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NEWTOWN DISTRICT DEPARTMENT OF HEALTH FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

☐ NEW ☐ REMODEL ☐ REMODEL/EXPANSION

FEE SCHEDULE

Plan Review fee is due at time of first meeting. Checks payable to the Newtown Health District.

<u>NEW</u>		<u>REMODEL</u>	<u>REMODEL/EXPANSION</u>
Class 1	\$ 50.00	\$50.00	\$100.00
Class 2	\$100.00		
Class 3	\$150.00		
Class 4	\$200.00		

Class 1 ~ Offers prepackaged food that is not time or temperature control for safety, commercially processed food time or temperature control for safety and heated for hot holding but no cooling, food prepared in the establishment that is not time or temperature controlled for safety.

Class 2 ~ Offers limited menu of food that is prepared, cooked and served immediately or that prepares food and cooks food that is time or temperature controlled for safety and may require hot or cold holding. No cooling of TCS foods allowed.

Class 3 ~ Offers extensive menu of food which are time or temperature controlled for safety and require complex preparation, including but not limited to handling raw ingredients, cooking, cooling, reheating and for hot holding.

Class 4 ~ Establishment that serves a population highly susceptible to food borne illness, including but not limited to preschool students, hospitals and nursing homes. Establishments conducting any specialized food processes will need additional review/ approvals.

Note: Time/Temperature Control for Safety Foods (TCS) (formerly potentially hazardous food): means food that requires time/ temperature control for safety to limit pathogenic microorganism growth or toxin formation.

DAYS AND HOURS OF OPERATION:

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

TYPE OF SERVICE:

_____ Sit Down/ Dine In Meals
_____ Take-Out
_____ Catering
_____ Other _____

ESTIMATED # OF MEALS SERVED:

_____ Breakfast
_____ Lunch
_____ Dinner

Type of Sewage Disposal: _____ Public Sewer, or _____ Private Septic System

Type of Water Supply: _____ Public Water, or _____ Private Well**

Seating Capacity:	Sq. Footage:	No. Employees Per Shift:	Approx. Date of Opening:
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Public Act 17-19 Section 4(4) requires that Class 2, 3, and 4 Establishments must have employed a Certified Food Protection Manager (CFPM) (formerly known as Qualified Food Operator).

CFPM / QFO testing organizations can be found on the State Health Department web site www.ct.gov/dph; click on Programs and Services at the top of the page, click on "F", click on Food Protection Program, under Education and Training click on Qualified Food Operator Exam/Courses. The following forms will be provided to you. They must be completed and maintained on-site for employees:

- Alternate Person In Charge Demonstrated Knowledge Statement
- Food Employee Training Manual
- Food Employee Training Records

DOCUMENTATION AND INFORMATION REQUIRED

- Plan drawn to scale showing location of all kitchen equipment, storage areas, restrooms, seating areas, bar areas. Plan shall state types of coverings for floors, walls and ceilings for all areas
- Manufacturer specification sheets for each piece of equipment shown on plan. All equipment must be NSF [National Sanitation Foundation] or UL Classified.
- Proposed Menu [see page 3]
- Proposed Vendor List



****Private Well**

Documentation must be provided that the well has been accepted by the State Health Department, Drinking Water Section.

- A Public Water Supply Registration form must be completed.
- A complete water analysis from a certified laboratory must be submitted prior to licensure.

Categories of **Time -Temperature Controlled for Safety Foods (TCS)** (formerly *Potentially Hazardous Foods (PHF's)*) to be handled, prepared and served. Check categories included on proposed menu.

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

MENU

PRIOR TO PRINTING YOUR MENUS, BOTH EAT- IN AND TAKE- OUT YOU MUST SUBMIT THEM TO THE HEALTH DEPARTMENT FOR REVIEW.

Should you offer raw animal food such as raw egg, raw fish, raw-marinated fish; raw molluscan shellfish; steak tartare; or partially cooked food such as lightly cooked fish, rare meat, and soft cooked egg that is served or offered for sale in a ready-to-eat form your menu **must:**

- 1) indicate what those foods are by means of a symbol that is easily recognizable and
- 2) **link it** to the following statement "**thoroughly cooking meats, poultry, seafood, shellfish, or eggs reduces the risk of foodborne illness**" that is on the same page of the menu of the indicated food.

(See page 12 for State Health Code Reference)

A. EMPLOYEES

1. Will food employees be trained in proper food sanitation practices? **Yes / No**
Method of training and how will it be documented:

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

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

Please describe briefly:

B. SUPPLIES/STORAGE

1. What are the projected frequencies of deliveries for: frozen foods _____
Refrigerated foods _____ and Dry goods _____

2. How will dry goods be stored off the floor? _____

3. Are containers constructed of safe materials to store bulk food products? **Yes / No**
Indicate type: _____

4. Will ice be made: ☐ on premises ☐ purchased commercially?

(Specifications sheet for the ice machine shall be included. Provisions for ice scoop storage will be checked during preoperational inspection)

C. COLD STORAGE

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41°F (7°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?

Number of refrigeration units: _____ Number of freezer units: _____

***Each refrigeration unit shall have a thermometer available inside placed in the warmest location if not built into the unit.**

D. THAWING FROZEN TIME -TEMPERATURE CONTROL FOR SAFETY FOODS:

How will frozen TCS foods will be thawed? What type of foods may need to be thawed? Thawing methods include: Under refrigeration, under running water less than 70 degrees F in the designated food preparation sink, in the microwave, cooked from frozen state.

More than one method and others may apply. Describe in the space below the method(s) used and where the thawing will take place. _____

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

E. COOKING

Food thermometers shall be used to measure final cooking/reheating temperatures of TCS foods.

Descibe type(s) of temperature measuring devices used: _____

2. List types of cooking equipment. _____

Minimum Cooking Temperatures

Food Type	
Ground Beef	At least 145°F for 3 minutes
Beef Roasts, Corned Beef	At least 130°F for 121minutes
Pork and Pork Products	At least 145°F for 15 seconds
Poultry	At least 165°F instantaneously
Stuffing & Stuffed meats, poultry, fish	At least 165°F for 15 seconds
Stuffed Pasta	At least 165°F for 15 seconds
Game Meats (from an approved source)	At least 165°F for 15 seconds
Eggs	At least 145°F for 15 seconds
Microwave Cooking Must be rotated or stirred, covered	
Meat, Poultry, Fish, & Eggs	At least 165°F in 2 hours

F. HOT/COLD HOLDING

1. How will hot TCS foods be maintained at 135°F (57°C) or above during holding for service? _____

2. How will cold TCS foods be maintained at 41°F (5°C) or below during holding for service? _____

G. RAW ANIMAL FOODS- PARASITE DESTRUCTION

Before service or sale in the READY- TO- EAT form, raw, raw-marinated, partially cooked or marinated-partially cooked fish shall be:

- 1) Frozen and stored at a temperature of -20°C(-4°F) or below for 7 days in a freezer;
- 2) Frozen -35°C (- 31°F) or below until solid and stored at -35°C (- 31°F) or below for a minimum of 15 hours; or
- 3) Frozen at -35°C (- 31°F) or below until solid and stored at -20°C(-4°F) or below for a minimum of 24 hours.

To verify the above methods of parasite destruction have been met, a statement letter from your supplier shall be available at the establishment and provided to the Health District upon request.

H. COOLING

Please indicate by completing the following section, how TCS foods will be cooled to 41°F (7°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 Methods: Shallow pans - food 3" deep or less, Ice water baths & stirring, Ice Wand, Rapid chill refrigerator, Volume reduction, or Other (describe).

Thick Meats:_____

Thin Meats:_____

Thin Soups/ Gravy/Sauces: _____

Thick Soup/Gravy/Sauces: _____

Rice/Noodles:_____

I. REHEATING

All PHF's that are cooked, cooled, and reheated for hot holding must 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.

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

J. PREPARATION

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

2. 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, how will ready-to-eat foods be cooled to 41°F?

3. Will all produce be washed on-site prior to use? **Yes / No**

Describe location for produce washing. If using multiple use sinks, they must be cleaned and sanitized between uses.

4. 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.

Provide a HACCP plan for specialized processing methods such as: smoking, curing, Reduced Oxygen Packaged food items prepared on-site or otherwise required by the regulatory authority.

5. Will the facility be serving food to a highly susceptible population? **Yes / No**

****Pasteurized egg shall be used in establishments serving highly susceptible populations.**

K. 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	**Base	***Wall	***Ceiling
	Dining Room				
	Kitchen				
	Bar				
	Walk-in Refrigerator & Freezer				
	Warewashing Area				
	Food Storage Area				
	Toilet Rooms				
	Locker Rooms/Area				
	Mop/ Service Area				
	Other Areas				

* **Floor** covering shall be durable, sealed (non-absorbent) and easily cleanable concrete, terrazzo, quarry tile, ceramic tile, durable grades of vinyl or plastic tile. Floors of non-refrigerated dry food storage need not be sealed. Carpet may not be used in food preparation or processing areas, walk-in refrigerators, toilet rooms where hand washing, urinals and toilets are located and ware-washing areas (19-13-B42 (b)).

** **Base**- floor to wall junctures shall be coved and constructed so that no seam will be open. Where water flush cleaning methods are used the floor shall be graded to drain, covered and sealed.

*** **Walls and ceilings** in all food or drink prep areas, or where hands or utensils are washed shall be cleanable, smooth and light colored (19-13-B42(c)).

L. INSECT AND RODENT CONTROL

	YES	NO
Will all outside doors be self-closing and rodent proof?		
Are screen doors provided on all entrances left open to the outside?		
Do all operable windows have a minimum #16 mesh screening?		
Is the placement of insect electrocution devices identified on the plan		
Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?		
Is building exterior clear of unnecessary brush, litter, boxes and other harborage?		
Will air curtains be used? If yes, where?		
Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?		
Note: "Garage Door" or similar type openings to exterior will require installation of an air curtain.		

M. GARBAGE AND REFUSE

Inside

1. Do all containers have lids? **Yes** / **No**
2. Will refuse be stored inside? **Yes** / **No** If so, where? _____

Outside

3. Will a dumpster be used? **Yes / No**

Number _____ Size _____ Frequency of pickup _____ Contractor _____

4. Describe surface and location where dumpsters/compactor/garbage cans are to be stored.

5. Is there an area to store recycled containers?

6. Is there any area to store returnable damaged goods? Describe.

N. PLUMBING CONNECTIONS (in agreement with local plumbing codes):

*There shall be no cross connections between potable water supply and any non-potable water supply. Devices shall be installed to protect against backflow and backsiphonage at all fixtures and equipment unless an air gap is provided.

1. Are floor drains provided & easily cleanable? Indicate location:

EQUIPMENT

	Air Gap	Air Break	*Integral Trap	**“P” Trap	Vacuum Breaker
Flush Valve Toilets					
Dishwasher					
Ice Machines & Ice Bin					
All hose bibs, threaded faucets					
Handwash sinks					
Carbonators for beverage dispense					
Dipper Wells					
Refrigeration Condensate/Drain lines					
Compartment sinks					
Other:					

* **TRAP:** A fitting or device, which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or wastewater through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A “P” trap is a fixture trap that provides a liquid seal in the shape of the letter “P”. Full “S” traps are prohibited

O. WATER SUPPLY

1. Is water supply: Customer of Public Water Company or On-site Well(s)?
2. Has a Water System Registration Form been completed? **Yes / No / N/A**
3. If private, has source been approved? **Yes / No / PENDING**
Please attach copy of State DPH, Drinking Water Section approval and/or permit, well drilling report or well completion report.
4. Is there a water treatment device? **Yes / No**
If yes, how will the device be inspected & serviced?
-
5. How are backflow prevention devices inspected & serviced?
-

P. SEWAGE / GREASE DISPOSAL

1. Sewage Disposal: Public Sewer *Septic System

*On-site septic systems will require a plan review and final approval by the Health District prior to licensure and operation.

Is a ***grease trap** provided? **Yes / No**

If so, where is it located?_____

Provide schedule for cleaning & maintenance:_____

Note: Applicants on public sewer are required to plan for the construction of a grease trap/interceptor in accordance with the treatment requirements of the **Water Pollution Control Authority**. Information is available through the WPCA / Engineering Department and the Building Department.

Q. GENERAL

Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, etc.)

- All toxics for use on the premise or for retail sale (this includes personal medications), must be stored away from food preparation and storage areas.
- All containers of toxics including sanitizing spray bottles must be clearly labeled.

Describe clean and dirty linen storage. Will linen be laundered on or off site?

- Ventilation hood system(s) must be cleaned at scheduled frequency per Fire Marshal.

R. SINKS

1. Is a mop sink present? **Yes / No**
If no, please describe facility for cleaning of mops and other equipment:
-

2. Is a food preparation sink available? **Yes / No**

S. DISHWASHING FACILITIES

Describe Facilities: _____

If using a dishwasher please provide:

Name and model: _____

Type of sanitization (circle one): **Chemical** or **Hot Water**

- Dish machines must have templates with operating instructions.
- All dish machines must have temperature/pressure gauges as required that are accurately working.

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?

4. Specify the type of sanitizer you will be using for manual (by hand) dishwashing?

* Drain boards should be provided on both ends of the ware washing sink.

* Manual dishwashing: sanitizer concentrations required are:

50-100ppm for chlorine (bleach) and **200ppm for Quaternary** Sanitizer.

*Test papers and/or kits available for checking sanitizer concentration shall be available on-site.

T. HANDWASHING/TOILET FACILITIES

- A handwashing sink must be located in each food preparation, dispensing and warewashing area.
- Self -closing, metering faucets must provide a flow of water for at least 15 seconds without the need to reactivate the faucet.
- Hand soap available at all handwashing sinks.
- Hand drying facilities (paper towels, air blowers, etc.) shall be available at all handwashing sinks.
- Covered waste receptacles available in women's restroom.
- Hot and cold running water under pressure available at each handwashing sink.
- Hot water at hand washing sinks for public use shall not exceed 115 °F.
- All toilet room doors self-closing.
- Toilet rooms shall be equipped with adequate ventilation fans or an operable window.

An annual Food Service License Application must be completed and a separate annual license fee is due prior to establishment opening.

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Newtown Health District may nullify final approval.

Please note: Approval of these plans and specifications by this 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-operational inspection with equipment in place and operational will be necessary to determine & ensure it complies with local and state regulations governing food service establishments. A license to operate will not be issued until after that time.

SIGNATURE _____
(OWNER OR RESONSIBLE REPRESENTATIVE)

PRINTED NAME _____ DATE _____

.....

HEALTH DISTRICT USE ONLY:

Comments: _____

REVIEWD & APPROVED BY: _____
HEALTH DISTRICT REPRESENTATIVE APPROVAL DATE

INSPECTION DATES: _____

STATE HEALTH CODE REFERENCE:

19-13-b42(m)(1)(F) Pasteurized eggs or egg products shall be substituted for raw shell eggs in the preparation of foods that are not thoroughly cooked such as Caesar salad, salad dressing; hollandaise or béarnaise sauce, mayonnaise, egg nog, ice cream, egg-fortified beverages, and in recipes requiring pooled eggs that are not cooked immediately. Exempted from the above is a raw animal food such as raw egg, raw fish, raw-marinated fish; raw molluscan shellfish; steak tartare; or partially cooked food such as lightly cooked fish, rare meat, and soft cooked egg that is served or offered for sale in a ready-to-eat form. **Pork and poultry products are not exempt from the required cooking times and temperatures. The consumer shall be informed of the risks involved with the consumption of raw or undercooked animal food by means of posters, brochures, menu advisories, label statements, table tents, placards, or other written means available at the food service establishment which state: "thoroughly cooking meats, poultry, seafood, shellfish, or eggs reduces the risk of foodborne illness."** Exemptions to the food temperature requirements shall not be allowed at food service establishments serving highly susceptible populations such as immuno-compromised individuals or older adults in hospitals, nursing homes, or similar health care facilities as listed in Connecticut General Statutes section 19a-490 and that are subject to this section and preschool age children in a facility that provides custodial care and is subject to this section such as child day care centers as defined in the Connecticut General Statutes section 19a-77(A)(1).