

Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483

T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org

Ansonia Beacon Falls Derby Naugatuck Seymour Shelton

FOOD SERVICE ESTABLISHMENT PLAN REVIEW FEE FORM

This Form Must Be Completed and the Plan Review Fee Paid Prior to Plan Review

Name of Establishme	ent:	(Please Print)		
Address of Establish	ment:			
Owner/Applicant:			Phone: _	
Mailing Address:				
Email:				
Prior Name of Establ	ishment (If appli	icable):		
New	Remodel	_		
Date of Planned Ope	ning:			
Name of Contractor/A	Applicant:			Phone:
Contact Person:				
Type of Service (che	ck all that apply)): □ Restaurant □	☐ Market/Grocery	y □ School/Daycare □ Caterer
☐ Deli ☐ Other				
Hours of Operation:	M 1		Thursday Friday Saturday	
Number of Seats:		Number of S	taff (maximum p	er shift):
Total Square Feet of	Facility:		_	
Maximum Meals to b	e Served (appro	ximate number): I	Breakfast	Lunch Dinner
Sewage Disposal: □	Sewer □ Sept	ic System		
Water Source: ☐ Pub	olic 🗆 Well			
*******	******	************** FOR OFFICE		************
Date Fee Paid:	Amount:	□Check	☐ Cash ☐ Cree	dit Card Receipt #:



Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483

T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org

Ansonia Beacon Falls Derby Naugatuck Seymour Shelton

FOOD SERVICE PLAN REVIEW PLEASE READ THESE INSTRUCTIONS COMPLETELY BEFORE PROCEEDING

Please review and complete the attached plan review application, submit all required documents and the plan review application fee to NVHD.

- 1. Plans must be complete, to scale (1/4" = 1 ft.), and must include the following information:
 - a. Date of plan
 - b. Name, seal, and signature of architect who did plans (if applicable)
 - c. Equipment layout
 - d. Equipment list by manufacturer and model number (commercial grade NSF approved or equal)
 - e. Manufacturer specification sheets or equipment elevations
 - f. Mechanical diagrams, including plumbing, electrical, heating, and ventilation.
 - g. Interior finish schedule
- 2. Required inspections (contact NVHD in advance to make an appointment)
 - a. After plumbing is roughed in
 - b. After wall, floor, and ceiling finishes are in
 - c. After the equipment is installed
 - d. Pre-operation/final inspection
- 3. Submit a copy of a proposed menu and/or all food items being sold.
- 4. Class 2, 3 or 4 food establishments must have a Certified Food Protection Manager (CFPM) with <u>a current (not expired) certificate</u> on the premises at least 30 hours per week (submit copy of cert). Information on how to obtain a CFPM certificate is available from the NVHD office or on the State Health Department website www.ct.gov/dph. You will not be allowed to open your establishment without fulfilling this requirement.
- 5. Establishments classified as 2, 3, or 4 may be required to install an exterior grease interceptor or an automatic grease recovery unit (AGRU). Contact the Water Pollution Control Authority (WPCA) for specific requirements.
- 6. Preparing baked goods from scratch (cake, cookies, bread, pizza crust, donuts etc.) requires a bakery license from the Department of Consumer Protection (DCP). Soft serve dessert (ice cream) machine also needs a license from DCP (860) 713-6160.
- 7. The fee for plan review is the same as the regular permit fee and is based on the classification of the operation. Fee(s) must be paid before the plans will be reviewed.
- 8. You will be notified in writing after your plans are reviewed and approved.
- 9. A completed application for a Food Establishment Permit must be submitted to the Health District with the appropriate fee before you can obtain a license. The application must include signature approvals of the Building, Zoning Officials, Fire Marshal, and Water Pollution Control Authority.

Any changes made to the floor plan, finish list, layout of equipment, or to the equipment list must be approved in advance by the Health District.

NAUGATUCK VALLEY HEALTH DISTRICT

FOOD ESTABLISHMENT PLANS & SPECIFICATIONS REVIEW APPLICATION & APPROVAL

FOOD PREPARATION:

- 1. Certified Food Protection Manager (CFPM) is required for all Class 2, 3 or 4 establishments. Provide a copy of all certificates.
 - ✓ A Designated alternate person is required when the CFPM is not present (form attached).
 - ✓ All non-CFPM are required to have onsite training (form attached).
 - ✓ CFPM must maintain written documentation of designated alternate and training records of individual employees and make these records available to the local health department upon request.

Note: Any employee with vomiting/diarrhe	a must be exclu	ded for 72 hours from the last symptor	n.
☐ Disposable gloves, ☐ utensils and/or ready-to-eat foods. *Latex gloves are no		per must be used to minimize hand	ling of
Produce must be washed prior to use. <i>Separate</i> food preparation sink with ind	irect drain pro	vided (air gap)? □ yes □ no	
A probe thermometer must be available and reheating of foods.	to check intern	nal cooking temperatures, monitor of	cooling
All foods are from an approved source (FDA, USDA,	etc.) □ yes □ no	
Potentially hazardous items: Circle caprepared, and served:	tegories of tim	e/temperature-controlled items to b	e hand
Thin meats, poultry, fish, eggs	yes	no	
Thick meats, whole poultry	yes	no	
Salads, sandwiches, veggies	yes	no	
Soups, stews, chowders, casseroles	yes	no	
D-1 1 1-	yes	no	
Baked goods	-		

hours. Indicate which foods (if any) will be cooled prior to service. Cooling Thick Thin Whole Soups Thick Rice/pasta Sauces Casseroles Other Method meats meats roasts stews Shallow pans Ice bath Reduce size/vol Cooling wand Rapid chill *Describe how the cooling process will be monitored: **Reheating** of potentially hazardous foods. Describe the procedure you will use to reheat PHF for 10. hot holding (after the food was already cooked and properly cooled) and how you will verify that all parts of the item reach a temperature of 165°F or above for 15 seconds within 2 hours: Describe the procedure used for minimizing the length of time PHFs will be kept in the temperature 11. danger zone (41° F - 135° F) during preparation. SANITIZING OF EQUIPMENT AND UTENSILS A 3-compartment sink is required. Sink compartments must be large enough to submerge the largest piece of equipment or utensil used. Must be NSF approved or equal, a single unit and be constructed of stainless steel with stainless steel legs. Size of each compartment: Length ______ Width _____ Depth ____ Drainboards 2(two) each must be at least 24" in length. One wall mounted wire shelving unit may be substituted for one drainboard (installed the over sink). Type of sanitizer: ☐ Chlorine/bleach (50-100ppm) ☐ QUAT (200-400ppm) Test strips on site: \square yes \square no MECHANICAL DISHWASHER *Must be NSF approved or equivalent. Make _____ Model ____ ☐ Indirect waste line to sewer Type of sanitizing: \square Hot Water \square Chemical (type) Moisture collection hood is required for all dishwashers using hot water for sanitizing and recommended for all dishwashers.

Cooling requirements are 135°F to 70°F within 2 hours and 70°F to 41°F within an additional 4

9.

Hot Water Requirements: gal/hr. of Booster heater: Make		
Heats gal/hr.	of water at	oF rise.
Detergent and/or sanitizer dispensing equipment	: Make	
How will cooking equipment, cutting boards, con	unter tops and other foo	d contact surfaces which cannot be
submerged in sinks or put through a dishwasher	be sanitized? (i.e., meat	slicer/grinder)
HOT WATER SUPPLY *Must be commercial grade/gallon minimum base Hot water heater: Make	Model:	
Recovery Rate:	_	
Storage tank capacity:gallons	☐ On demand (reco	ommended)
WATER		
Source □ City □ Well		
If well, give depth and method of treatm	nent	Well water must be tested annually.
Hot and Cold water under pressure must be supp water. Public restroom hand sinks at least 100°F,		equipment requiring
Backflow prevention devices installed on sinks, lidishwasher, spray equipment or any other equipment		_
HANDWASHING FACILITIES *Must be NSF approved, stainless steel, stand ☐ Handwashing facilities are required in all toiled.		red.
☐ Handwashing facilities are required in each for	ood preparation area(s),	in food dispensing area(s) and
ware-washing area(s).		
\square All handwashing facilities provided with hot a	and cold water under pr	essure. No single faucets.
☐ Each handwashing facility provided with soap	and sanitary toweling	or hand drying device.
DESIGN, CONSTRUCTION, AND INSTALI	LATION OF EQUIPM	<u>IENT</u>
☐ All equipment and utensils meet National San	itation Foundation (NS	F) standards or equivalent.
Equipment which is placed on tables or counters feet, at least four (4") inches high to facilitate eas	•	
Floor-mounted equipment, unless readily movab of concrete or masonry, or elevated at least six (6 equipment must have flexible reinforced approve	6") inches above floor.	-
All floor-mounted equipment and the space between between, behind, and beside equipment. yes	page, or provide sufficie	

USE OF WOOD IN FOOD PREPARATION AREAS IS PROHIBITED.

STORAGE AND HANDLING OF EQUIPMENT AND UTENSILS

All utensils and equipment must be stored at least 6" off the floor: clean, dry, and protected from splash and dust. No exposed wood shelving.

WALK-IN REGRIGERATOR AND FREEZER UNITS

Interior finishes must be smooth, non-absorbent, and easily cleanable. #2 #1 Floors _____ Walls _____ Ceiling _____ Size Drain (pitch floor or inside drain with approved air gap). REACH-IN REFRIGERATOR AND FREEZER UNITS *Commercial grade NSF approved units are required, domestic/residential type units are not acceptable. No. _____ Reach-in refrigerators Reach-in freezers No. Size Will raw meats, poultry and seafood be stored in the same refrigerators and freezer with cooked/ready to \square Yes \square No eat foods? If yes, how will cross-contamination be prevented? **HOT/COLD FOOD HOLDING UNITS** ☐ Must be capable of holding foods at 135°F or more or 41°F or less. (Meets NSF Standard #7). ☐ All hot and cold holding and/or storage units must be provided with accurate, numerically scaled thermometers. Unwrapped food on display (smorgasbord, buffet, etc.), shall be protected against contamination from customers by \square sneeze guards, \square display cases, or \square other effective protective equipment. ☐ Sufficient hot or cold food facilities shall be available to maintain the required temperature of Time/temperature controlled for safety foods (TCS) on display. All TCS foods must be disposed of after the serving period. No re-use of TCS. If food is transferred to another location, food must be protected from contamination and held at proper holding temperature. List equipment, if applicable DRY STORAGE FOOD AND FOOD PRODUCTS Food and food products must be stored at least 6" off the floor, dry, splash free, and not beneath exposed water or sewer lines. \square yes \square no **CHEMICAL STORAGE** ☐ All toxic and poisonous materials, including cleaning chemicals and sanitizers, must be stored

physically separate from food and utensils. Self-applied insecticides and rodenticides are prohibited.

☐ Cleaning equipment, mops, brooms, buckets, etc., shall be stored in a separate room separate from food storage, food preparation, utensil washing, and utensil storage areas. Storage racks or hooks to be provided for storage of brooms and mops.			
Floor basin mop sink with back flow prevention required. \square yes \square no			
TOILET FACILITIES			
*Public restrooms are required if seating is provided. Facilities must be separated by sex if total occupant load (employees/customers) is greater than 15. The local Building Official will determine the number of fixtures provided for public use and the requirements necessary for those individuals who are physically challenged.			
*Restrooms must be accessible at all times the food establishment is open. If FSE is located within a multipurpose building, restrooms must be located within 500ft by normal pedestrian route.			
Toilet facilities are conveniently located for employees and patrons (if applicable): \Box yes \Box no \Box n/a			
Toilet rooms accessible without having to walk through kitchen/food prep areas: \Box yes \Box no			
Restrooms have self-closing doors: \square yes \square no			
Sanitary napkin receptacles (covered waste basket) provided: □yes □ no			
Toilet rooms must be vented to outside air via \square vent fan \square openable window.			
Hand sinks are required in ALL RESTROOMS. Public restroom hand sinks at least 100°F but not over 115°F: □yes □no			
Handwashing facility must be provided with: □soap □sanitary towel/hand drying device			
DOORS AND WINDOWS All outside openings must be tight-fitting to exclude the entrance of insects and rodents.			
Openable windows: ScreenedAir CurtainSelf-Closing			
Outside doors: Screened:Air CurtainSelf-Closing			
LIGHTING REQUIREMENTS			
20-foot candles of light at a surface where food is (1) provided for consumer self-service such as buffets and salad bars or (2) where fresh produce or packaged foods are sold or offered for consumption, (3) inside equipment such as reach-in and under-counter refrigerators; and (4) at a distance of 30 inches above the floor in areas used for handwashing, ware washing and equipment and utensil storage, and in toilet rooms. \Box yes \Box no			
10-foot candles of light in walk-in refrigeration units, dry food storage areas and in all other areas, including dining during cleaning operations. \square yes \square no			
Protective shielding for all light fixtures in food preparation, utensil and equipment washing areas, and other areas where food is stored or displayed (shatter-proof bulbs may be substituted). \Box yes \Box no			

<u>VENTILATION</u> ☐ Ventilation must be adequate so that all areas including restrooms are kept reasonably free from excessive heat, steam, condensation, vapors, fumes, or objectionable odors.				
☐ Ventilation systems must be exhausted to the outside air and conform to NFPA Standard 96. Moisture collection hood is required for all mechanical dishwashers using hot water for sanitizing and recommended for all dishwashers.				
\Box Ventilation hoods and devices must be designed to prevent grease or condensation from dripping out of the hood or device.				
☐ Ventilation system filters must be readily removable for cleaning.				
Cubic feet per minute of air exhausted through hood				
Fire prevention or extinguishing equipment must be installed so that it does not create cleaning problem or compromise the integrity or original design of hood. \square yes \square no				
Intake air ducts must be designed and located to prevent the entrance of dust, dirt, insects, exhausted air, etc.				
GARBAGE/TRASH STORAGE AREAS				
Sufficient cans or dumpster to completely hold trash and garbage generated; Grease dumpster, if needed.				
Tightly fitting covers and doors. Watertight and rodent proof. \Box yes \Box no				
The storage area is easily cleanable. \square yes \square no Total storage volume				
Adequate collection schedule. \square yes \square no Collection days				
Arrangements for scheduled pick-up times must be frequent enough to allow receptacle covers to always remain closed.				
WASTE DISPOSAL				
□ Class 2, 3 & 4 Establishments must install an exterior grease interceptor 1000 gals. or larger or an Automatic Grease Recovery Unit (AGRU). Interior grease traps <u>are not</u> acceptable. Contact the Water Pollution Control Authority (WPCA) for specific requirements.				
All equipment requiring indirect waste lines properly drained into floor sinks or drains.				
Floor sinks or drains accessible for cleaning and maintenance. \square yes \square no				
<u>SMOKING</u>				
☐ Connecticut Law does not allow smoking in restaurants, bars, taverns, or cafes. Sign must be posted at the entrance to the food service establishment.				

Must be commercial grade smooth, impervious, non-absorbent, light colored and easily cleanable. Material Finish Color Food preparation area(s) Ware washing area Restrooms Storage Rooms **WALLS** Must be fire rated, smooth, impervious, non-absorbent, light colored and easily cleanable. The area behind grills/stoves must be stainless steel or ceramic tile. Fiberglass reinforced plastic (FRP) or tile is required for all other kitchen areas. Material Finish Color Food preparation area(s) Ware washing area Restrooms Exposed waterlines, waste lines, gas lines, or conduits are prohibited. Junctures between floor and wall must be covered. Material: **CEILINGS** Must be smooth, impervious, non-absorbent, light in color, and easily cleanable. Suspended ceiling tiles must be sheetrock backed, vinyl faced USG 3270 or equivalent. (Porous tiles not acceptable).

	Material	Finish	Color
Food prep. area(s)			
Ware washing area			
Restrooms			

^{*}Exposed waterlines, waste lines, gas lines, or conduits are prohibited

FLOORS

BAR (if applicable)

FLOOR Must be commercial grade smooth, impervious, non-absorbent, light colored and easily cleanable.
Material: Finish: Color:
Duckboards are removable, easily cleanable. \square yes \square no
Junctures between floor and wall must be covered. Material:
<u>WALLS</u> Must be fire rated, smooth, impervious, non-absorbent, light colored and easily cleanable.
Material: Finish: Color:
<u>CEILING</u> Must be smooth, impervious, non-absorbent, light in color, and easily cleanable. Suspended ceiling tiles must be sheetrock backed, vinyl faced USG 3270 or equivalent. (Porous tiles not acceptable).
Material: Finish: Color:
<u>LIGHTING</u> Must have at least 20-foot candle power of light over ware washing and work areas. Protective shielding is require for all light fixtures (shatter-proof bulbs may be substituted). \square yes \square no
HANDWASHING Handwashing facility is required. Soap and sanitary toweling or hand drying device must be provided.
EQUIPMENT *All equipment must be commercial grade NSF approved or equivalent.
☐ Drop-in cold plates in ice machines or jockey boxes are <u>not</u> approved.
Ice storage bins. \square yes \square no If yes, must be indirect waste. Protected with splash guards. \square yes \square no
\Box Dump sink is required. \Box Proper installation of mix and liquor guns & drain lines.
SANITIZING OF EQUIPMENT AND UTENSILS ☐ NSF approved three compartment sink with adequate drain boards is required.
Mechanical glass washer: Make Model
Type of sanitizing: □ Hot Water □Chemical (type) □ Indirect waste line to sewer. Where will clean glass be stored:
<u>TATEMENT</u> : I hereby certify that the above information is correct, and I fully understand that any deviation om the above without prior permission from the Health District may nullify an approval.
Signature(s)(Owner or responsible representative)
Date

Approval of these plans and specifications by the Health District <u>does not</u> indicate compliance with any other code, law or regulation that may be required (federal, state, or local). It further does not constitute endorsement of the completed establishment (structure or equipment). A pre-operational inspection of the establishment will be necessary to determine if it complies with the local and state laws governing food establishments.