



Public Health
Prevent. Promote. Protect.



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

Healthy People



Healthy Communities

FOOD SERVICE ESTABLISHMENT PLAN REVIEW APPLICATION

Date _____ Check one: New Business Existing Business New Owner

Name of food establishment _____

Establishment address _____

Establishment phone #'s _____ Fax# _____

Business email _____ After hours emergency # _____

Mailing address (if different) _____

Name, home address and cell phone # of all owners: _____

Sewer: Public sewers: Name of utility: _____ On-site septic system

Water: Community supply: Name of source: _____ On-site well

of seats _____ # of tables _____ # of employees _____

THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION

- 1) Plan review fee (check payable to BBHD): Class I & II: \$100 Class III & IV: \$200
- 2) Proposed menu
- 3) Equipment Schedule with manufacturer's specifications (cut sheets) for all major foodservice equipment
- 4) Detailed floor Plan (bird's eye view) drawn to scale of the entire operation's layout. Identify the name, type and location of equipment, plumbing fixtures, mechanicals, ventilation. Describe the type and color of floor, wall and ceiling finishes (coverings). See page 2 for specifics
- 5) Name(s) and contact information of Certified Food Protection Manager(s):

6) New construction will require submission of site plans to other Municipal Departments

I attest that I am qualified to answer these questions and that the information I provided is true and accurate.

Signed: _____ Date signed: _____

Print name: _____ Title _____

Food Establishment Plan Review Form Continued *To Be Completed by the Food Operator*
General Information

Establishment Name: _____

Hours and days of operation: _____

Operation Details: Total square feet of facility: _____

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

Type of Service (check all that apply): **Take-out only (no table service)** **Sit-down table service only**
 Sit-down and take out **Catering** **Catering only (no individual meals)** **Grocery only**
 Grocery w/ prepared meals **Grocery with sit-down** **Other:** _____

Required Documents Checklist

Provide all information listed below:

- Proposed Menu (including seasonal, off-site and banquet menus)
- Floor plan drawn to scale of food entire establishment identifying type and location of all major equipment.
- Manufacturer's specifications (cut sheets) for all major equipment shown on the plan.

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.

List type of **Freezer** (walk-in; 2-door reach-in; single door display, etc.)

Storage space (cubic ft.)

Cooling:

Please indicate by checking the appropriate boxes how TCS food's will be cooled to 41°F (5°C) within 6 total hours (135°F to 70°F within 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	Whole Roasts	Sauces	Soups	Thick Stews	Rice/Pasta Noodles	Lasagnas Casseroles	Other: list
Shallow Pans									
Ice Baths									
Reduce Size or Volume									
Rapid Chill									
Cooling Sticks									
Other (describe)									

Is there a bulk ice machine (not attached to beverage dispenser) available? Yes No

Thawing Frozen Potentially Hazardous Food:

If thawing TCS foods, identify the type of food and the method you will be using in the appropriate boxes. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	Identify the TCS food item(s) to be thawed, where in the kitchen and the length of time it will take.
In a Refrigerator	
Under cold running water less than 70°F (21°C)	
In a Microwave Oven (as part of cooking process)	
During the Cooking process from the original frozen state	

Cooking:

Will food product probe thermometers be used to measure temperatures during critical times? ___ Yes ___ No

Type and # of food thermometers available: _____

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 (4-burner gas range; 3 cu.ft. electric oven; 1 cu.ft microwave oven, etc.):

Hot/Cold Holding:

1. How will hot TCS food's be maintained at 135°F (57.2°C) or above during holding for service?

2. Indicate type and number of hot holding units.

3. How will cold TCS food's be maintained at 41°F (5°C) or below during holding for service?

4. Indicate type and number of cold holding units (Bain Marie or open faced prep units).

Reheating:

1. Describe the procedure you will use to reheat TCS food's for hot holding (after the food item was already cooked and properly cooled) and how you will verify that all parts of the food reach a temperature of at least 165°F for 15 seconds within 2 hours. Be specific!

Preparation:

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

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

Describe the method of training: _____

Number of employees trained: _____

Date of course or completion: _____

2. Will disposable food service gloves, proper utensils, and/or other food service paper be used to prevent bare hand contact with ready-to-eat foods? Yes No

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

Briefly describe the written policy: _____

3. Will employees have paid sick leave? Yes No

4. How will you **wash and sanitize** cooking equipment, cutting boards, counter tops and other food contact surfaces which are too large to fit in sinks or through a dishwasher?

5. Describe the sanitizing processes, chemicals used (if any) and the methods and equipment used to verify proper strength and temperatures: _____

6. 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: _____

7. How and where will produce (fruits and vegetables) be washed on-site prior to use? _____

Describe the procedures used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F - 135°F) during preparation (i.e. eggs during breakfast rush or egg wash for breading):

Will the facility be serving food to a highly susceptible population (children < 6 yrs of age; senior citizens or those in long term care or convalescent homes)? Yes No

If foods are delivered from kitchen to resident rooms, how will the temperature of foods be maintained while being transferred between the kitchen and resident rooms?:

FINISH SURFACE 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				
Other:				

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 from insect rodent entrance? Yes No n/a
6. Is area around building clear of unnecessary brush, litter, boxes and other harborage? Y No n/a
7. **If air curtains will be used, describe where:**
8. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? Yes No n/a
9. Are all toxics for use on the premise or for retail sale stored safely and separately from foods and food preparation equipment and kitchen related items? Yes No n/a
10. Are all containers of toxics including sanitizing spray bottles clearly labeled? Yes No n/a

Garbage and Refuse

1. Do all containers have lids/covers? Yes No n/a
2. Where will refuse be stored? Inside Outside
Describe where: _____

If a dumpster will be used, complete the following:

- Location: _____
- # of dumpsters: _____ Size of dumpster(s): _____ Frequency of pick up: _____
- Contractor name and phone # _____
- Describe ground surface, fencing and containment where dumpster(s) are to be stored:

4. Will a trash compactor be used? Yes No

If a compactor will be used, complete the following:

- Location: _____
- # of dumpsters: _____ Size of dumpster(s): _____ Frequency of pick up: _____
- Contractor name and phone # _____

5. Is there an area designated for washing garbage containers or floor mats? Yes No
If yes, is the water supply and/or hose spigot back-flow protected? Yes No

Fats, Oils and Grease retention and storage

6. Is there a grease trap, tank or other grease retention unit? Yes No
If yes, describe the type (make and model), the fixtures that will flow into the units and location of units:

Grease hauler's name and phone # _____

7. Will recycled food containers (plastic, glass, etc.) be collected and stored on site? Yes No

If yes, describe the location and storage method: _____

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

If yes, describe the location and storage method: _____

9. Is food scraps be collected? Yes No

If yes, describe method and location: _____

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, provide specifications for the ice machine: _____
Describe location and storage of ice scoop(s): _____
_____ Describe device, backflow prevention device and how both will be maintained: _____
_____ Is ice packaged/bagged for use or retail? Yes No
If yes, describe location of ice bagging operations: _____

3. Describe the source for hot water: _____

4. Is the amount hot water sufficient for the needs of the establishment? Yes No
Provide calculations for hot water heater: _____

Dressing Rooms

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

General

1. Will linens be laundered on site? Yes No
If linen will be laundered on-site, describe method and location: _____
_____ If linen will not be laundered on-site, describe who/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 food containers designed for food storage? Yes No

Ventilation

Indicate all areas where exhaust hoods are installed:

Location	Filters and/or Extraction Devices	Size (sqft)	Fire Protection	Air Capacity (CFM)	Air Make-Up (CFM)

Identify cleaning contractor and schedule: _____

Sinks

1. Is a mop sink present? ___ Yes ___ No

If yes, describe location, height off the floor, and splash protection: _____

If not, describe how and where floors cleaning equipment will be cleaned: _____

2. Is there a food preparation sink present? If yes, how many _____	Yes	No
If Yes, are they splash protected	Yes	No
Is the sink protected from back flow from drain pipe?	Yes	No

Dishwashing Facilities

Mechanical Dishwasher?	Yes	No
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Three compartment sink?	Yes	No
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Other (describe): _____

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

Hot water with no booster heater	Yes	No
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Hot water with booster heater	Yes	No
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If hot water, describe the minimum temperature:

Chemical Type: _____	Yes	No
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Are testing strips and/or kits available for checking sanitizer concentration	Yes	No
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Is ventilation provided?	Yes	No
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Do all dish machines have clearly marked operating instructions?	Yes	No
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Do all dish machines have accurate and accessible temperature and pressure gauges	Yes	No
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Handwashing/Toilet Facilities

1. Is there a handwashing sink in each food preparation, service and warewashing area?	Yes	No
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2. Do all handwashing sinks, including those in the bathrooms, have a mixing valve or combination faucet?	Yes	No
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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
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4. Is hand cleanser available at all handwashing sinks?	Yes	No
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5. Are paper towels and/or air blowing devices available at all bathroom hand sinks? Are paper towels only available in food prep, service and warewashing areas?	Yes	No
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6. Are covered waste receptacles available in each restroom?	Yes	No
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7. Is hot and cold running water under pressure available at each handwashing sink?	Yes	No
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8. Are all toilet room doors self-closing?	Yes	No
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9. Are all toilet rooms equipped with adequate ventilation?	Yes	No
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10. If required, is a handwashing sign posted in each employee restroom?	Yes	No
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Other sinks and water fixtures:

List any other sinks, water fixtures, water using appliances and their purpose(s): _____

Did you verify with a CT Licensed Plumber that all sinks, water fixtures and appliances are properly protected from back siphonage, back flow and/or from any other source of contamination? ___Yes ___No

Name and contact information of CT Licensed Plumber: _____

Notes or comments to Bristol-Burlington Health District: _____

I attest that I am qualified to provide or approve the above information. I certify that the above information is true and accurate. I fully understand that any deviation from the above information without prior permission from the Bristol-Burlington Health District (BBHD) may nullify the approval and/or suspend or revoke the license.

Print Name Signature Date

***** BBHD Only Below *****

Date received by BBHD: _____ Person reviewing: _____ Date Approved: _____

Date notified operator: _____ Person notified: _____

Notes: _____