



Pedro E. Segarra
Mayor

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

for Class 1 Food Establishments
Plan Review Cost: \$100
 Environmental Health Division
 131 Coventry Street
 Hartford, Ct 06112
 Telephone: (860) 757-4760 Fax: (860) 722-6677
www.hartford.gov



Raul Pino
Director

<hr style="width: 80%; margin: 0 auto;"/> NEW	<hr style="width: 80%; margin: 0 auto;"/> REMODEL	<hr style="width: 80%; margin: 0 auto;"/> ALTERATION	<hr style="width: 80%; margin: 0 auto;"/> CHANGE OF OWNERSHIP
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Name of Establishment: _____

Establishment's Address: _____

Phone (if available): _____

Name of Owner or Owner's Representative: _____

Mailing Address: _____

Telephone: _____

Applicant's Name and Relationship to Owner (self, manager, etc.): _____

Mailing Address: _____

Telephone: _____

Please note the dates that plans have been submitted to the following agencies:

Building Department _____

Fire Marshal _____

Zoning Department _____



Hours of Operation

Sun _____	Mon _____	Tue _____	Wed _____	Thu _____	Fri _____	Sat _____
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The following information must be included for review:

Location of employee toilet.
Listing of food and beverages to be sold.
Plan of facility showing location of food storage and display
Location of all cleaning materials and toxic items that will be used at the facility. (Signed contract of waste collection company must be presented at time of pre-opening inspection)
Projected Date for Start of Construction: _____
Projected Date for Start of Construction: _____



STATEMENT: I hereby certify that the above information is correct. I fully understand that any deviation from the above without prior approval from the Environmental Health Division is prohibited.

Signature(s) _____

Owner(s) or Responsible Representative(s)

Date: _____



Approval of these plans and specifications by the Environmental Health Division 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 all laws governing food service establishments).**



I:\Environmentalhealth\Publichealthsafetyprogram\general food

	Will all pipe penetrations, beverage chases & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	
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GARBAGE AND REFUSE

Inside

	Will all garbage containers have lids?	YES	NO
	Will refuse be stored inside? If so, where? _____	YES	NO

Outside

	Will the area around premises be maintained clear of unnecessary brush, litter, boxes and other vermin harborage?		YES	NO
	Will a dumpster be used?		YES	NO
	Number _____	Size _____	Frequency of pickup _____	
	Where will the dumpster be located? _____			
	Identify the Waste Hauler that will be used: _____			
	Will the dumpster be cleaned on site?			
	If the dumpster is cleaned on site, the wastewater from the cleaning operation must discharge to the sanitary sewer system.			
	Will the dumpster be cleaned by an off-site contracted cleaning service?			
	If YES, please provide name and address of the firm contracted for this service. _____ _____ _____			
	Will a compactor be used?		YES	NO
	Number _____ Size _____		Frequency of pickup _____	
	Contractor: _____ _____			
	Where will the compactor be located? _____			
			YES	NO

	Will the compactor be cleaned on site?		
	Will the compactor be cleaned by an off-site contracted cleaning service?	YES	NO
	If YES, please provide the name and address of the firm contracted for this service. _____		
	Describe the surface and location where the dumpster/compactor/barrels will be stored: _____		
	Will trash barrels be stored outside?	YES	NO
	If YES, please describe their locations: _____		

HOT WATER HEATER SIZE AND CAPACITY

Water heater storage capacity (Gallons Storage)

Water heater recovery rate in gallons per hour at a 100oF temperature rise (Gallons per hour)

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

	Will there be hand-washing sinks in the food preparation, food dispensing, and ware washing areas?	YES	NO
		YES	NO

	Will all hand-washing sinks have mixing valves or combination faucets?		
	Will self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactive the faucet?	YES	NO
	Will soap dispensers be available at all hand washing sinks?	YES	NO
	Will hand drying facilities (paper towels, air blower, etc.) and waste receptacles be available at all hand washing sinks and in each restroom?	YES	NO
	Will toilet rooms have operable, screened windows or mechanical exhaust systems for ventilation?	YES	NO
	Will all toilet room doors be self-closing?	YES	NO
SEWAGE DISPOSAL			
	Will the building be connected to a municipal sewer?	YES	NO
	If YES – HAS MDC been notified concerning grease trap? 860-278-7850 Name of Contact at MDC _____	YES	NO
		PENDING	
DRESSING ROOMS			
	Will separate dressing rooms be provided?	YES	NO
	Describe the storage facilities for employees' personal belongings (i.e., purses, coats, boots, umbrellas, etc.). _____	N/A	
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