



SOUTH CENTRAL HEALTH DISTRICT

196 North Main St.
Southington, CT 06489
860.276.6275 | schd-ct.org

Food Service Establishment Application for Plan Review and Permit

Application Date _____

Fee _____

Type of Application (check all that apply)

- New Remodel Conversion Change of Owner

Name of Establishment:	Phone:
Address:	Email:
Name of Applicant:	
Applicant Title: (owner, architect, manger, etc.)	Phone:
Name of person(s) in charge & Title:	
Address:	Email:

Type of Business (check all that apply)

- Bakery Caterer Childcare Facility Convenience Store Deli Grocery Store
 Health Care Institution Restaurant Other (specify) _____

Meal Service (check all that apply)

- Breakfast Lunch Dinner

Sewage Disposal

- Public Sewer Private Septic System

Grease Trap (If applicable)

- Indoor Outdoor

Water Supply

- Public Water Onsite Well

Days/Hours of Operation _____

Total Number of seats _____

Approval must be given from the South Central Health District prior to any construction or renovation. A preopening inspection of the establishment with the equipment in place and operational will be necessary to determine if it complies with local and state laws governing food service establishment. Contact the Health District at least two weeks in advance to schedule the inspection.

***The Health District reserves the right to conduct walk throughs during construction process.

Applicants must consult with the Building Department, Fire Marshal, Zoning Department and Water Pollution Control Facility to also obtain the necessary permits and approval prior to starting the project.

By signing below, you attest that the information you provided above is true and accurate to the best of your knowledge. The Health District must approve any changes to the menu, equipment or kitchen layout prior to its installation.

Signature

Print

Date

Office use only

Sanitarian assigned: _____

Plan Review Fee Received: Date: _____ \$ _____ cash check# _____

Permit Fee Received: Date: _____ \$ _____ cash check# _____ Classification: _____

Checklist for Food Service Establishments

The following checklist is provided as a guide for information needed to obtain a permit to construct (renovate/new facilities), remodel or assume a food service establishment.

- A dated floor plan showing location of all equipment, plumbing, electrical and mechanical ventilation. **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.**
- Provide a copy of the proposed menu.
- Manufacturer specification sheet for each piece of food service equipment. List all food equipment with model numbers. All equipment must be commercial grade and or equivalent.
- Equipment list to indicate if equipment is fixed in place, on casters, or movable.
- All food service equipment to be mounted a minimum of 6" off floor or on wheels.
- Provide hand-washing facilities in all necessary areas (i.e. food preparation, food dispensing and ware washing).
- Show dry storage area.
- Type of floors, walls, and ceilings in food preparation areas (non-porous, smooth easily cleanable).
- Provide a coved base at the floor/wall juncture in the food preparation areas.
- Provide a mop sink. If there is no mop sink, explain how mops will be cleaned and where water will be disposed.
- Provide an area for employees to place personal items (purses, jackets, etc.).
- Provide an area to store toxic items away from food preparation.
- Provide a 3-bay sink with drainboard(s) and/or dish machine (high temperature versus chemical sanitization).
- Provide food prep sink.
- Submit documentation for certified food protection manager (CFPM), if applicable. (See approved testing organization sheet at the back of this packet).
- Provide light schedule (new) or ensure lights are shielded.
- Provide salad bar details, sneeze guard and reach in distance, if applicable.
- Locate floor drains, if required
- Contact Consumer Protection at (860) 713-6160 if proposed establishment is a bakery or grocery store.
- Indicate type of ice machine – water-cooled versus air-cooled.
- Provide appropriate backflow prevention devices where needed.
- Provide a site Plan showing the location of loading/unloading area(s)/ dock(s), external grease interceptor unit (if applicable), well and/or septic system (if applicable).

Food Preparation

Thin meats, poultry, fish, eggs (i.e. hamburgers, chicken breasts, sandwich meats, fish filet, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Thick meats, whole poultry (i.e. whole roasts, pork, turkey, chicken, meatloaf, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hot processed foods (i.e. soups, stews, chowders, meatballs, casseroles, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bakery goods (i.e. pies, custards, creams, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____ _____		

Cold Storage

Adequate and approved freezer and refrigeration space must be available to store frozen foods in a frozen state and refrigerated foods at 41° and below.

Will raw meats, poultry and seafood be stored in the same refrigerators and freezer with cooked/ready-to-eat foods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, how will cross-contamination be prevented? _____ _____ _____		

Number of refrigeration units _____

Number of freezer units _____

Thawing

Process	Thick Meats		Thin Meats		Fish/Seafood		Cold Foods		Poultry Products	
In a refrigerator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Submerged in running water less 70°F	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cooked from a frozen state	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Microwaved as part of the cooking process	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (please describe) _____ _____ _____										

Cooking Process

Food temperature measuring devices shall be provided and be readily accessible for use in assuring attainment and maintenance of safe food temperatures. Temperature measuring devices must be accurate to $\pm 2^{\circ}\text{F}$

List each piece of cooking equipment: _____

Internal Cooking Temperature Specifications for Raw Animal Foods

Internal Cooking Temperature	Raw Animal Foods
145°F for 15 seconds	<input type="checkbox"/> Raw eggs cooked for immediate service <input type="checkbox"/> Fish, except as listed below <input type="checkbox"/> Pork <input type="checkbox"/> Meat
145°F for 3 minutes 150°F for 1 minute 155°F for 15 seconds 158°F for Instantaneously	<input type="checkbox"/> Ground or Comminuted meat and Fish Product <input type="checkbox"/> Raw eggs not for immediate service
130°F for 121 minutes 140°F for 12 minutes 155°F for 3 minutes	<input type="checkbox"/> Whole Roast <input type="checkbox"/> Corn Beef <input type="checkbox"/> Pork Roast
165°F for <1 second (instantaneous)	<input type="checkbox"/> Wild game animals <input type="checkbox"/> Poultry <input type="checkbox"/> Stuffed fish, meat, pork, pasta, & poultry <input type="checkbox"/> Stuffing containing fish, meat, & poultry

Identify which of the probe type food thermometer(s) (thermocouple, digital, bimetal, etc.) with a minimum range of 0°F-212°F will be available and used to measure final cooking, reheating, cooling, and cold holding temperatures of TCS foods: _____

Hot Holding

How and where will hot TCS foods be maintained at 135°F or above during holding for service? Indicate type and number of hot holding units _____

Cooling

Please indicate by checking the appropriate box(es) how TCS foods will be cooled from 135°F to 70°F in 2 hours and from 70°F to 41°F in an additional 4 hours.

Cooling Process	Thick Meats		Thin Meats		Fish/Seafood		Poultry Products		Hot Foods		Baked Goods	
Shallow pans in the refrigerator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ice baths	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stirring with iced chill sticks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanical Rapid Chill Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (please describe)	_____											

Food Preparation

Please list all food items prepared more than 12 hours in advance of service. _____

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 cleaned and sanitized? Please describe the procedure: _____

How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before mixing or assembly? _____

Finish Schedule please describe below the type of materials used on Floor, Walls and Ceilings

Area	Floor	Base (Floor/Wall/Juncture)	Walls	Ceiling
Kitchen/Cooking Area				
Bar				
Food Storage				
Other Storage				
Restrooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Area				
Basement				
Other				

Dry Goods Storage/Storage of Single Service Items(paper cups, plates, straws, etc.)

Is appropriate dry good storage space provided for based upon menu, meals offered, frequency of deliveries, and items being stored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide information on the frequency of deliveries and the expected gross volume that will be delivered for each item. _____		

Where will single-service items be stored in the service location(s)? _____		

Personnel

Your food establishment must have a policy to exclude or restrict food workers who are ill with symptoms compatible with foodborne illness (vomiting, diarrhea, nausea, stomach cramps, high fever, jaundice) or have infected cuts and lesions.

Describe your policy to restrict food workers with these symptoms: _____

Plumbing

Indirect Waste				
Plumbing Fixture	Floor Sink	Floor Drain	Other	Fixtures with Direct Waste Connections
Dishwasher				
Ice machine				
Ice storage bins				
Food prep sinks				
Utensil/pot wash sinks				
Steam tables				
Dipper wells				
Utensil/pot wash sinks				
Refrigeration				
Potato peeler				
Other:				

If floor drains are not shown on plans, please indicate locations: _____

Applicants must identify the type of backflow prevention to be used for the water supply in each plumbing fixture listed below:

Plumbing Fixture	Backflow Prevention Device	Air Gap
Hose Connection		
Soda Carbonation System		
Chemical Dilution System		
Water Supply for Garbage Grinders		
Water Fill for Soda Guns		
Dipper Wells		
Other:		

Warewashing

Number of Sinks _____	Size of sink compartments			Drainboard sizes	
	Length _____	Width _____	Depth _____	Right	Left ____
Does the largest pot, pan, utensil or container fit into each compartment of the three-compartment sink?				<input type="checkbox"/> Yes	<input type="checkbox"/> Nos
What type of sanitizer will used	<input type="checkbox"/> Chlorine	<input type="checkbox"/> Quaternary Ammonium	<input type="checkbox"/> Other		
Identify the manufacturer, make and model of the mechanical dishwasher if one will be used: _____					<input type="checkbox"/> N/A
Type of sanitizer used: _____					
Chemical type: _____			Test kits: _____		
Hot Water Sanitizer (180°F-194°F): _____			Identify the capacity of the booster heater: _____		
Hot water mechanical warewashing: What type of irreversible registering temperature indicator will be provided?			<input type="checkbox"/> Waterproof min/max thermometer	<input type="checkbox"/> Temperature labels	
Will a steam ventilation system be provided for the dishwasher?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will thermometers, test papers and/or test kits be available for checking sanitizer concentrations at the three-compartment sink and dishwasher?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Mop Cleaning Facilities

Will a separate mop basin be provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Handwashing/Toilet Facilities

Will there be handwashing sinks in the food preparation, food dispensing, and warewashing areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will soap dispensers be available at all handwashing sinks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will hand drying facilities (paper towels, air blower, etc.) and waste receptacles be available at all handwashing sinks and in each restroom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will all toilet rooms be self-closing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Sewage Disposal

Will the building be connected to a municipal sewer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO , is the private disposal system approved? If YES – please attach a copy of the written approval and/or permit.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dressing Rooms

Will separate dressing rooms be provided?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe the storage facilities for employees’ personal belongings (i.e., purses, coats, boots, umbrellas, etc.)? _____ _____			

Chemical Storage

Will all cleaning materials and toxic items be stored away from food preparation and storage areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe the location of all toxic item storage – including areas in the food preparation areas where “in-use” chemicals will be stored: _____ _____		

Other

Will there be a basement space available for this food establishment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Well Water Testing Requirements

The Connecticut Department of Public Health, through the action of the Connecticut General Assembly, adopted requirements for testing well water. Specifically, the requirements are:

1. ALL water samples must be collected by an individual under the direction of a licensed laboratory, a state certified operator as defined in Section 25-32-7a(c) of the regulations of state agencies, or a licensed sanitarian;
2. The well water MUST meet the maximum contaminant levels (MCL 'S) of the Connecticut Public Health Code;
3. The water has to be analyzed for:

a. Total Coliform Bacteria	i. Turbidity
i. Nitrate	j. pH
j. Nitrite	k. Sulfate
k. Sodium	l. Apparent Color
l. Chlorine	m. Odor
m. Iron	n. Volatile Organic Chemical (VOC's)
n. Manganese	o. Seven Listed Pesticides if nitrate level is over 10.0
o. Hardness	

4. The Connecticut Department of Health recommends testing for Arsenic and Uranium.

When the results are mailed or faxed to the Plainville Southington regional Health District, a Water Certification Form with signature of the person who took the sample must be included. This is a State Regulation.

Approved Local Water Testing Laboratories

Attachment (A)

Approved Testing Organization

Attachment (B)

Approved Testing Organization

ServSafe® National Restaurant Association (NRA)

Phone: 1-800-765-2122

Website: www.servsafe.com

Exam Name: ServSafe Food Protection Manager
175 West Jackson, Suite 1500 Chicago, IL 60604

Prometric (formerly Thomson Prometric, Experi Assessments, National Assessment Institute, Chauncey, and Educational Testing Service)

Phone: 1-800-624-2736 (Food Safety Customer Service)

Website: www.prometric.com/foodsafety

Exam Name: Certified Professional Food Manager
1501 South Clinton Street Baltimore, MD 21224

National Registry of Food Safety Professionals/Environmental Health Testing

Phone: 1-800-446-0257 Fax: 1-407-352-3603

Contact: Customer.Service@nrfsp.com

Website: www.nrfsp.com

Exam Name: Certified Food Safety Manager
6751 Forum Drive, Suite 220 Orlando, FL 32821

360training.com®

Phone: 1-888-360-8764

Contact: Enrollment.Advisor@360training.com

Website: www.360training.com or <https://www.360training.com/food-beverageprograms/food-manager-certification/connecticut-food-safety-manager-certification> Exam Name: Learn2Serve Food Protection Manager Certification Exam

6801 N. Capital of Texas Hwy., Suite 150 Austin, TX 78731

AboveTraining, Inc dba StateFoodSafety

Phone: 1-801-494-1416

Website: www.statefoodsafety.com

Exam Name: StateFoodSafety Certified Food Protection Manager Exam
711 Timpanogos Pkwy Bldg M, Ste 3100 Orem, UT 84097