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FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

For Class 2, 3, & 4 Food Service Establishments

Plan Review Cost: Class 2 $100 - Class 3 & 4 $200

PEDRO SEGARRA
Mayor

ENVIRONMENTAL HEALTH DIVISION
131 COVENTRY STREET
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RAUL PINO
Director

_____	_____	_____	_____
NEW	**REMODEL**	**ALTERATION**	**CHANGE OF OWNERSHIP**

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, architect, kitchen designer, etc.):

Mailing Address: _____

_____

_____

Telephone:

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

Zoning Department _____

Hours Operation:

Sun _____	Mon _____	Tue _____	Wed _____	Thu _____	Fri _____	Sat _____

Number of Seats: _____

Number of Staff: _____
(Maximum per shift)

Projected Number of Meals to be Served: (approximate number)	Breakfast _____	Lunch _____	Dinner _____

COOKING TECHNIQUES

____Steaming	____Blanching	____Roasting	____Broiling
____Smoking	____ Stewing	____Bar-B-Que	____Grilling
____Boiling	____Sautéing	____Baking	____Deep Frying
____Brazing	____ Pan Frying	____ Roasting	

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	
Push Cart	
Customer Self-Service	
Other (describe)	
Single Service Utensils Only	
Multi-Use Utensil Service Only	
Both Multi-Use and Single Service Utensils	

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 ¼" = 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 items required for review and construction	
	Completed finish schedules for each room including floors, walls, ceilings, coved juncture bases, counters, tables, etc. must be submitted.
	Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation must be represented on the plan. Dressing rooms, locker area, employees' belonging storage areas, and/or coat racks must be identified.
	To permit thorough cleaning, all items stored in rooms where food or single-service items are stored shall be at least 12 inches above the floor when placed on stationary storage units or 6 inches above the floor when placed on lockable casters.
	The location of the floor drains, floor sinks, and water supply lines, overhead waste water lines, hot water lines, hot water generating equipment (with capacity and recovery rate), backflow prevention, and waste water line connections must be identified.
	The use of all sinks must be identified on the plans (i.e. hand wash sinks, food preparation sinks, utensil washing sinks).
	The source of the water supply and the method of sewage disposal must be identified.
	A mop sinks or mop basin with facilities for hanging wet mops and storage of mop buckets must be identified. The areas for storing toxic chemicals must be identified.
	Grease traps and/or grease interceptor locations and capacities must be submitted. Grease storage containers and storage locations must be identified.
	Lighting must meet Code standards: **A.** Food contact surfaces = 50 foot candles (540 lux) **B.** Utensil washing area = 50 foot candles (540 lux) **C.** All other area = 10 foot candles (110 lux) Note: Lighting in utensil washing areas and on food contact surfaces shall be measured at 30 inches above the floor and/or at the work levels Note: Light bulbs in food preparation, storage, and display areas where the food items are open or exposed must be shatterproof or shielded to preclude the possibility of broken bulbs or lamps falling into food.

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…)		
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.
	Provide the method used to calculate cold storage requirements: _____ _____ _____
	Provide total square footage of space dedicated to walk-in cold storage. _____ Provide total square footage of space dedicated to reach-in cold storage. _____

		YES	NO
	Will raw meats, poultry and seafood be stored in the same refrigerators and freezer with cooked/ready-to-eat foods?		
	If yes, how will cross-contamination be prevented? _____ _____		
	Each refrigerator must have a thermometer.		
	Number of refrigeration units: _____ Number of freezer units: _____		

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	POULTRY PRODUCTS	COLD FOODS	BAKED GOODS
In a Refrigerator						
Submerged in Running Water Less than 70°F						
Cooked from a Frozen State						
Microwave 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 ±2°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 time and temperature of product 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	145°F (15 sec)	Poultry	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	THIN MEATS	FISH SEAFOOD	POULTRY PRODUCTS	HOT FOODS	BAKED GOODS
Shallow Pans in the Refrigerators						
Ice Baths						
Stirring with Iced Chill Sticks						
Mechanical Rapid Chill Equipment						

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

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

	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: _____ _____ _____ _____ _____

PORK & RED MEATS

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

	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.)			
	Is appropriate dry good storage space provided for based upon the menu, meals offered, frequency of deliveries, and items being stored?	**YES**	**NO**
	Provide information on the frequency of deliveries and the expected gross volume that will be delivered for each item. _____ _____ _____ _____		
	Provide total square footage of space dedicated to dry storage _____sq. ft.		
	Where will single-service items be stored in the service location(s)? _____ _____ _____ _____		
	Will approved food storage containers be used to store bulk food products? Describe. _____ _____ _____	**YES**	**NO**

PERSONNEL			
	Will disposable gloves and/or utensils and/or food grade paper be used to minimize direct hand contact of ready-to-eat foods?	**YES**	**NO**
	Your food establishment must have a policy to exclude or restrict food workers who are ill with symptoms compatible with food borne illness (vomiting, diarrhea, nausea, stomach cramps, high fever, jaundice) or have infected cuts and lesions. Describe your policy to restrict food workers with these symptoms: _____ _____ _____ _____		

	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. List the name(s) of the QFO(s): _____ _____ _____ _____
	Identify the Alternate QFO(s): _____ _____ _____
	Describe the training that the QFO will provide to the food workers and how written records of training will be maintained: _____ _____ _____ _____

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				
Bar				
Food Storage				
Other Storage				

Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Area				
Basement:				
Other:				
Other:				
Other:				
Other:				

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

_____

_____

_____

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

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

	INDIRECT WASTE			**FIXTURES WITH DIRECT WASTE CONNECTIONS**
Plumbing Fixture	**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:				

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

_____

_____

_____

_____

Applicants must 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 will be used for ware washing?	Number of Sinks	Size of sink compartments			Drain board sizes	
		Length	Width	Depth	Right	Left
Three compartment sink						
Four compartment sink						

		YES	NO
	Does the largest pot, pan, utensil, or container fit into each compartment of the three-compartment sink?		

	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: _____	N/A
	Type of sanitization used:_____	
	Chemical type: _____	Test Kits: _____
	Hot water (180°F-194°F): _____	Identify the capacity of the booster heater: _____

		YES	NO
	Will ventilation be provided over the dishwasher?		
	All dish machines must have templates with operating instructions. All dish machines must have accurate temperature and pressure gauges.		
	Will thermometers, test papers and/or test kits be available for checking sanitizer concentrations at the three-compartment sink and dishwasher?		
	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?		

	Please describe the type and location of the air drying space for the cleaned items: _____ _____ _____
	Provide the total square footage of shelf space dedicated to air drying _____ sq. ft.

WATER SUPPLY

	Will ice be made on premises or purchased 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

APPLICANT: Please check appropriated boxes.		**YES**	**NO**	**N/A**
	Will all outside doors be self-closing and have rodent proof flashing/weather stripping?			
	How will fly protection be provided on all outside entrances?			
	Screen Doors			
	Air Curtain			
	Other: _____			
	Identify the type of fly protection that will be provided on all operable windows.	**YES**	**NO**	**N/A**
	Minimum #16 mesh screening?			
	Air Curtains			
	Self-Closing Devices			

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

GARBAGE AND REFUSE

Inside

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

Outside

		YES	NO	N/A
	Will the area around premises be maintained clear of unnecessary brush, litter, boxes and other vermin harborage?			
	Will a dumpster be used?			

	Number _____	Size _____	Frequency of pickup _____

	Where will the dumpster be located? _____ _____
	Identify the Waste Hauler that will be used: _____ _____

		YES	NO
	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. _____ _____ _____		

		YES	NO	N/A
	Will a compactor be used?			
	Number _____ Size _____ Frequency of pickup _____ Contractor: _____			
	Where will the compactor be located? _____ _____			
		YES	NO	N/A

	Will the compactor be cleaned on site?			
	If the compactor is cleaned on site, the wastewater from the cleaning operation must discharge to the sanitary sewer system.			
	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: _____ _____			
	Specify the type and location of cooking grease waste storage receptacles: _____ _____			
	Will there be an area to store recycled containers? Describe: _____ _____	**YES**	**NO**	**N/A**
	Identify the location(s) and size(s) of the grease trap(s): _____ _____ _____			

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

		YES	NO
	Will there be hand-washing sinks in the food preparation, food dispensing, and ware washing areas?		
	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?		
	Will soap dispensers be available at all hand washing sinks?		
	Will hand drying facilities (paper towels, air blower, etc.) and waste receptacles be available at all hand washing sinks and in each restroom?		
	Will toilet rooms have operable, screened windows or mechanical exhaust systems for ventilation?		
	Will all toilet room doors be self-closing?		

SEWAGE DISPOSAL

		YES	NO	PENDING
	Will the building be connected to a municipal sewer?			
	If YES – HAS MDC been notified concerning grease trap? **860-278-7850** **Name of Contact at MDC_____**			

DRESSING ROOMS

		YES	NO	N/A
	Will separate dressing rooms be provided?			
	Describe the storage facilities for employees' personal belongings (i.e., purses, coats, boots, umbrellas, etc.). _____ _____			

CHEMICAL STORAGE

		YES	NO
	Will all cleaning materials and toxic items be stored away from food preparation and storage areas?		
	Will insecticides/rodenticides (if used) be stored separately from		

	cleaning and sanitizing agents?		
	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			
	Will a laundry washer and dryer be available on the premises?	**YES**	**NO**
	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: _____ _____		
	Will there be a basement space available for this food establishment?	**YES**	**NO**
	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 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 local and state laws governing food service establishments).**

Hot Water Heater Size and Capacity

HOT WATER HEATER CALCULATION WORKSHEET

EQUIPMENT	QUANTITY	TIMES	SIZE (In inches)	EQUALS	GPH
One-comp. Sink See note #4		**X**	__by__by__	=	
Two-comp. Sink See note #4		**X**	__by__by__	=	
Three-comp. Sink See note #4		**X**	__ by__by __	=	
Four-comp. Sink See note #4		**X**	__by__by__	=	
One-comp. Prep sink		**X**	5 GPH	=	
Two-comp. Prep sink		**X**	10 GPH	=	
Three-comp. Prep sink		**X**	15 GPH	=	
Three-comp. Bar Sink See note #4		**X**	__by__by__	=	
Four comp. Bar Sink		**X**	__by__by__	=	
Hand sink		**X**	5 GPH	=	
Pre-rinse		**X**	45 GPH	=	
Can wash		**X**	10 GPH	=	
Mop sink		**X**	5 GPH	=	
**Dish machine		**X**	Note #1	=	
**Cloth Washer		**X**	Note #2	=	
**Hose reels		**X**	Note #3	=	
Other equipment		**X**		=	
Other equipment		**X**		=	
Other equipment		**X**		=	
Total 140°F GPH (gallons per hour) Recovery Requirements				Total =>	

Note - 140°F Hot water heaters are to be sized at the 140°F GPH recovery required at a temperature rise of 100°F.

Note #1	Dishwasher (_____gals/hr. FINAL RINSE x 70%)
Note #2	Cloth Washer Calculation A. Limited Use/Cloth washer used one to two times per day; beginning or ending of day Operation GPH = 60 GPH x 25%. B. Intermediate Use/Cloth washer used three to four times per day; GPH = 60 GPH x 45%. C. Heavy Use/Cloth washer used once every two hours; GPH = 60 GPH x 80%. D. Continuous Use/Cloth washer used every hour; GPH = 60 x 100%.
Note #3	Hose reels @ 20 GPH for first reel & 10 GPH for each additional reel.
Note #4 – GPH Requirements for sink	**GPH = (Sink size in cu. in. x 7.5 gal./cu.ft. x # compartments x .75 capacity) (1,728 cu.in/cu.ft.)**
Short version for above	GPH = Sink size in cu. in. x # compartments x .003255/cu. in. Example – 24”x24”x14” x 3 compartments x .003255 = 79 GPH
Water heater storage capacity. (_____ Gallons Storage)	
Water heater recovery rate in gallons per hour at a 100°F temperature rise. (_____ Gallons per hour)	

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