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 of faxed to the address on the form)

----------IMPORTANT KEEP THIS FORM----------

Prior to issuance of food license

Department Final approvals	Agent	Date
Health Department	_____	_____
Building Official	_____	_____
Fire Marshal	_____	_____
MDC Inspector	_____	_____

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: ☐ New ☐ Remodel ☐ Conversion	**Projected Start Date: _____** **Projected Completion Date: _____**

FOOD ESTABLISHMENT INFORMATION

Name of Establishment:			
Establishment Address:	**City:**	**State:**	**ZIP:**

OWNERSHIP INFORMATION

Name of Owner:			
Address:	**City:**	**State:**	**ZIP:**
Email:	**Phone Number:**		

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

Applicant Name:	**Contact Person:**		
Applicant Mailing Address:	**City:**	**State:**	**ZIP:**
Email:	**Phone Number:**		

FOOD OPERATION INFORMATION

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

Specialized Cook Processes: (Please check all processes used in food establishment) $100.00 additional fee.

_____ Reduced Oxygen Packaging/Sous Vide
_____ Acidation of Sushi Rice
_____ Smoking
_____ Curing
_____ Processing and Packaging Juice
_____ Live Molluscan Shellfish Tanks
_____ Use of Food Additives
_____ Sprouted Seeds
_____ Custom Processing of Animals
_____ Other _____

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	• Identify number of the handwashing sinks in food preparation and warewashing areas: _____Food Preparation _____ Warewashing Area • Type of hand drying device? Disposable towels □ Hand-drying device □	YES/NO
Warewashing Facilities	**MANUAL DISHWASHING** • 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? □ Yes □ 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? □ Chemical Type: _____	YES/NO

Warewashing Facilities	**MECHANICAL DISHWASHING** • Identify the make and model of the mechanical dishwasher: _____ • What type of sanitizer will be used? ☐ Chemical Type: _____ ☐ Hot Water • Will ventilation be provided? Yes ☐ No ☐	
Water Supply	• Is the water supply public or non-public/private? ☐ public ☐ non-public/private o If private, has source been approved? Yes ☐* No ☐ o Attach copy of written approval and/or permit. • Is ice made on premises or purchased commercially? Made on-site ☐ Purchased ☐ • Will there be an ice bagging operation? Yes ☐ No ☐	YES/NO
Sewage Disposal	• Is the sewage system public or non-public/private? public ☐ non-public/private ☐ If private, has the sewage system been approved? Yes ☐* No ☐ *Attach copy of written approval and/or permit. • Will grease traps/interceptors be provided? Yes ☐* No ☐ *Identify location on plan.	YES/NO
Backflow Prevention	• Will all potable water sources be protected for backflow? Yes ☐ No ☐	YES/NO

Toilet Facilities	• Identify locations and number of toilet facilities: _____ • Hot and cold water provided? Yes □ No □	YES/NO
Dressing Rooms	• Will dressing rooms be provided? Yes □ No □ • Describe storage facilities for employee personal belongings_____	YES/NO
Linens	• Will linens be laundered on site? Yes □ No □ 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	• 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	• Will all outside doors be self-closing and rodent proof? □ Yes □ No □ NA • Will screens be provided on all entrances left open to the outside? □ Yes □ No □ NA • Will all openable windows have a minimum #16 mesh screening? □ Yes □ No □ NA • Will insect control devices be used? □ Yes □ No □ NA	YES/NO

	• Will air curtains be used? If yes, where? _____ Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.	
Refuse, Recyclables, and Returnables	• Will refuse/garbage be stored inside? □ Yes □ No If yes, where _____ • Identify how and where garbage cans and floor mats will be cleaned? _____ • Will a dumpster or a compacter be used? □ Dumpster □ Compactor • Identify locations of grease storage containers:_____ • Will there be an area to store recyclables? □ Yes □ No If yes, where _____ • Will there be an area to store returnable damaged goods? □ Yes □ No If yes, where _____	YES/NO

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

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Email:FOG@themdc.com

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.