

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.

- Completed Food Service Establishment (FSE) **plan review application**
- Floor plan** of establishment, plan to be to scale (minimum ¼" = 1')
- Plan must show proposed location of equipment, counters, bathrooms, dressing rooms, basement space, 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 2, 3 or 4 FSE, then a **Certified Professional Food Manager certificate(s)** must be submitted with your application. A CPFM must be someone who is present at ALL hours of operation.
- MDC FOG Program Food Establishment Notification Form (must be emailed or faxed to the address on the form)

-----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-----	

West Hartford-Bloomfield Health Department
 580 Cottage Grove Rd., Suite 100, Bloomfield, CT 06002

PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

Plan Review Fees: Class 2 [\$450] Class 3A/4A [\$550] Class 3B/4B [\$600] Class 3C/4C [\$625]

TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion		Projected Start Date: _____	
		Projected Completion Date: _____	
FOOD ESTABLISHMENT INFORMATION			
Name of Establishment: _____			
Establishment Address: _____		City: _____	State: _____
OWNERSHIP INFORMATION			
Name of Owner: _____			
Address: _____		City: _____	State: _____
Email: _____		Phone Number: _____	
APPLICANT INFORMATION (e.g., ARCHITECT/ENGINEER)			
Applicant Name: _____		Contact Person: _____	
Applicant Mailing Address: _____		City: _____	State: _____
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 _____
Please note the dates that plans were submitted to the following agencies.	Building Dept. _____	Fire Marshal _____	Zoning Dept. _____
Signature: _____			Date: _____
Print Name: _____		Title: _____	

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 supplier(s): _____

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.

INSTRUCTIONS: Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

PROCESS	IDENTIFY FOOD ITEMS	INDICATE LOCATION AND EQUIPMENT	MEETS CRITERIA (Office Use 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 hours; 135°F to 70° in 2			YES/NO
Reheating Food must be reheated to a temperature of 165° for 15 seconds within 2 hours			YES/NO

FINISH SCHEDULE

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

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING	MEETS CRITERIA (Office Use 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

INSTRUCTIONS: Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

TOPIC	MINIMUM CRITERIA	MEETS CRITERIA (Office Use 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: _____ 	YES/NO

<p>Warewashing Facilities</p>	<p>MECHANICAL DISHWASHING</p> <ul style="list-style-type: none"> • Identify the make and model of the mechanical dishwasher: _____ • What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water • Will ventilation be provided? Yes <input type="checkbox"/> No <input type="checkbox"/> 	
<p>Water Supply</p>	<ul style="list-style-type: none"> • Is the water supply public or non-public/private? <input type="checkbox"/> public <input type="checkbox"/> non-public/private <ul style="list-style-type: none"> ○ If private, has 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"/> • Will there be an ice bagging operation? Yes <input type="checkbox"/> No <input type="checkbox"/> 	<p>YES/NO</p>
<p>Sewage Disposal</p>	<ul style="list-style-type: none"> • Is the sewage system public or non-public/private? public <input type="checkbox"/> non-public/private <input type="checkbox"/> If private, has the sewage system been approved? Yes <input type="checkbox"/>* No <input type="checkbox"/> <p>*Attach copy of written approval and/or permit.</p> <ul style="list-style-type: none"> • Will grease traps/interceptors be provided? Yes <input type="checkbox"/>* No <input type="checkbox"/> <p>*Identify location on plan.</p>	<p>YES/NO</p>
<p>Backflow Prevention</p>	<ul style="list-style-type: none"> • Will all potable water sources be protected for backflow? Yes <input type="checkbox"/> No <input type="checkbox"/> 	<p>YES/NO</p>

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"/> 	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
Poisonous/Cleaning Storage	<ul style="list-style-type: none"> • Identify the location and storage of poisonous or toxic materials. _____ • Where will cleaning and sanitizing solutions be stored at workstations? _____ • How will these items be separated from food and food-contact surfaces? _____ 	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 	YES/NO

	<ul style="list-style-type: none"> • Will air curtains be used? If yes, where? _____ <p>Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.</p>	
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 _____ • Identify how and where garbage cans and floor mats will be cleaned? _____ • Will a dumpster or a compacter 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 If yes, where _____ • Will there be an area to store returnable damaged goods? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ 	<p>YES/NO</p>

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 Utility Services
60 Murphy Rd
Hartford, CT 06114

Tel: (860) 278-7850 ext.3239
Fax: (860) 251-8350
Email:FOG@themdc.com

General Permit for the Discharge of Wastewater Associated with Food Service Establishments

FACILITY REGISTRATION

REGISTRATION INFORMATION:

DATE: _____

1. Contact Information (Mailing/ Billing Address)

Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Business Phone: _____ ext: _____ Fax: _____

Contact Person: _____ Title: _____ Email: _____

2. Facility Information

Facility Name: _____

Physical Address: _____

City or Town of Activity: _____

3. Property Owner:

Owner Name: _____

Mailing Address: _____

4. Please check the appropriate menu classification (Health Department Food License Class):

_____ Class 1 _____ Class 3

_____ Class 2 _____ Class 4

5. Please choose the one description that describes the facility for which this registration is being made:

- | | |
|---------------------------------------|-------------------------------------|
| _____ Fast Food Restaurant | _____ Hospital |
| _____ Full Service Restaurant | _____ Nursing Home |
| _____ Drive through (only) Restaurant | _____ College/University |
| _____ Seasonal Restaurant | _____ Club/Organization |
| _____ Coffee Shop | _____ Company/Office Building |
| _____ Bakery | _____ Other (please describe below) |
| _____ Supermarket | _____ |



6. Please indicate each item that you currently have in your facility's food preparation, cooking, and clean up area. Please include the quantity of each: If none, denote with a zero.

- | | |
|----------------------|--|
| _____ Grill | _____ Tilt Kettle/ Crock Pot |
| _____ Oven | _____ Garbage Disposal |
| _____ Dishwasher | _____ 3 Bay Pot Sink |
| _____ Pre-Rinse Sink | _____ 2 Bay Pot Sink |
| _____ Mop Sink | _____ Single Bay Sink |
| _____ Deep Fryer | _____ Hand Sink |
| _____ Floor Drains | _____ Other Equipment (i.e. Wok Station, Rotisserie oven, etc) |

7. What is the seating capacity at your facility? _____

8. What are the days and hours of operation? _____

9. Please complete the following for the type of Outdoor In-Ground Grease Trap, Super Capacity Grease Interceptor (SCGI) or Automatic Grease Recovery Unit (AGRU) installed:

Manufacturer	_____	Size (gal or lbs)	_____
Passive	_____	Automatic	_____
Outdoor	_____	Indoor	_____
Location: (i.e. under sink, outside)	_____		

Manufacturer	_____	Size (gal or lbs)	_____
Passive	_____	Automatic	_____
Outdoor	_____	Indoor	_____
Location: (i.e. under sink, outside)	_____		

10. Who cleans the grease removal device (s) installed and how often is it cleaned:

Contractor Name: _____

Telephone Number: _____

Frequency of Cleaning: _____

11. How do you dispose of the brown grease (grease trap grease) that is generated on-site? If yes, please provide the name, contact information, and location of grease container?

Contractor Name: _____

Telephone Number: _____

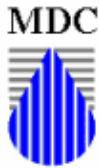
Location of container: _____

12. Do you recycle the yellow grease (deep frying oil) that is generated on-site? If yes, please provide the name and contact information of the company.

Contractor Name: _____

Telephone Number: _____

Location of container: _____



MDC Utility Services
60 Murphy Rd
Hartford, CT 06114

Tel: (860) 278-7850 ext.32
Fax: (860) 251-8350
Email: fog@themdc.com

13. PLEASE INCLUDE A DRAWING OF THE KITCHEN PLUMBING: The drawing must include kitchen fixtures and grease trap(s).

14. PLEASE ATTACH A COPY OF YOUR MENU TO THIS REGISTRATION

CERTIFICATION

I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Name: _____

Title: _____

Signature: _____

Date: _____

PLEASE NOTE:

Food Service Establishments shall be subject to inspection by the District on a regular basis to determine whether the requirements set forth in the General Permit are being met. Inspections may include but are not limited to; a facility walkthrough and review of quarterly grease trap inspections logs, and cleaning and maintenance logs.

In the event that a Food Service Establishment's grease interceptor, SCGI or AGRU fails a visual inspection or effluent sample analysis during an inspection, the District will issue a written notice of violation for the non-compliant condition. The Food Preparation Establishment shall take immediate steps to bring the establishment into compliance.

Please note the registrant must reapply for a new registration 30-days prior to the following:

- expiration date of the 3-year approval period or;
- any significant changes that would increase the potential for fats, oils, and grease in the discharge or;
- change of ownership.

Send the signed completed Registration form, kitchen drawing including grease trap and any supporting documentation to:

The Metropolitan District
Attn: Fats, Oils and Grease Program
60 Murphy Rd
Hartford, Connecticut 06114
or submit by email to
FOG@themdc.com

If you have any questions or concerns contact the Fats, Oils and Grease (FOG) Program by phone at 860-278-7850 ext 3239 or by email at FOG@themdc.com.