Will this area be used for other operations (i.e. utensil or produce washing)?	YES	NO

Please indicate the location of the raw pork and red meats **WASHING** areas and describe the procedures that will be used to wash the pork and red meats. Include the time of day this area will be used and the frequency for washing or rinsing the pork and red meats at this location:

Please describe the raw and cooked pork and red meats **PREPARATION** procedures (cutting, shopping, slicing, etc.) and indicate the location of equipment to support these operations. The preparation procedures should include the menu items in which the pork and red meats will be used and the time of day and frequency of preparation for the pork and red meats at this location:

DRY GOODS STORAGE/STORAGE OF SINGLE SERVICE ITEMS (paper cups, plates, straws, etc.)

	YES	NO
Is appropriate dry good storage space provided for based upon the menu, meals offered, frequency of deliveries, and items being stored?		

Provide information on the frequency of deliveries and the expected gross volume that will be delivered for each item.

Where will single-service items be stored in the service location(s)? _____

	YES	NO
Will approved food storage containers be used to store bulk food products?		

Describe:

PERSONNEL		
	YES	NO
Will disposable gloves and/or utensils and/or food grade paper be used to minimize direct hand contact of ready-to-eat foods?		
<p>[Policy to exclude or restrict food workers who are ill with symptoms compatible with foodborne illness (vomiting, diarrhea, nausea, stomach cramps, high fever, jaundice) [or have infected cuts and lesions]. Describe.</p> <p>_____</p> <p>_____</p>		
<p>Class III and IV food establishments are required to have a Qualified Food Operator (QFO) employed in a full-time, supervisory position at the establishment. It is recommended that Class I and Class II food operators consider becoming QFOs as well.</p> <p>List the name(s) of the QFO(s): _____</p> <p>_____</p>		
<p>Identify the Alternate QFO(s): _____</p>		
<p>Describe the training that the QFO will provide to the food workers and how written records of training will be maintained: _____</p> <p>_____</p>		

FINISH SCHEDULE

Applicants must indicate the materials (i.e., quarry tile, stainless steel, 6" plastic cove molding, etc.) to be used in each area listed below.

AREA	FLOOR	BASE (FLOOR/WALL JUNCTURE)	WALLS	CEILING
Kitchen/Cooking Area				
Service Area				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Area				
Basement				
Other				
Other				
Other				

Identify the finishes of the counters, cabinets, storage shelves, tables, etc.:

Utility service lines and pipes shall not be unnecessarily exposed along walls and floors.
PLUMBING Horizontal utility service lines and pipes shall not be installed on the floor.

Identify the type of plumbing connections that will be used on the drains for the fixtures listed below.

Plumbing Fixture	INDIRECT WASTE			FIXTURES WITH DIRECT WASTE CONNECTIONS
	Floor Sink	Floor Drain	Other	
Dishwasher				
Ice Machine*				
Ice storage bins				
Food prep sinks				
Utensil/pot wash sinks				
Steam tables				
Dipper wells				
Refrigeration				
Potato peeler				
Other:				
Other:				
Other:				

* The condenser drains for water-cooled ice makers must have an air gap to the waste line.

If floor drains are not shown on plans, please indicate locations: _____

Identify the type of backflow prevention to be used for the water supply to each plumbing fixture listed below:						
Plumbing Fixture		Backflow Prevention Device			Air Gap	
Hose connections						
Soda Carbonation System						
Chemical Dilution System						
Water Supply for Garbage Grinders						
Water Fill for Soda Guns						
Dipper Wells						
Other:						
Other:						
DISHWASHING FACILITIES						
A three-compartment sink shall be provided and used whenever washing, rinsing, and sanitization of equipment and utensils are conducted.						
What size sink be used for warewashing?	Number of Sinks	Size of sink compartments			Drain board sizes	
		Length	Width	Depth	Right	Left
Three-compartment sink						
Does the largest pot, pan, utensil, or container fit into each compartment of the three-compartment sink?					YES	NO
What type of sanitizer will be used?						
Chlorine	Quaternary Ammonium			Iodine		
Hot water	Other:			Other		
Identify the Manufacturer, Make, and Model of the Mechanical Dishwasher if one will be used:						

Type of sanitization used:						
Chemical type:			Test kits			
Hot water (180°F-194°F):			Identify the capacity of the booster heater:			

Will ventilation be provided over the dishwasher?	YES	NO
All dish machines must have templates with operating instruction. All dish machines must have accurate temperature and pressure gauges.	YES	NO
Will thermometers, test papers and/or test kits be available for checking sanitizer concentrations at the three-compartment sink and dishwasher?	YES	NO
Is appropriate air drying space available for the air drying of all washed utensils with the use of drain boards, wall or overhead shelves, stationary or portable racks?	YES	NO

Please describe the type and location of the air drying space for the cleaned items:

WATER SUPPLY

Please identify which type of water supply will be provided.	Well Water	Public Water(MDC)		
If the water supply is from a well water source, is it registered and approved as a transient, non-community water supply?	YES	NO	PENDING	

If YES-Please attach copy of written approval and/or permit.

Will ice be made on premises or purchase commercially? Please specify:

Describe provision for ice scoop storage: _____

Identify the location and capacity of the hot water heater. (see worksheet at the end of this application).

INSECT AND RODENT CONTROL			
	YES	NO	NA
Will all outside doors be self-closing and have rodent proof flashing/weather stripping?			
Will all pipe penetrations, beverage chases & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?			
GARBAGE AND REFUSE			
Inside			
	YES	NO	NA
Will all garbage containers have lids?			
Will refuse be stored inside? If so, where?			
Outside			
	YES	NO	NA
Will the area around premises be maintained clear of unnecessary brush, litter, boxes and other vermin harborage?			
	YES	NO	NA
Will a dumpster or compactor be used?			
Number	Size	Frequency of pickup	
Where will the dumpster or compactor be located?			
Identify the Waste Hauler that will be used:			
Describe the surface and location where the dumpster/compactor/barrels will be stored: -			
	YES	NO	
Will trash barrels be stored outside?			
If YES, please describe their locations: _____			
Specify the type and location of cooking grease waste storage receptacles: _____			

Will there be an area to store recycled containers? Describe: _____	YES	NO	NA

Identify the manufacturer's name, location(s) and size(s) of the grease interceptor located outside of the building or the mechanical automatic grease removal units (AGRUs) located inside the building as required by the DEP General Permit for the Discharge of Wastewater associated with Food Preparation Establishments.

MOP CLEANING FACILITIES

Will a separate mop basin be provided?	YES	NO

If YES, please describe the facility for cleaning mops and other maintenance equipment:

HANDWASHING/TOILET FACILITIES

Handwashing sinks are required to be accessible to workers in food preparation, food dispensing, and warewashing areas.

Will all handwashing sinks have mixing valves or combination faucets?

If used, will self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?	YES	NO

Will soap dispensers be available at all handwashing sinks?	YES	NO

Will hand drying facilities (paper towels, air blower, etc.) and waste receptacles be available at all handwashing sinks and in each restroom?	YES	NO

Will toilet rooms have openable, screened windows or mechanical exhaust systems for ventilation?

Will all toilet room doors be self-closing?	YES	NO

Will covered waste containers be provided in the ladies toilet room and in uni-sex toilet rooms?	YES	NO

SEWAGE DISPOSAL			
Will the building be connected to a municipal sewer?	YES		NO
If NO, is the private disposal system approved? If YES-Please attach a copy of the written approval and/or permit.	YES	NO	PENDING
DRESSING ROOMS			
Will separate dressing rooms be provided?	YES	NO	NA
Describe the storage facilities for employees' personal belongings (i.e. purses, coats, boots, umbrellas etc.)			

CHEMICAL STORAGE			
Will all cleaning materials and toxic items be stored away from food preparation and storage areas?	YES		NO
Will insecticides/rodenticides (if used) be stored separately from cleaning and sanitizing agents?	YES		NO
Please describe the location of all toxic item storage-including areas in the food preparation areas where "in-use" chemicals will be stored:			

Will all containers of toxic/cleaning material, including sanitizing spray bottles, be clearly labeled?	YES		NO

OTHER		
	YES	NO
Will a laundry washer and dryer be available on the premises?		
If YES, what items will be laundered?		

If YES, please identify their locations and time of day they will be used:		

Identify the location of dirty linen storage:		

	YES	NO
Will there be a basement space available for this food establishment?		
If YES, what activities (food preparation, storage, etc.) will take place in the basement?		

STATEMENT: I hereby certify that the above information is correct. I fully understand that any deviation from the above without prior approval from the West Hartford-Bloomfield Health District is prohibited.

Signature(s) _____

Owner (s) or Responsible Representative(s)

Date: _____

Approval of these plans and specifications by the West Hartford-Bloomfield Health District 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 and operational will be necessary to determine if it complies with the local and state laws governing food service establishments).**



MDC FOG PROGRAM
FOOD ESTABLISHMENT NOTIFICATION FOR:
NEW ESTABLISHMENTS, CHANGE IN OWNERSHIP, OR
EXISTING NON COMPLIANT

DATE: _____

TO: Magen Bakaj – Environmental Analyst 2, MDC
Phone: 860-278-7850 x3239

mbakaj@themdc.com
Fax: 860-251-6141

Health Department Contact Information:

NAME: _____

TOWN: _____

RE: Please check all that apply

New Establishment

Change in ownership

Existing Non Compliant

• New Establishment Name: _____

• Old Establishment Name: _____

• Establishment Address: _____

• New Owner: _____

• Mailing Address: _____

• Telephone Number: _____

• Effective Date: _____

• Existing Type of Grease Trap: _____

• Establishment Class: _____