

BRISTOL BURLINGTON HEALTH DISTRICT PLAN REVIEW APPLICATION

TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Conversion/Renovation		Date _____ Fee Paid _____	
TYPE OF FOOD OPERATION: <input type="checkbox"/> Food Service Establishment/Restaurant <input type="checkbox"/> Food Store/Deli Market <input type="checkbox"/> Juice bar smoothies <input type="checkbox"/> Caterer <input type="checkbox"/> Ice cream <input type="checkbox"/> School, Daycare <input type="checkbox"/> Healthcare Facility <input type="checkbox"/> Other Food/Beverage Services: _____			
FOOD ESTABLISHMENT INFORMATION			
Name of Establishment			
Legal/Corporate Name (if different):			
Establishment Address:	City:	State:	ZIP:
Email :	Phone #:		
OWNERSHIP INFORMATION			
Name of Owner:			
Address:	City:	State:	ZIP:
Email:	Phone Number:		
APPLICANT INFORMATION (e.g., ARCHITECT/ENGINEER/OTHER)			
Certified Food Protection Manager:		Additional Certified Food Protection Manager:	
Contact Person:			
After Hours/Emergency Phone Number:		Email:	
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: _____ Sat: _____	Water Supply <input type="checkbox"/> Public Water <input type="checkbox"/> NTNC <input type="checkbox"/> TNC <input type="checkbox"/> Community	Sewage Disposal <input type="checkbox"/> Septic System <input type="checkbox"/> Public Sewer Grease Disposal <input type="checkbox"/> None <input type="checkbox"/> AGR Unit Rendering Container <input type="checkbox"/> Outdoor In-ground	Certified Food Protection manager Name : _____ Email : _____ Alternate Person in Charge Name : _____ Email : _____
Signature:			Date:
Print Name:		Title:	

- **Risk 1-** Establishments that serve or sell only pre-packaged, non- time/temperature control for safety (TCS) foods. Establishments that heat only commercially processed, TCS foods for hot holding. No cooling of TCS foods. Most convenience store operations, grocery stores, hot dog carts, and coffee shops.
- **Risk 2-** Retail food store operations, schools not serving a highly susceptible population, and quick service operations. Limited menu. Most products are prepared/cooked and served immediately. May involve hot and cold holding of TCS foods after preparation or cooking. No cooling.
- **Risk 3-** A full-service restaurant with extensive menu and handling of raw ingredients. Complex preparation including cooking, cooling, and reheating for hot holding involves many TCS foods. Variety of processes require hot and cold holding of TCS food.
- **Risk 4-** Preschools, hospitals, nursing homes, and establishments conducting processing at retail. Establishments serving a highly susceptible population or that conduct specialized processes, e.g., smoking and curing; reduced oxygen packaging for extended shelf-life.

Contents and Format of Plans and Specifications:

1. The plans shall be a minimum of 11 x 14 inches in size and the layout of the floor plan accurately drawn to a minimum scale of ¼ inch=1 foot. This is to allow for ease in reading plans.
2. Information accompanying the plan shall include:
 - ✓ The proposed menu
 - ✓ Seating capacity
 - ✓ Projected daily meal volume for food service operations.
3. The plan shall show the location and when requested drawings of all food service equipment. Each piece of equipment shall be clearly labeled on the plan with its common name.
4. Adequate rapid cooling, including ice baths and refrigeration, and hot-holding facilities for potentially hazardous foods shall be clearly designated on the plan.
5. When the menu dictates, separate food preparation sinks shall be labeled and located to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Adequate handwashing facilities used for no other purpose shall be designated for each toilet facility and in each of the areas of food preparation (accessible location for all food handlers). When a separate room(s) is designed for ware washing, a hand sink must also be provided.
7. **The plan layout shall contain:**
 - **Room size**
 - **Aisle space**
 - **Space between and behind equipment**
 - **The placement of the equipment on the floor plan.**
8. Areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation shall be represented on the plan and all features of these rooms shown as required by these standards.

9. **The plan and specifications shall also include:**

- a. Entrances, exits, loading/unloading areas and docks
- b. **Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases**
- c. Plumbing schedule to include location of floor drains, floor sinks, water supply lines, overhead waste water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, wastewater line connections **(Grease Trap – this item must be included on design plans and approved by FOG Inspector, Public Utilities Department before submitting to the Health District)**
- d. Equipment schedule to include make and model numbers and National Sanitation Foundation (NSF) or equivalent listing (when applicable) of all food service equipment
- e. Source of water supply and method of sewage disposal. The location of these facilities shall be shown and evidence submitted that state and local regulations are to be complied with; **Well water analysis should be included.**
- f. 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)
 - utensil (storage, use, cleaning)
 - trash and garbage (service area, holding, storage)
- g. Ventilation schedule for each room
- h. Mop sink with facilities for hanging wet mops
- i. Garbage can washing area/facility
- j. Cabinets for storing toxic chemicals
- k. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required
- l. l. Completed checklist
- m. Site plan (plot plan)
- n. Certified Food Protection Manager – **Provide copy of Certificate**
- o. Training materials for employees – Food Preparation workers need to be trained by QFO, records kept onsite and available at all times.

ALL ITEMS MUST BE SUBMITTED AND BE COMPLETE BEFORE HEALTH DEPARTMENT CAN BEGIN PLAN REVIEW. UNTIL PLAN REVIEW HAS BEEN COMPLETED, THIS DEPARTMENT WILL NOT SIGN OFF BUILDING PERMITS.

Pre-Operational Inspection

- A pre-operational inspection must be conducted by this office and a license obtained before you can open for business. No food is to be delivered to the facility prior to pre-operational approval. Class III and IV establishments must submit documentation of compliance with State Qualified Food Operator requirements at the time of pre-operational inspection.
- It is your responsibility to call in advance to schedule an inspection, giving enough time for corrections and re-inspection prior to opening.
- All equipment must be installed, operational, and holding proper temperatures prior to inspection. • Sign-offs for liquor permits will not occur until after the pre-operational inspection is conducted.

Certified Food Protection Manager

- Please provide at least 2 Certified Food Manager Certificates prior to opening day. Certified Food Protection Managers must be full time employees (35+ hours).
- Certificates must be from an approved source /organization:

REGULATORY COMPLIANCE REVIEW LIST FOOD PREPARATION PROCEDURES (The following to be completed by Food Service Establishment)

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 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

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PROCESS	IDENTIFY FOOD ITEMS	INDICATE LOCATION AND EQUIPMENT	<i>MEETSCRITERIA (Plan Reviewer Only)</i>
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 hrs; 135°F to 70° in 2 hrs			YES/NO
Reheating Food must be reheated to a temperature of 165° for 15 sec. within 2 hrs			YES/NO

FINISH SCHEDULE

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

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING	<i>MEETS CRITERIA (Plan Reviewer Only)</i>
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

TOPIC	MINIMUM CRITERIA	<i>MEETSCRITERIA (PlanReviewer Only)</i>
Handwashing facilities	<ul style="list-style-type: none"> · Identify number of the handwashing sinks in food preparation and ware washing areas: ____ Food Preparation ____ Ware washing Area · Type of hand drying device? Disposable towels <input type="checkbox"/> Hand-drying device <input type="checkbox"/> 	YES/NO
Ware washing 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: _____ <input type="checkbox"/> Hot Water <p>MECHANICAL DISHWASHING</p> <ul style="list-style-type: none"> · Make and Model of Dishwasher: _____ · What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water · <p>Will ventilation be provided? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	YES/NO

TOPIC	MINIMUM CRITERIA	MEETS CRITERIA (Plan Reviewer Only)
Water Supply	<ul style="list-style-type: none"> · Is the water supply public or non-public/private? public <input type="checkbox"/> private <input type="checkbox"/> ○ If private, has the 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"/> Information on Hot Water Heater: _____ BTUs _____ Kw · What is the capacity and location* of the water heater? _____ Gal. <input type="checkbox"/> Check if Tank-less 	YES/NO
Sewage Disposal	<ul style="list-style-type: none"> · Is the sewage system public or non-public/private? Public <input type="checkbox"/> private <input type="checkbox"/> If private, has the sewage system been approved? Yes <input type="checkbox"/> No <input type="checkbox"/> Attach copy of written approval and/or permit. · Will grease traps/interceptors be provided? Yes <input type="checkbox"/> No <input type="checkbox"/> *Identify location on plan. 	YES/NO
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"/> (Can not exceed 110F) 	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

TOPIC	MINIMUM CRITERIA	MEETS <i>CRITERIA(Plan Reviewer Only)</i>
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 Work stations? _____ · How will these items be separated from food and food-contact surfaces? _____ Identify the location of the facilities for cleaning of mops and other cleaning equipment? 	<p style="text-align: center;">YES/NO</p>
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 · Will air curtains be used? If yes, where? _____ Note: All pipes and electrical conduit chases must be sealed to prevent rodent access. 	<p style="text-align: center;">YES/NO</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 compactor 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 style="text-align: center;">YES/NO</p>

FOR DISTRICT USE ONLY:

<input type="checkbox"/> Cash <input type="checkbox"/> Check# _____	Date Paid _____	\$ Amount _____	Rec'd by _____
<i>BBHDistrict Use Only</i>			
Plan Reviewed By:		Date:	
Plan Approved By:		Date:	