



4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321

FOOD SERVICE ESTABLISHMENT PLAN REVIEW APPLICATION

___ New ___ Remodel ___ Alteration

Date: _____

Establishment Class: 1 2 3 4

Name of Establishment: _____

Category: Restaurant ___ Institution ___ Daycare ___ Retail Market ___ Other _____

Address: _____

Telephone (if available): _____ Fax: _____

Email: _____ Website: _____

Name of Owner: _____

Mailing Address: _____ Town: _____

Telephone: _____ Fax: _____

Cell: _____ Email: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Telephone: _____ Fax: _____

Cell: _____ Email: _____

Enclose the following documents:

- _____ **Proposed Menu** (including seasonal, off-site and banquet menus)
- _____ **Floor Plan of Food Establishment (drawn to scale)** showing location of all equipment, plumbing, floor drains, electrical services and mechanical ventilation. Use the provided graph paper or other accurate format. Indicate if equipment is easily movable (on wheels, casters, etc.) See page 5 for details.
- _____ **Equipment Schedule** listing all proposed equipment shown on the plan.
- _____ **Manufacturer Specification Sheets** (cut 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 equipment (dumpsters, well, septic system - if applicable)
- _____ **Sick Worker Exclusion Policy**, a written employee policy requiring that all employees must report illnesses involving diarrhea, fever or vomiting to the QFO.
- _____ **Health Code Agreement Checklist** on which you agree to comply with specific Health Code requirements.
- _____ **Surface Finish Schedule** on which you specify the finish and construction on specified floors, walls and ceilings. Provided on page 7.
- _____ **Plumbing Connection Requirements Checklist** with your explicit agreement that specific plumbing connections will be made in compliance with the Public Health Code. Provided on page 8.

Provide the following information (required):

1. Hours of Operation:
Sun _____ Mon _____ Tues _____ Wed _____
Thurs _____ Fri _____ Sat _____
2. Number of Seats: _____ (indoor and outdoor)
3. Number of Staff (maximum per shift): _____
4. Are public bathrooms to be provided? _____
5. Type of Service to be provide (check all that apply):
 - Sit Down
 - Take Out
 - Caterer
 - Mobile Vendor
 - Other (specify) _____
6. Approximate Maximum Number of Meals to be Served (expected):
 - Breakfast _____ meals
 - Lunch _____ meals
 - Dinner _____ meals
7. How often (daily, weekly, biweekly?) will you receive deliveries for:
 - Dry Goods _____
 - Refrigerated Foods _____
 - Frozen Foods _____

8. How much space is allocated for:

- Dry storage _____ total sq. ft. of all shelving.
- Refrigerated Storage:
 - Walk-in _____ total **cubic feet**
 - Reach-in _____ total **cubic feet**
- Frozen storage:
 - Walk-in _____ total **cubic feet**
 - Reach-in _____ total **cubic feet**

9. Some cooking equipment, cutting boards, counter tops and other food contact surfaces can't be submerged in sinks or put through a dishwasher. What will be your procedure for cleaning and sanitizing these?

- Procedure _____

10. Will the facility be serving food to an at-risk (children/elderly/ill) population? YES / NO

If yes, what special measures will you take to ensure temperature control of potentially hazardous foods?

11. All Class III and IV food service establishments are required to have a Qualified Food Operator (QFO) and Designated Alternates (DA). The QFO must be onsite, in a **full-time supervisory** position and is responsible for ensuring training of all food preparation personnel in safe food handling techniques. The QFO must have the authority to direct and inspect the performance of all food preparation personnel. The Designated Alternate shall be in charge at all times when the QFO cannot be present. During all hours of operation, either the QFO or a Designated Alternate shall be present in the facility.

Name of QFO: _____ Approved Course _____
 Name(s) of DA(s): _____ Approved Course _____
 _____ Approved Course _____
 _____ Approved Course _____

12. How will employees receive training in safe food handling techniques and practices? Describe training procedures and program:

13. Describe exterior garbage dumpster facilities for:

	Garbage	Cardboard	Grease
Number of Dumpsters			
Size of Dumpsters (Yards)			
Frequency of Pickup			
Contracted Hauler Name			

14. Describe hot water heater capacity:

- Unit#1 _____ BTUs at _____ °f
- Unit#2 _____ BTUs at _____ °f

15. Is water supply a community water system (“public”) () or an onsite well ()?

If an onsite well:

- Has it been approved by the State Dept. of Health?..... YES / NO
- Attach a copy of the written approval and/or permit.
- Attach the completed State Health Dept. FS Establishment Water Supply Form.

16. Is there a water treatment system? YES / NO

17. Is the building connected to a municipal sewer? YES / NO

- If no, is there an approved private disposal system? YES / NO /PENDING
- Attach a copy of written approval and/or permit for the septic system.

18. Are grease traps provided? YES / NO

- If so, where? _____
- State the cleaning & maintenance schedule _____

19. Describe storage facilities for employees’ personal belongings (ie, purses, boots, coats, umbrellas): _____

20. What is the cleaning frequency for exhausts hoods? Who will be cleaning them?:

21. What facility for air-drying of washed wares is provided?:

22. What type of sanitization will be used by the Dishwasher?

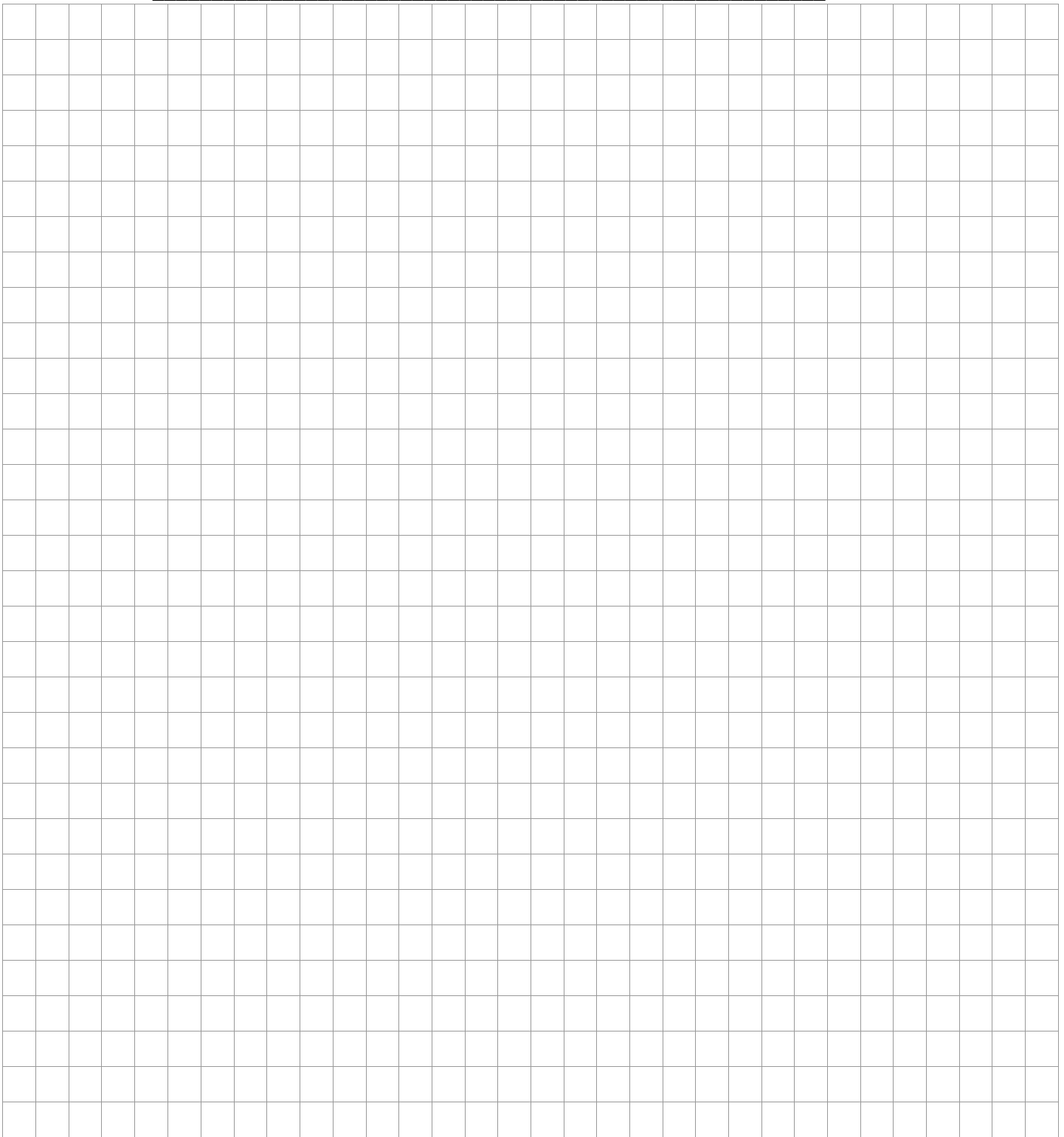
- Hot water
- Chemical: type _____

23. What types of sanitizers will be used in the establishment (Check all that apply)?

- Chlorine (bleach)
- Iodine
- Quaternary Ammonia Compounds
- Other: (specify) _____

**REQUIRED CONTENT AND FORMAT
for
PLANS AND SPECIFICATIONS**

1. Provide plans that show an accurate layout of the proposed facility, drawn to a minimum scale of ¼ inch=1 foot. These may be on the provided page or other accurate format.
2. Show the location of all food equipment. Each piece of equipment must be clearly labeled on the plan. All food equipment must be commercial grade, NSF approved.
3. Show equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
4. Label and locate separate food preparation sinks, when the menu dictates, to prevent contamination and cross-contamination of raw and ready-to-eat foods.
5. Include designated handwashing sinks in the food preparation, food dispensing, ware washing areas and toilet facilities.
6. Provide the room size, aisle space, location of all doors, space between and behind equipment and the placement of the equipment on the floor plan.
7. Include location of floor drains, floor sinks, overhead waste-water lines and hot water generating equipment.
8. Include areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms and the equipment in these areas. Provide extra pages as needed.
9. Complete finish schedules for each room, including floors, walls, ceilings and coved juncture bases. Use the provided form or other format, equivalent or better.
10. 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);
 - ◇ utensils (storage, use, cleaning);
 - ◇ trash and garbage (service area, holding, storage).



Use this key or provide another clear key.

Scale: 1 square = _____ feet.

Handsink	HS	Bain-Marie	BM	Slicer	SL	Stovetop/grill	ST
Mopsink	MS	Reach-in Refrig	RR	Food Processor	FP	Broiler	BR
Prepsink	PS	Walk-in Refrig	WIC	Floor mixer	FM	Microwave Oven	MW
3-bay Sink	3S	Undercounter Refrig	UF	Stand Mixer	MX	Steamer	SR
2-bay Sink	2S	Ice Machine	ICE	Countertop	Ctr	Fryer	FR
Dishwasher	DW	Reach-in Freezer	RF	Table	Tbl	Hood	HD
Hot water Heater	HW	Walk-in Freezer	WIF	Grease Trap	GT	Grease Removal Unit	GRU
Others:							

If needed, continue on additional sheets of graph paper.

SURFACE FINISH SCHEDULE

Establishment Name _____ Date _____
 Address _____ Town _____

SPECIFY FINISH AND/OR CONSTRUCTION			
	FLOOR	WALLS	CEILING
KITCHEN	Ceramic Tile <input type="checkbox"/>	Drywall/Epoxy <input type="checkbox"/>	Drywall/Epoxy <input type="checkbox"/>
	Vinyl Tile <input type="checkbox"/>	Tile (Type) <input type="checkbox"/> _____	Clad Fiberboard <input type="checkbox"/>
	Vinyl Sheet <input type="checkbox"/>	FRP <input type="checkbox"/>	FRP <input type="checkbox"/>
	Other (specify) <input type="checkbox"/> _____	Other (specify) <input type="checkbox"/> _____	Other (specify) <input type="checkbox"/> _____
STORAGE AREA	Ceramic Tile <input type="checkbox"/>	Drywall/Epoxy <input type="checkbox"/>	Drywall/Epoxy <input type="checkbox"/>
	Vinyl Tile <input type="checkbox"/>	Tile (Type) <input type="checkbox"/> _____	Clad Fiberboard <input type="checkbox"/> _____
	Vinyl Sheet <input type="checkbox"/>	FRP <input type="checkbox"/>	FRP <input type="checkbox"/>
	Other (specify) <input type="checkbox"/> _____	Other (specify) <input type="checkbox"/> _____	Other (specify) <input type="checkbox"/> _____
DINING AREA	Ceramic Tile <input type="checkbox"/>	Drywall/Epoxy <input type="checkbox"/>	Drywall/Epoxy <input type="checkbox"/>
	Vinyl Tile <input type="checkbox"/>	Tile (Type) <input type="checkbox"/> _____	Clad Fiberboard <input type="checkbox"/> _____
	Vinyl Sheet <input type="checkbox"/>	FRP <input type="checkbox"/>	FRP <input type="checkbox"/>
	Other (specify) <input type="checkbox"/> _____	Other (specify) <input type="checkbox"/> _____	Other (specify) <input type="checkbox"/> _____
TOILET FACILITY	Ceramic Tile <input type="checkbox"/>	Drywall/Epoxy <input type="checkbox"/>	Drywall/Epoxy <input type="checkbox"/>
	Vinyl Tile <input type="checkbox"/>	Tile (Type) <input type="checkbox"/> _____	Clad Fiberboard <input type="checkbox"/> _____
	Vinyl Sheet <input type="checkbox"/>	FRP <input type="checkbox"/>	FRP <input type="checkbox"/>
	Other (specify) <input type="checkbox"/> _____	Other (specify) <input type="checkbox"/> _____	Other (specify) <input type="checkbox"/> _____

Note: "Drywall/Epoxy" means sheetrock with epoxy enamel paint.
 "Clad Fiberboard" means Plastic-coated or metal-clad fiberboard.
 "FRP" means Fiberglass reinforced plastic.

Plumbing Connection Requirements

Mark your agreement that the listed plumbing connections will be installed with the listed backflow prevention.

Equipment	Connection	Required Backflow Prevention	Agreed
Dishwashing Machine	Drain	Indirect Connection	
Dishwashing Machine	Chemical Injection Point	Vacuum Breaker	
Dishwashing Machine	Scrap table water inlet	Vacuum Breaker	
Dishwashing Machine	Pre-Rinse Sprayer	Air Gap	
Sinks	Hanging Hose	Hose Bibb Vacuum Breaker	
Sinks for Food Prep	Drain	Indirect Connection	
Chemical Proportioner	Water Supply Hookup	Air Gap	
Dipper Well	Water Supply Pipe	Air Gap	
Carbonator	Water Supply	ASSE 1022 compliant BFP	
Ice Machine	Water Supply Line	Air Gap or Air-vent BFP	
Ice Machine	Icemelt Drain Line	Indirect Connection	
Ice Machine	Coolant Water Drain Line	Air Gap	
Toilet	Fill Valve	Anti-siphon fill valve (ASSE 1002)	

Definitions:

Air Gap: an unimpeded vertical air space between a water source and the receiving vessel, at least 1 inch.

Air-vent BFP: a backflow preventer that can be used under continual pressure.

ASSE: American Society of Sanitary Engineering. 1022 & 1002 are published standards.

BFP: Backflow Preventer

Hose Bibb Vacuum Breaker: a vacuum breaker in a form that screws onto a threaded hose outlet.

Indirect Connection: Where a smaller pipe goes loosely into a larger one.

Vacuum breaker: a plumbing device that automatically air vents a pipeline to prevent back-siphonage.

STATEMENT: I hereby certify that the information I have provided is correct, and I fully understand that any deviation from the submitted proposal must receive approval from the Eastern Highlands Health District before a food establishment license will be provided.

Signature _____ Date: _____
Owner(s) or responsible representative(s).

Provide thirty (20) days for the preliminary completion of this plan review. Revisions to the plan may be necessary. Approval of these plans and specifications by the Eastern Highlands Health District does not indicate compliance with any other code, law or regulation that may be required: federal, state or local. This plan must be approved before the issuance of any building permits. It further does not constitute endorsement of acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with the equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments. For all new establishments or change of ownership, a Food Service License Application and applicable fee must be submitted to Eastern Highlands Health District prior to the pre-opening inspection.

For Health District Use Only

Plan reviewed by: _____ Title: _____

Date reviewed: _____

Approved _____ Not approved _____ Establishment Class Assigned: _____