

# FOODSERVICE PLAN REVIEW

## Application Requirements & Guidelines

*The Bethel Health Department is concerned about your time and expense in building or remodeling a foodservice establishment. We would like to make the plan review process as quick and trouble free as possible. To help assure a timely review process, please read and follow the Plan Review Guidelines attached. Failure to submit complete and required information will cost you time and may result in additional fees and delays.*

*This application is your checklist of everything you will need to submit to us to insure a timely approval.*





# BETHEL HEALTH DEPARTMENT

Clifford J. Hurgin Municipal Center, 1 School Street,  
Bethel, Connecticut 06801  
(203) 794-8539

## FOODSERVICE ESTABLISHMENT PLAN REVIEW APPLICATION

Application # \_\_\_\_\_

Application Date \_\_\_\_\_

Initial Plan Review: Class 1 (\$150) Class 2 (\$200) Class 3 (\$300) Class 4 (\$300)  
Revised Plan Review: \$100.00

Establishment Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Owner / Operator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner / Operator Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Date of Planned Opening: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_ # Employees: \_\_\_\_\_

Type of Water Supply:  Public Water  Well If Well, yield \_\_\_\_\_ gpm

Type of Sewage Disposal:  Sewer  Septic System

Is owner / operator a certified food manager?  Yes  No

### Type of Establishment

Restaurant  Market  Caterer  Vendor  School  Corporate Cafeteria

Hours of Operation: Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_

Fri \_\_\_\_\_ Sat \_\_\_\_\_

Total square feet of facility \_\_\_\_\_

My signature below certifies that I have read all of the requirements and information contained in this application:

Signature of Owner / Operator: \_\_\_\_\_ Date \_\_\_\_\_

**Instructions for use of this form:** Please write in the information where spaces have been provided. If question does not pertain to your particular establishment, write N/A.



# BETHEL HEALTH DEPARTMENT

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Bethel, Connecticut 06801 - (203) 794-8539

**Please submit with this application:**

1. Q.F.O. certificates for all new Q.F.O. staff
2. A current copy of your menu, if changed
3. Tax Collectors Approval

Application # \_\_\_\_\_

Licensing Year \_\_\_\_\_

Date \_\_\_\_\_

## FOOD SERVICE LICENSE APPLICATION

Pursuant to the Code of the Ordinances of the Town of Bethel and the State Public Health Code, application is hereby made for a license to operate a food establishment in the Town of Bethel. By this application, it is hereby agreed that the food establishment will comply with the provisions of these regulations. *Licenses are not transferable.*

<b>Check One:</b>	<b>Amt. Due</b>	<b>Amount Pd</b>	<b>Cash/Ck#</b>	<b>Receipt #</b>
<input type="checkbox"/> 213.1 Annual Renewal Fee - Class 1	\$175.00	_____	_____	_____
<input type="checkbox"/> 213.2 Annual Renewal Fee – Class 2	\$350.00	_____	_____	_____
<input type="checkbox"/> 213.3 Annual Renewal Fee – Class 3	\$350.00	_____	_____	_____
<input type="checkbox"/> 213.4 Annual Renewal Fee – Class 4	\$375.00	_____	_____	_____
<input type="checkbox"/> 212.1 New Business /Change of Owner – Class 1	\$175.00	_____	_____	_____
<input type="checkbox"/> 212.2 New Business /Change of Owner – Class 2	\$350.00	_____	_____	_____
<input type="checkbox"/> 212.3 New Business /Change of Owner – Class 3	\$350.00	_____	_____	_____
<input type="checkbox"/> 212.4 New Business /Change of Owner – Class 4	\$375.00	_____	_____	_____
<input type="checkbox"/> 215 Reinspection Fee	\$75.00	_____	_____	_____

Name of Business \_\_\_\_\_

Location of Business (Street #) \_\_\_\_\_ (Street) \_\_\_\_\_

Business Phone \_\_\_\_\_

24 Hr. Emergency Contact Name (**REQUIRED**) \_\_\_\_\_ Phone: \_\_\_\_\_

- Type of Business:  Restaurant  Market/Grocery Store  Deli/Convenience Store  Caterer  
 Vendor  Corporate Cafeteria  School/ Day Care  Health Care Institute  Other

Owner or Operator \_\_\_\_\_

If partnership or more than one owner, please complete page 2 of this application with a list of all names, titles,

Home addresses and phone numbers and their signatures.

Home Address (No PO Boxes) \_\_\_\_\_

Home Phone \_\_\_\_\_

Qualified Food Operator \_\_\_\_\_ Cert. # \_\_\_\_\_

Alternate Qualified Food Operator \_\_\_\_\_ Cert. # \_\_\_\_\_

Continue on page 2

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**Check All Applicable Boxes**

- Water:**                     public                     well                     not applicable
- Sewage Disposal:**     sewer                     septic system         not applicable
- Grease Trap:**             internal                 external                 heat assisted         not applicable
- Liquor Served:**         yes                     no        (If yes, please submit a copy of liquor license.)

**Seating Capacity:** \_\_\_\_\_

**Hours of operation:** Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_  
Example: Mon: 11-9    Tues 11-9    Wed 11-9    Thu 11-9    Fri 11-10    Sat 11-10    Sun closed

Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_

**Note:**        Establishments on private water supply wells must submit a complete water analysis report from a state certified laboratory prior to the issuance of an annual license.

**Licenses are issued after tax collector approval**



**The following information is required when the business is owned by a partnership or Corporation. Please complete the necessary information for each partner.**

**Name of Business:** \_\_\_\_\_

**Business Partners:**

Name (emergency person – 24 hr. availability) \_\_\_\_\_

Home Address (No PO Boxes) \_\_\_\_\_

Home Phone \_\_\_\_\_

Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Home Address (No PO Boxes) \_\_\_\_\_

Home Phone \_\_\_\_\_

Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Home Address (No PO Boxes) \_\_\_\_\_

Home Phone \_\_\_\_\_

Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Home Address (No PO Boxes) \_\_\_\_\_

Home Phone \_\_\_\_\_

Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Home Address (No PO Boxes) \_\_\_\_\_

Home Phone \_\_\_\_\_

Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_



## BETHEL HEALTH DEPARTMENT

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(203) 794-8539

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# APPLICATION FOR INSTALLATION OF A COMMERCIAL KITCHEN VENTILATION HOOD

NEW INSTALLATION

REPLACEMENT

Food Establishment \_\_\_\_\_

Address \_\_\_\_\_

Fabricator/Manufacturer of Hood\* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

\*If fabricator is custom building unit detailed plans and installation instructions are required. If using production model, manufacturer's name, address, model number, spec sheets and installation instructions are required.

I hereby certify that I will conform with the following requirements:

1. The hood and ventilation system shall be stainless steel, will meet NFPA Standard #96 and will be NSF listed and approved by the building department.
2. The wall behind the cooking equipment will be covered with stainless steel and shall extend from the hood to the floor in a manor that will prevent grease build up and facilitate cleaning.
3. Detailed plans shall be submitted to the Health Department, the Building Department and the Fire Marshall for approvals prior to the start of construction.
4. Any additions, deletions or modifications to the plans shall be submitted to the above offices for approval prior to making changes.
5. The Health Department reserves the right to require modifications should unexpected conditions arise.
6. The exhaust system shall be installed in accordance with the manufacture's instructions or the building or fire codes, whichever is most restrictive.

Signature of Contractor \_\_\_\_\_ Date \_\_\_\_\_

Business Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Business Address \_\_\_\_\_ Telephone \_\_\_\_\_



# BETHEL HEALTH DEPARTMENT

Clifford J. Hurgin Municipal Center, 1 School Street,  
Bethel, Connecticut 06801  
(203) 794-8539

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To: The Department of Liquor Control  
165 Capitol Avenue  
Hartford, CT 06106

I certify that:

\_\_\_\_\_  
Name of Permittee

\_\_\_\_\_  
Name of Establishment

\_\_\_\_\_  
Street

\_\_\_\_\_  
Town

complied with the requirements of the State Public Health Code of places dispensing food and beverages at the time of inspection.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director of Health  
or Authorized Agent

# PLAN REVIEW GUIDELINES

1. Plans must be complete, to scale ( $\frac{1}{4}$  inch = 1 foot), and must include the following:
  - a. A sample menu.
  - b. Name, seal and signature of architect who did plans (if applicable) and date of plan.
  - c. Equipment layout.
  - d. Equipment list by manufacturer and model number.  
**All equipment must be NSF approved or equivalent.**  
**Use of non-commercial equipment is prohibited.**
  - e. Manufacturers equipment specification sheets (cut sheets).
  - f. Mechanical diagrams, including plumbing, electrical, heating and ventilation.
  - g. Interior finish schedule.
2. Fill out application for plan review and include application fee Initial Plan Review: Class 1 (\$150) Class 2 (\$200) Class 3 (\$300) Class 4 (\$300) Revised Plan Review: (\$100.00) made payable to the '**Town of Bethel**'.
3. You will be notified in writing after your plans are reviewed and approved.
4. **Required inspections:**
  - a. After plumbing roughed in.
  - b. After wall, floor and ceiling finishes are in.
  - c. After hood is installed.
  - d. After equipment is installed and establishment is ready to open.
5. **DO NOT BEGIN ANY FORM OF RENOVATION, REMODELING OR CONSTRUCTION ACTIVITY WITHOUT WRITTEN CONSENT FROM THIS OFFICE.**
6. A complete water analysis must be submitted by a state certified laboratory if the establishment is served by a well.
7. A pre-operational inspection must be conducted by this office and a license obtained before you can open for business.
8. Sign-off on a liquor permit will not occur until after the pre-operational inspection.

If there are any equipment changes, building modifications, etc. after the original plans have been approved, you must notify us for our approval.

Thank you for your cooperation.

## **CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS**

1. 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 elevated drawings of all food service equipment. **Each piece of equipment shall be clearly labeled on the plan with a number that will be the same on the plan, on the schedule/list of equipment and on the each spec sheet that will be submitted with the plan.**
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 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 hand washing facilities used for no other purpose shall be designated for each toilet room and in the immediate area of food preparation, food dispensing, and utensil washing.
7. The plan layout shall contain room size, space between and behind equipment and placement of the equipment on the floor.
8. Auxiliary 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 to include floors, walls, ceilings and covered juncture bases;
  - c. Plumbing schedule to include location of floor drains, floor sinks and water supply lines, overhead waste waterlines, hot water generating equipment with capacity and recovery rate, back flow prevention, waste water line connections;
  - d. Lighting schedule with protectors;  
Food contact surfaces = 50 foot candles (540 lux)  
All other areas = 20 foot candles (220 lux)  
During periods of cleaning = 10 foot candles (110 lux)

- e. Equipment schedule to include make and model numbers and National Sanitation Foundation (NSF) or equivalent listing (when applicable) of all food service equipment;
- f. 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;
- g. 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)
- h. Ventilation schedule for each room;
- i. A mop sink with facilities for hanging wet mops;
- j. Garbage can washing area/facility;
- k. Cabinets for storing toxic chemicals;
- l. Dressing rooms, locker areas, employee rest areas and/or coat rack as required;
- m. Completed checklist;
- n. Site plan (plot plan).

## FOOD PREPARATION REVIEW

Check categories of **Potentially Hazardous Foods (PHF's)** to be handled, prepared and served.

	<u>CATEGORY</u>	<u>YES</u>	<u>NO</u>
1.	Thin meats, poultry, fish, eggs	<input type="checkbox"/>	<input type="checkbox"/>
2.	Thick meats, whole poultry	<input type="checkbox"/>	<input type="checkbox"/>
3.	Cold processed foods (salads, sandwiches, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Hot processed foods (soups, stews, chowders, casseroles)	<input type="checkbox"/>	<input type="checkbox"/>
5.	Bakery goods (pies, custards, creams)	<input type="checkbox"/>	<input type="checkbox"/>
6.	Other: _____		

\* A generic HACCP plan for each category of food should be obtained for reference from the health department.

### PLEASE CHECK / ANSWER THE FOLLOWING QUESTIONS

#### FOOD SUPPLIES:

1. Is adequate and approved freezer and refrigeration available to store frozen foods at 0°F and below, and refrigerated foods at 41°F (5°C) and below?  Yes  No
  
2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods?  Yes  No  
 If yes, how will cross-contamination 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:**

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

	<b>THICK MEATS</b>	<b>THIN MEATS</b>	<b>COLD FOODS</b>	<b>HOT FOODS</b>	<b>BAKED GOODS</b>
Refrigeration	<input type="checkbox"/>				
Running Water Less than 70°F (21°C)	<input type="checkbox"/>				
Microwave	<input type="checkbox"/>				
Cooked Frozen (indicate wt.)	<input type="checkbox"/>				
Other (describe)	<input type="checkbox"/>				

**COOKING:**

1. Will food product thermometers (0 - 212°F) be used to measure final cooking reheating temperatures of PHF's?  Yes  No

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

beef roast	130°F	121 minutes
seafood	145°F	15 seconds
pork	155°F	15 seconds
eggs	145°F	15 seconds
comminuted meats	155°F	15 seconds
poultry	165°F	15 seconds
other PHF's	145°F	15 seconds
* reheated PHF's	165°F	15 seconds

2. List type of cooking equipment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOT/COLD HOLDING:**

1. How will hot PHF's be maintained at 140°F (60°C) and above during holding for service? Indicate type and number of hot holding units.

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

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**COOLING:**

	<b>THICK MEATS</b>	<b>THIN MEATS</b>	<b>COLD FOODS</b>	<b>HOT FOODS</b>	<b>BAKED GOODS</b>
Shallow Pans	<input type="checkbox"/>				
Ice Baths	<input type="checkbox"/>				
Reduce Volume	<input type="checkbox"/>				
Rapid Chill	<input type="checkbox"/>				
Other (describe)	<input type="checkbox"/>				

**PREPARATION:**

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

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2. Will employees be trained in good food sanitation practices using a certified food service sanitation course?  Yes  No

Name of course \_\_\_\_\_

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

4. Is there an established policy to exclude or restrict food workers who are sick or have infected cuts and lesions?  Yes  No  
Please describe briefly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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?  
Chemical Type: \_\_\_\_\_  
Concentration: \_\_\_\_\_  
Test Kit:  Yes  No
6. How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before mixed and/or assembled?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Will all produce be washed prior to use?  Yes  No  
Is there an approved location used for washing produce?  Yes  No
8. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 140°F) during preparation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Provide a HACCP plan for each category of vacuum packaged food item.

## FINISH SURFACES REVIEW

### I FLOORS

Floors must be smooth, impervious, non-absorbent, easily cleanable and commercial grade. Quarry tile, commercial vinyl tile or a seamless poured epoxy floor is acceptable.

### II WALLS

Walls must be smooth, impervious, non-absorbent, light colored and easily cleanable. All food prep, warewashing or other areas subject to abuse or splashing must be either FRP (Fiberglass Reinforced Polyester), ceramic tile, commercial marble or stainless steel. Exposed waterlines, waste lines, gas lines or conduits are prohibited.

A 4-inch cove molding must be supplied on all walls. Indicate type of coving:

- vinyl base                       quarry tile base

### III CEILINGS

Ceilings must be smooth, impervious, non-absorbent and easily cleanable. Painted sheetrock or vinyl faces suspended ceiling tiles are acceptable. Porous tiles are acceptable only in customer seating areas. Exposed waterlines, waste lines, gas lines or conduits are prohibited.

		Material	Finish	Color	
Kitchen	Floors				<input type="checkbox"/>
	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>
Prep Area	Floors				<input type="checkbox"/>
	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>
Warewashing	Floors				<input type="checkbox"/>
	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>
Storage Rooms	Floors				<input type="checkbox"/>
	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>
Restrooms	Floors				<input type="checkbox"/>
	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>
Bar	Floors				<input type="checkbox"/>
	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>
Locker Room	Floors				<input type="checkbox"/>
	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>

#### IV DOORS AND WINDOWS

All doors and windows must be tight fitting to exclude the entrance of insects and rodents. Doors and drive-thru windows must be self-closing. Screening material shall not be less than 16 mesh to the inch.

- Windows that open:       screened                       self-closing
- Outside doors:               screened                       self-closing

#### V LIGHTING

50-foot candles of light must be provided on all working surfaces and equipment in food preparation, food storage, utensil washing and hand washing areas.

20-foot candles of light must be provided in toilet rooms measured at a distance of 30 inches from the floor.

Protective shielding must be provided for all light fixtures in food and clean equipment areas. Shatterproof bulbs such as “tuff-skin” or “shat-r-shield” may be used in place of plastic shields.

#### VI VENTILATION

Ventilation must be adequate so that all areas are kept reasonably free from excessive heat, steam, condensation, vapors, fumes or objectionable odors. Exhaust hoods must be designed to prevent grease or condensate from dripping into the food and the filters or baffles must be readily removed for cleaning. Make-up air must be of adequate size, design and properly located. Fire protection equipment must be installed so that it does not create a cleaning problem or compromise the integrity of the original hood design. Intake air ducts must be designed and located to prevent the

Hoods shall meet National Fire Protection Act Standard #96, be constructed of stainless steel, and shall be NSF approved.

Cubic feet of air per minute exhausted through hood \_\_\_\_\_

Cubic feet per minute of make-up air \_\_\_\_\_

#### VII TOILET FACILITIES

Toilet facilities available to the public and employees are required. (Check with the Building Official to confirm restroom requirements for your food service establishment.)

Facilities must be available to the public without passing through the kitchen.

Must be located within 500 feet if facility is located in multi-purpose building.

# of water closets for    Men \_\_\_\_\_                      Women \_\_\_\_\_  
# of lavatories for        Men \_\_\_\_\_                      Women \_\_\_\_\_  
# of urinals                \_\_\_\_\_

- Toilet facilities must be available and accessible all times establishment open.
- Sanitary napkin receptacles must be provided in female restrooms.  
(covered waste container)
- Restrooms vented to outside by mechanical fan.
- Restrooms must have self-closing doors.

**VIII HANDWASHING FACILITIES**

- Handwashing facilities shall be provided for each food preparation area, food dispensing area, utensil washing area, and toilet rooms.
- All handwashing facilities provided with hot and cold water under pressure.
- Each hand washing station provided with liquid soap dispenser and appropriate hand drying
  - paper towels
  - electric dryer
- Faucet type to be used \_\_\_\_\_
- Note:** Any self-closing or metering faucet must be capable of providing a flow of water for at least 15 seconds.

**IX FOOD PREP SINK**

- All raw fruits and vegetables shall be washed thoroughly before being cooked or served. A separate sloped backsplash sink shall be provided for these food preparations.

**X CHEMICAL STORAGE**

- All toxic materials including cleaning compounds, pesticides, sanitizers, etc. must be stored in an area away from food preparation, and in a locked cabinet.
- Location \_\_\_\_\_

**XI CLEANING EQUIPMENT STORAGE**

- Cleaning equipment (mops, brooms, etc.) shall be stored in a room completely separate from food storage or prep, utensil storage areas or utensil washing.
- Slop sink with backflow preventer provided.

**XII DRESSING ROOMS**

- Are separate dressing rooms provided?  yes  no
- Are lockers provided?  yes  no
- If not, describe storage facilities for employees' personal belongings (purse, coat, shoes, etc.) \_\_\_\_\_

**XIII LAUNDRY FACILITIES**

Are laundry facilities located on premises?  yes  no  
If yes, what will be laundered? \_\_\_\_\_  
Washing Machine  yes  no  
Dryer  yes  no  
Location of clean linen \_\_\_\_\_  
Location of dirty linen \_\_\_\_\_

**XIV GARBAGE AND REFUSE**

Interior

Will refuse be stored inside?  yes  no  
If so, where \_\_\_\_\_  
Is there a garbage can cleaning sink or area  yes  no

Exterior

Will dumpster be used?  yes  no  
Number \_\_\_\_\_ Size \_\_\_\_\_  
Frequency or pick up \_\_\_\_\_  
Contractor \_\_\_\_\_

Will a compactor be used?  yes  no  
Number \_\_\_\_\_ Size \_\_\_\_\_  
Frequency of pick up \_\_\_\_\_  
Contractor \_\_\_\_\_

**Note:** Dumpsters must be on concrete pad construction and screened or fenced from view. See Process and Guidelines to be followed for Food Service Plan Reviews. All dumpsters and compactors must be leak proof and have tight fitting lids.

Will garbage cans be stored outside?  yes  no  
Describe surface and location where dumpster / compactor / cans are to be stored  
\_\_\_\_\_

Type and location of grease storage receptacle \_\_\_\_\_

Is there an area to store recycled containers?  yes  no  
Describe \_\_\_\_\_

**XV DISHWASHING FACILITIES**

The **Building Department** requires detailed information on the use of the sinks noted on plans to determine what plumbing connections are necessary

A 3-compartment sink must be provided with compartments that are large enough to submerge the largest piece of equipment used.

Size of each compartment: L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

Drain board at least 24 inches provided at each end of sink. Wall mounted drain shelving may be substituted. (Wire shelves over sink.)

Will a dishwasher be used?  yes  no

NSF Approved  yes  no

Make \_\_\_\_\_ Model \_\_\_\_\_

Type of machine  high temp  chemical

Hot water requirements: \_\_\_\_\_ gallons per hour of \_\_\_\_\_ degree F water.

Booster Heater: Make \_\_\_\_\_ Model \_\_\_\_\_

Indirect waste line provided:  yes  no Ventilation required:  yes  no

**XVI HOT WATER SUPPLY**

Hot water heater: Make \_\_\_\_\_ Model \_\_\_\_\_

Fuel Type  oil  gas  electric Size \_\_\_\_\_ gallons

Hot water requirements of establishment are \_\_\_\_\_ gallons per hour, based on usage requirements of all fixtures.

**XVII GREASE TRAPS**

Applicants are required to plan for the construction of a grease trap/interceptor in accordance with the treatment requirements of the Water Pollution Control Authorities. Information is available through the WPCA and the Building Department.

**XVIII EQUIPMENT – DESIGN, CONSTRUCTION, INSTALLATION**

All foodservice equipment and utensils must be NSF approved or equivalent

Deli case refrigerators must meet CRMA standards

Equipment including ice machines and ice storage equipment shall not be located under exposed sewer lines, waste lines or other sources of contamination.

Equipment used for food preparation or storage shall be installed so as to facilitate cleaning around and beneath each unit.

For all floor mounted equipment, the space between adjoining units, and between a unit and a wall must be either closed or sealed if exposed to seepage, or sufficient space provided to facilitate easy cleaning between, behind and beside equipment.

Equipment, which is placed on tables or counters, must either be readily moveable, sealed thereto, or mounted on legs at least 4 inches high to facilitate easy cleaning.

Cooking equipment (ranges, stoves, fryolators, etc.) shall be mounted on lockable castors and supplied with a flexible reinforced AGA listed Z21.69-97 gas connection hose. Spacing requirements listed below are not applicable in this instance.

Floor mounted cooking equipment, which is not able to be mounted on castors, must be installed on and sealed to a non-absorbent masonry pad having a minimum thickness of 6 inches.

**Space Requirements:**

If equipment is less than 24 inches wide, the space between equipment and wall must be at least 6 inches.

If equipment is more than 24 inches but less than 72 inches wide, the space between equipment and wall must be at least 12 inches.

If equipment is more than 72 inches wide, the space between equipment and wall must be at least 18 inches.

**XIX REFRIGERATION AND FREEZER STORAGE**

**WALK IN REFRIGERATORS**

**WALK IN FREEZERS**

Floors	_____	_____	_____	_____
Walls	_____	_____	_____	_____
Ceilings	_____	_____	_____	_____
Size	_____	_____	_____	_____

Interior finishes must be smooth, non-absorbent and easily cleanable.

Floors can be pre-fabricated from manufacturer or may be quarry tile.

A floor drain must be provided in the walk-in refrigerator with the floors pitched to the drain. If this is not possible, a drain must be provided immediately outside the walk-in door.

**REACH-IN REFRIGERATORS AND FREEZERS**

# of refrigerators \_\_\_\_\_ capacity \_\_\_\_\_ cubic feet

# of freezers \_\_\_\_\_ capacity \_\_\_\_\_ cubic feet

**Thermometers must be provided in all refrigeration units in a location where they can be seen easily.**

**XX FACILITIES TO PROTECT FOOD**

All utensils and equipment must be stored at least 12 inches off the floor, and must be clean, dry and protected from splash and dust.

Hot holding units must be capable of maintaining food at an internal temperature of 140 degrees F or above, during display, service or holding periods.

If food is transported to another location off premises, food must be protected from contamination and held at proper holding temperatures. List equipment and procedures:

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**Appropriate thermometers required to monitor temperatures.**

Are you having a salad bar?  yes  no

Type of foods:  cold  hot

Method of keeping foods cold:  ice  electric cold plate

Method of keeping hot food: \_\_\_\_\_

Permanent drain installed  yes  no

Adequate sneeze guards provided

Are frozen deserts being portioned and dispensed?  yes  no

Running water dipper provided?  yes  no

Separate food preparation area provided for Sushi bar?  
 yes  no  not applicable

## XXI DRY STORAGE

The dry storage space required depends on menu, number of meals, quantity purchased and frequency of delivery.

Room free of overhead sewer and waste line pipes.

Adequate metal shelving provided. (Bottom shelves 12 inches above floor.)

Adequate metal or durable dunnage racks provided.

Adequate food containers with tight fitting covers and dollies provided.   
Food dispensing scoops provided.

## XXII PLUMBING AND CROSS CONNECTION CONTROL

***You must hire a professional plumber with permits issued through the Building Department. Plumbing code regulations must be adhered to.***

***The Building department requires detailed information on use of the sinks noted on plans to determine what plumbing connections are necessary.***

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**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify this approval.

Signature(s):

\_\_\_\_\_

\_\_\_\_\_ owner(s) or responsible representative(s)

Date: \_\_\_\_\_

\*\*\*\*\*

I have provided/will provide the plumbing contractor with the information on pages 20-22.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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