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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 ESTABISHMENT 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 (cash or check) CLASS 1, 2, 3, or 4?_____
2) PROPOSED MENU

3) Name(s) of CERTIFIED FOOD PROTECTION MANAGER _____

DATE OF COMPLETION_____ CERTIFICATE NUMBER_____

4) Equipment schedule with manufacturer's specifications (cut sheets) for each piece equipment
5) Architectural plans 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: _____

Estimate maximum meals to be served for - Breakfast: _____

Lunch: _____

Dinner: _____

Project Schedule:

Anticipated Start Date: _____ Anticipated Completion Date: _____

*Please note your anticipated completion date does not guarantee your opening date.

Type of Service (circle 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

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. Show location of all equipment, and equipment must be cleared labelled on the plan with its common name. Any self-service hot and cold nits must be shown with sneeze guards.

3. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.

4. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.

5. Clearly designate adequate handwashing lavatories in the immediate area of food preparation.

6. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.

7. 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, ware washing, 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. **Chest freezers and residential equipment is prohibited in licensed food establishments.**
    e. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
    f. Garbage can washing area/facility;
    g. Cabinets for storing toxic chemicals;
    h. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required

Food Preparation Review

Check categories of Temperature Controlled Foods (TCS) 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. Use of scales and measuring devices Yes No
7. Other:

_____

_____

Please note any baking will require a Bakery license by the Department of Consumer Protection. Use of scales and measuring devices will require a Weights and Measuring Device license by Department of Consumer Protection. Scales would be used in facilities for selling items by weight such as deli meat and butchered meats.

If specialized methods such as vacuum packaged items are prepared on-site you are required to submit a HACCP plan.

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

2. How will you monitor that refrigerated foods are being held at 41°F (5°C) and below?

_____

_____

_____

3. Provide the method used to calculate cold storage requirements:

_____

4. Will raw meats, poultry, and seafood be stored in the same refrigerator? _____
If yes, please describe a brief explanation on how foods will be organized to avoid cross contamination.

_____

_____

_____

_____

4. Does each refrigerator have a built-in thermometer? Yes No

Number of refrigeration units: _____

Number of freezer units: _____

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

If yes, will the ice machine be air cooled or water cooled? _____

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 a digital food product thermometers be used to measure final cooking/reheating temperatures of TCS items? Yes No

   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)
**pasteurized eggs must be served to a highly susceptible population*	

1. List types of cooking equipment:

_____
_____
_____
_____

2. Please list all allergens that will be on site in the facility.

_____
_____
_____
_____

3. Describe allergen protocols that will be implemented if a customer notifying staff of an allergy.

_____
_____
_____
_____
_____

Hot/Cold Holding:

1. How will hot TCS foods be maintained at 135°F (57.2°C) or above during holding for service? Indicate type and number of hot holding units.

_____
_____
_____
_____

2. How will cold TCS foods 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 TCS foods 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)					

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. Describe in detail how you will be cooling your foods from 135°F to 41°F within 6 hours:

_____
_____
_____
_____
_____
_____
_____
_____

Reheating:

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

_____
_____
_____
_____
_____
_____

2. Indicate type and number of units used for reheating foods.

_____
_____
_____
_____

Preparation:

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

_____
_____
_____
_____

2. Describe the procedure used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F - 135°F) during preparation:

_____
_____
_____
_____

Sick Leave/hygiene:

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

   Describe the method of training:

   _____
   _____
   _____

Number of employees trained: _____

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

3. Have you been provided with Form 1A and Form 1B from the FDA code?

Yes No

4. Briefly describe the written policy:

_____
_____
_____

Sanitizing:

5. 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 sanitizer test kit be used? Yes No

6. Is there a planned location used for washing produce? Yes No
If no, describe the procedure for cleaning/sanitizing multi-use sink between uses

_____
_____

7. 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				

GENERAL

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. What chemical will be used for sanitizer? What is the adequate PPM for this product? _____

Use of Insecticides, Rodenticides, and other Toxics:

Yes No

8. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?

   If stored separately, describe the location:
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
11. Pest Control preventative treatment is required. Please provide the name of your pest control company. _____
12. How often will they be conducting treatments? _____

Garbage and Refuse

Inside:

1. Do all containers have lids? Yes No n/a
2. Will refuse be stored inside? Yes No n/a

   If refuse will be stored inside, describe where:_____

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. Will there be floor drains? If so, indicate on plan. Yes No

5. Are grease traps provided? Yes No

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

6. Is there an Automatic Grease Remover Unit? Yes No
If so, provide the location, size and any design calculations with the schedule for cleaning and maintenance:_____
_____

*AGRU or grease traps must be indicated on plan and specification sheets must be submitted.

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:_____

_____

*mop sink must be close enough to the floor to easily dump mop water into sink.

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

Ware washing Facilities

1. Will sinks or a dishwasher be used for ware washing?

   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 and purchase proper test strips.
   _____

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, please remove from the facility.

Dimensions of each bay of the 3 bay sink: _____

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

Handwashing/Toilet Facilities

1. Is there a handwashing sink in each food preparation and ware washing 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. Are a handwashing sign posted in each hand sink? 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. I agree to not conduct any work until plan review approval

Signature _____ Date _____

Printed name _____ Title _____