



BRISTOL-BURLINGTON HEALTH DISTRICT
240 Stafford Avenue, Bristol, Connecticut 06010-4617
Tel. (860) 584-7682 • Fax (860) 584-3814 • www.bbhd.org



FOOD SERVICE ESTABLISHMENT PLAN REVIEW APPLICATION

Date _____ Fee Paid _____ New Business _____ Existing Business New Owner _____

NAME OF FOOD ESTABLISHMENT _____

ESTABLISHMENT ADDRESS _____

ESTABLISHMENT PHONE # _____ FAX# _____

EMAIL _____ After Hours emergency # _____

MAILING ADDRESS (if different) _____

NAME Of OWNER _____ PHONE: _____

ADDRESS OF OWNER: _____

PUBLIC SEWERS OR ON SITE SEPTIC SYSTEM _____

WATER SOURCE PUBLIC _____ NON COMMUNITY _____ WELL _____

of SEATS _____ # of EMPLOYEES _____

FOLLOWING INFORMATION MUST BE SUBMITTED WITH APPPLICATION

- 1) PLAN REVIEW FEE
- 2) PROPOSED MENU
- 3) Name(s) of CERTIFIED FOOD OPERATOR _____
- 4) EQUIPMENT SCHEDULE with manufacturer's specifications (cut sheets) for each piece equipment
- 5) Plans drawn to scale showing layout of the establishment identifying the type and location of equipment, plumbing fixtures, mechanical ventilation description of type and color of floor wall and ceiling finishes
- 6) Applicant must contact BUILDING, LAND USE , FIRE, WPC and Zoning Departments when applicable
- 7) New construction will require submission of site plans

Signed _____ Date signed _____

Print name _____ Title _____

Food Establishment Plan Review Form Continued

*To Be Completed by the Food Operator **General***

Information

Establishment Name:

Hours of Operation:

Sunday	_____	Thursday	_____
Monday Friday	_____		_____
Tuesday	_____	Saturday	_____
Wednesday	_____		

Operation Details:

Total square feet of facility: _____ Number of seats: _____

Number of floors on which per shift _____ Number of staff: operations are conducted: (maximum) _____

Estimate maximum meals to be served for - Breakfast: _____
Lunch: _____
Dinner: _____

Project Schedule:

Anticipated Start Date: _____ Anticipated Completion Date: _____

Type of Service (check all that apply):

Sit-down meals	Caterer
Take-out	Other: _____

Required Documents Checklist

Provide all information listed below:

- Proposed Menu (including seasonal, off-site and banquet menus)
- Manufacturer specification sheets for each piece of equipment shown on the plan
- Plan drawn to scale of food establishment showing location of equipment
- Equipment schedule

Contents And Format Requirements for Plans And Specifications

1. **Provide plans that are a minimum of 11” x 17” in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.**
2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate handwashing lavatories in the immediate area of food preparation.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
 - c. Lighting schedule with protectors;
 - i. At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
 - ii. At least 220 lux (20 foot candles):
 - a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
 - b) Inside equipment such as reach-in and under-counter refrigerators;
 - c) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms; and
 - iii. At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
 - d. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).
 - e. A color coded flow chart demonstrating flow patterns for:
 - i. food (receiving, storage, preparation, service);
 - ii. food and dishes (portioning, transport, service);
 - iii. dishes (clean, soiled, cleaning, storage);
 - iv. utensil (storage, use, cleaning);
 - v. trash and garbage (service area, holding, storage);
 - f. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
 - g. Garbage can washing area/facility;
 - h. Cabinets for storing toxic chemicals;
 - i. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required

Food Preparation Review

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared or served?

Category:

- | | | |
|---|-----|----|
| 1. Thin meats, poultry, fish, eggs (e.g. hamburger, sliced meats, fillets) | Yes | No |
| 2. Thick meats, whole poultry (e.g. roast beef, whole turkey, chickens, hams) | Yes | No |
| 3. Cold processed foods (e.g. salads, sandwiches, vegetables) | Yes | No |
| 4. Hot processed foods (e.g. soups, stews, rice/noodles, gravy, chowders, casseroles) | Yes | No |
| 5. Bakery goods (e.g. pies, custards, cream fillings & toppings) | Yes | No |
| 6. Other: | | |

Provide a HACCP plan for specialized methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

Food Supplies:

1. Are all food supplies from inspected and approved sources? Yes No
2. What is the projected frequency of deliveries for frozen foods? _____
3. What is the projected frequency of deliveries for refrigerated foods? _____
4. What is the projected frequency of deliveries for dry goods? _____
5. Specify the amount of space (in cubic feet) for storage of:
Dry Storage _____
Refrigerated Storage _____
Frozen Storage _____
6. How will dry goods be stored off the floor?

Cold Storage:

1. Is adequate and approved freezer and refrigeration available to store

Yes No frozen

foods frozen and refrigerated foods at 41°F (5°C) and below? Provide the method used to calculate cold storage requirements:

2. Will raw meats, poultry and seafood be stored in the same
and freezers with cooked/ready-to-eat foods? Yes No refrigerators

If yes, describe how cross-contamination will be prevented?

3. Does each refrigerator/freezer have a thermometer? Yes No

Number of refrigeration units: _____

Number of freezer units: _____

4. Is there a bulk ice machine available? Yes No

Thawing Frozen Potentially Hazardous Food:

Please indicate, by checking the appropriate boxes, how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	Thick Frozen Foods*	Thin Frozen Foods*
Refrigeration		
Running water less than 70°F(21°C)		
Microwave (as part of cooking process)		
Cooked from frozen state		

*Frozen foods approximately one inch or less = thin, and more than one inch = thick.

Describe other methods of thawing:

Cooking:

1. Will food product thermometers be used to measure final
cooking/reheating temperatures of PHF's? Yes No

What type of temperature measuring device:

**Minimum Cooking Times & Temperatures of Products Utilizing Convection
or Conduction Heating Equipment:**

Product	Temperature (minimum cook time)
Beef roasts	130°F (112 min)

Solid seafood pieces	145°F (15 sec)
Other PHF's	145°F (15 sec)
Eggs, immediate service	145°F (15 sec)
Eggs, pooled*	155°F (15 sec)
Pork	145°F (15 sec)
Comminuted meats/fish	155°F (15 sec)
Poultry	165°F (15 sec)
Reheated PHF's	165°F (15 sec)
<i>*pasteurized eggs must be served to a highly susceptible population</i>	

- List types of cooking equipment:

Hot/Cold Holding:

- How will hot PHF's be maintained at 135°F (57.2°C) or above during holding for service? Indicate type and number of hot holding units.
- How will cold PHF's be maintained at 41°F (5°C) or below during holding for service? Indicate type and number of cold holding units.

Cooling:

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

Cooling Method	Thick Meats	Thin Meats	Thin Soups	Thick Soups	Rice/Noodles
Shallow Pans					
Ice Baths					
Reduce Size or Volume					
Rapid Chill					
Other (describe)					

Reheating:

- How will PHFs that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods.

2. How will reheating food to 165°F for hot holding will be done rapidly and within 2 hours?

Preparation:

1. Please list categories of foods prepared more than 12 hours in advance of service.

2. Will food employees be trained in good food sanitation practices? Yes No

Describe the method of training :

Number of employees trained: _____

Date of completion: _____

3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? Yes No

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? Yes No

5. Briefly describe the written policy:

Will employees have paid sick leave? Yes No

6. 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 sanitized?

Will a test kit be used? Yes No

7. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? Yes No

If not, describe how ready-to-eat foods will be cooled to 41°F:

8. Will all produce be washed on-site prior to use? Yes No

9. Is there a planned location used for washing produce? Yes No

If no, describe the procedure for cleaning/sanitizing multi-use sink between uses

- j. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 135°F) during preparation:

Will the facility be serving food to a highly susceptible population? Yes No

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?:

FINISH SCHEDULE Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

AREA	FLOOR	COVING	WALLS	CEILING
Kitchen, Cooking				
Kitchen, Food Prep				
Bar Area				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-In Refrigeration				

- | | | | |
|---|-----|----|-----|
| 1. Will all outside doors be self-closing and rodent proof? | Yes | No | n/a |
| 2. Are screen doors provided on all entrances left open to the outside? | Yes | No | n/a |
| 3. Do all openable windows have a minimum #16 mesh screening? | Yes | No | n/a |

- | | | | |
|---|-----|----|-----|
| 4. Is the placement of electrocution devices identified on the plan? | Yes | No | n/a |
| 5. Will all pipes & electrical conduit chases be sealed and ventilation exhaust systems and intakes be protected? | Yes | No | n/a |
| 6. Is area around building clear of unnecessary brush, litter, boxes and other harborage? | Yes | No | n/a |
| 7. If air curtains will be used, describe where: | | | |

Use of Insecticides, Rodenticides, and Other Toxics:

- | | | | |
|--|-----|----|--|
| 8. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?
If stored separately, describe the loacation: | Yes | No | |
| 9. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? | Yes | No | |
| 10. Are all containers of toxics including sanitizing spray bottles clearly labeled? | Yes | No | |

Garbage and Refuse

Inside:

- | | | | |
|--|-----|----|-----|
| 1. Do all containers have lids? | Yes | No | n/a |
| 2. Will refuse be stored inside?
If refuse will be stored inside, describe where: | Yes | No | n/a |
| 3. Is there an area designated for garbage can or floor mat | Yes | No | n/a |
| 4. Will garbage cans be stored outside? | Yes | No | n/a |
| 5. Will a dumpster be used? | Yes | No | n/a |
| 6. Will a compactor be used? | Yes | No | n/a |
| 7. If a dumpster will be used, complete the following:
Number of dumpsters _____ Size of each dumpster _____
Frequency of pick up _____
Contractor name _____ | | | |
| 8. If a compactor will be used, complete the following: | | | |

Number of compactors _____ Size of each compactor _____
 Frequency of pick up _____
 Contractor name _____

9. Describe surface and location where dumpster/compactor/garbage cans are to be stored:

10. Describe the location of grease storage receptacle(s):

11. Is there an area to store recycled containers? Yes No
 Describe:

Indicate what materials are required to be recycled:

- Glass
- Cardboard
- Metal
- Plastic
- Paper

12. Will there be an area to store returnable damaged goods? Yes No n/a

Water and Wastewater

1. Is there a water treatment device? Yes No

If yes, describe device, backflow prevention device and how both will be maintained:

2. Is ice made on the premise? Yes No
 If yes, are the specifications for the ice machine provided? Yes No

Describe location of ice maker or bagging operations and provision for ice scoop storage:

3. Describe the source for hot water:

4. Is the hot water generator sufficient for the needs of the establishment? Yes No

Provide calculations for necessary hot water:

5. Are grease traps provided? Yes No

If so, provide the number location and schedule for cleaning and maintenance:

6. Is there a grease interceptor? Yes No
 If so, provide the location, size and any design calculations with the schedule for cleaning and maintenance:

Dressing Rooms

1. Are dressing rooms provided? Yes No
2. Describe the storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.):

General

1. Will linens be laundered on site? Yes No
 If linen will be laundered on-site, describe where:

If linen will not be laundered on-site, describe how linens will be cleaned:

2. Is a laundry dryer available? Yes No
3. Describe the location of clean linen storage:

4. Describe the location of dirty linen storage:

5. Are all containers constructed of safe materials to store bulk food products? Yes No
 Indicate type:

6. Indicate all areas where exhaust hoods are installed:

Location	Filters &?or Extraction Devices	Size (sqft)	Fire Protection	Air Capacity (CFM)	Air MakeUp (CFM)

--	--	--	--	--	--

7. How, and how often is each listed ventilation hood system cleaned?

Sinks

1. Is a mop sink present? Yes No

If a mop sink is not present, describe the facility for cleaning of mops and other equipment:

2. If the menu dictates, is a food preparation sink present? Yes No
 If Yes, One or Two Compartment Sink? One Two

Dishwashing Facilities

1. Will sinks or a dishwasher be used for warewashing?

Dishwasher? Yes No

Two compartment sink? Yes No

Three compartment sink? Yes No

2. If a dishwasher, describe the type of sanitization that will be used:

Hot water Yes No

Booster heater Yes No

Chemical Yes No

Is ventilation provided? Yes No

3. If hot water, describe the optimal temperature:

4. If chemical, describe the type:

5. Do all dish machines have templates with operating instructions? Yes No

6. Do all dish machines have temperature/pressure gauges as required that are accurately working? Yes No

Three Compartment Sink:

7. Does the largest pot and pan fit into each compartment of the 3 bay sink? Yes No

If no, describe the procedure for manual cleaning and sanitizing:

8. Are there drain boards on both ends of the 3 bay sink? Yes No

9. What type of sanitizer is used?

Chlorine Yes No

Iodine Yes No

Quaternary Yes No

Ammonium Yes No

Hot Water Yes No

Other: _____ Yes No

10. Are test papers and/or kits available for checking sanitizer concentration? Yes No

Handwashing/Toilet Facilities

1. Is there a handwashing sink in each food preparation and warewashing area? Yes No

2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? Yes No

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? Yes No

4. Is hand cleanser available at all handwashing sinks? Yes No

5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? Yes No

6. Are covered waste receptacles available in each restroom? Yes No

7. Is hot and cold running water under pressure available at each handwashing sink? Yes No

8. Are all toilet room doors self-closing? Yes No

9. Are all toilet rooms equipped with adequate ventilation? Yes No

10. If required, is a handwashing sign posted in each employee restroom? Yes No

Small Equipment Requirements

Please specify the number, location, and types of each of the following, and add equipment in the blank spaces as appropriate:

Equipment Type	Number	Location	Type
Slicers			
Cutting Boards			
Can Openers			
Mixers			
Floor Mats			

Certification

I hereby certify that the information contained in this form is correct, and I fully understand that any deviation from the above without prior permission from the Bristol Burlington Health District may nullify approval.

Signature

Date

Print Name:

Title: