



Naugatuck Valley Health District
98 Bank Street Seymour, CT 06483
T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org

FOOD SERVICE ESTABLISHMENT PLAN REVIEW FEE FORM

**THIS FORM MUST BE COMPLETED AND THE PLAN REVIEW FEE PAID
PRIOR TO PLAN REVIEW**

Food Service Name: _____
(Please Print)

Address of Establishment: _____

Owner: _____

Home Address: _____

Telephone (Home): _____

(Work Number): _____

(Cell Number): _____

Email: _____

Prior Name of Establishment (If Applicable): _____

New Owner's Signature: _____

FOR OFFICE USE ONLY

Date Fee Paid: _____ Check Amount: _____ Cash Amount: _____

Receipt #: _____





Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483
T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org

FOOD SERVICE PLAN REVIEW

PLEASE READ THESE INSTRUCTIONS COMPLETELY BEFORE PROCEEDING

The Naugatuck Valley Health District would like to make the plan review procedure as quick and trouble free as possible. Please complete the attached plan review application and call for an appointment to review your plans with the assigned inspector. To serve you better and to save time, please review the following guidelines.

1. Plans must be complete, to scale ($\frac{1}{4}'' = 1 \text{ ft.}$), 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 (Must be 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:
 - a. After plumbing is roughed in
 - b. After wall, floor, and ceiling finishes are in
 - c. After the equipment is installed
 - d. After all supplies and foods are delivered, but prior to opening. (24 - 48 hours in advance)
3. Submit copy of your menu or a list of foods to be served and a copy of Certified Food Protection Manager(s) certificates. All Class 2, 3 or 4 food establishments must have a Certified Food Protection Manager (CFPM) with **a current (not expired) certificate** on the premises at least 30 hrs. per week. 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.**
4. Establishments classified as 2, 3, or 4 maybe required to install an exterior grease interceptor or an automatic grease recovery unit (AGRU). Contact the Water Pollution Control Authority (WPCA) for specific requirements.
5. 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.
6. The fee for plan review is the same as the regular permit fee and is based on the type and size of your operation. Fee(s) must be paid before the plans will be reviewed.
7. You will be notified in writing after your plans are reviewed and approved.
8. An application for a Food Establishment Permit must be completed and submitted to the Health District with the appropriate fee before you can obtain a license.

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

Date: _____ New _____ Remodel _____ Conversion _____

Name of Establishment: _____

Address of Establishment: _____

Name of Owner/Operator: _____ Phone: _____

Mailing Address of Owner/Operator: _____

Name of Contractor/Applicant: _____ Phone: _____

Contact Person: _____

Mailing Address: _____

Date of Planned Opening: _____

Type of Service (check all that apply): Table Service _____ Take Out _____

Market _____ Self Service _____ Caterer _____ Itinerant Vendor _____

Other (describe) _____

Hours of Operation: Sunday _____ Thursday _____
Monday _____ Friday _____
Tuesday _____ Saturday _____
Wednesday _____

Number of Seats: _____ Number of Staff (maximum per shift): _____

Total Square Feet of Facility: _____

Maximum Meals to be Served (approximate number): Breakfast _____ Lunch _____ Dinner _____

FOOD PREPARATION REVIEW

Check categories of Time/Temperature Control for Safety foods to be handled, prepared and served.

CATEGORY	YES	NO
1. Thin meats, poultry, fish, eggs	()	()
2. Thick meats, whole poultry	()	()
3. Cold processed foods (salads, sandwiches, vegetables)	()	()
4. Hot processed foods (soups, stews, chowders, casseroles)	()	()
5. Bakery goods (pies, custards, creams)	()	()
6. Special Processes (reduced oxygen packaging, acidification, curing, cook/chill, sous vide, etc.) Specify _____		

NAUGATUCK VALLEY HEALTH DISTRICT
FOOD ESTABLISHMENT PLANS & SPECIFICATIONS REVIEW APPLICATION & APPROVAL

PREPARATION:

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

2. Certified Food Protection Manager. Provide name of individual and course information. (Required for all Class 2, 3 or 4 establishments).

Name of course _____
Copy of certificate required prior to license issuance.

3. Disposable gloves and/or utensils and/or food grade paper must be used to minimize handling of ready-to-eat foods.

4. Please describe your policy for food workers who are sick or have infected cuts and lesions.

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. Produce must be washed prior to use.
Separate food preparation sink with indirect drain provided? Yes/No

If yes, size of sink: Length _____ Width _____ Depth _____

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

NAUGATUCK VALLEY HEALTH DISTRICT
FOOD ESTABLISHMENT PLANS & SPECIFICATIONS REVIEW APPLICATION & APPROVAL

INSTRUCTIONS FOR USE OF THIS FORM

Please write information on blank lines provided.

Health District
Approval

FLOORS

_____ Must be smooth, impervious, non-absorbent, light colored and easily cleanable.

	Material	Finish	Color
_____ Prep. Area(s)	_____	_____	_____
_____ Warewashing area	_____	_____	_____
_____ Restrooms	_____	_____	_____
_____ Storage Rooms	_____	_____	_____

WALLS

_____ Must be fire rated, smooth, impervious, non-absorbent, light colored and easily cleanable. Area behind grills/stoves must be stainless steel or ceramic tile. Fiberglass reinforced plastic or tile required for all other kitchen areas.

	Material	Finish	Color
_____ Prep. Area(s)	_____	_____	_____
_____ Warewashing area	_____	_____	_____
_____ Restrooms	_____	_____	_____

_____ Exposed waterlines, wastelines, gaslines, or conduits are prohibited.

_____ Covered junctures between floor and wall. Material: _____

CEILINGS

_____ Must be smooth, impervious, non-absorbent, and easily cleanable. Suspended ceiling tiles must be sheetrock backed, vinyl faced USG 3270 or equivalent. (Porous tiles not acceptable).

	Material	Finish	Color
_____ Prep. Area(s)	_____	_____	_____
_____ Warewashing area	_____	_____	_____
_____ Restrooms	_____	_____	_____

_____ Exposed waterlines, wastelines, gaslines, or conduits are prohibited.

NAUGATUCK VALLEY HEALTH DISTRICT
FOOD ESTABLISHMENT PLANS & SPECIFICATIONS REVIEW APPLICATION & APPROVAL

Health District
Approval

DOORS AND WINDOWS

_____ All outside openings must be tight-fitting to exclude the entrance of insects and rodents.

Openable windows: Screened _____ Air Curtain _____ Self-Closing _____

Other: _____

_____ Outside doors: Screened: _____ Air Curtain _____ Self-Closing _____

Other _____

LIGHTING REQUIREMENTS

_____ 50 foot candles of light 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.

_____ 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.

_____ 10-foot candles of light in walk-in refrigeration units, dry food storage areas and in all other areas, including dining during cleaning operations.

_____ 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).

VENTILATION

_____ 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 (see #11).

_____ 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 _____.

Health District
Approval

_____ 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.

_____ Intake air ducts must be designed and located to prevent the entrance of dust, dirt, insects, exhausted air, etc.

TOILET FACILITIES

_____ Toilet facilities conveniently located for employees. Solid self-closing door provided.

_____ Public toilet facilities available if seating is provided. Facilities must be separated by sex, if total occupant load (employees plus customers) is greater than 15.

_____ Facilities must be available to patrons without passing through the food preparation area.

_____ Must be located within 500 ft. by normal pedestrian route if food facility is located in multi-purpose building.

Number of water closets for women: _____ for men _____

Number of lavatories for women: _____ for men _____

Number of urinals: _____

_____ Toilet facilities must be accessible all times establishment is open.

_____ Toilet rooms must be completely enclosed.

_____ Sanitary napkin receptacles must be provided in female restrooms. (Covered waste containers)

_____ Where will locker rooms be located if dressing rooms are not provided? _____

_____ Toilet rooms must be vented to outside air (openable window or vent fan).

_____ Toilet rooms must have self-closing door. (Must be solid door).

WATER

Source _____. If well, give depth _____ and method of treatment _____. Well water must be tested annually.

_____ Hot and cold water under pressure must be supplied to all fixtures and equipment requiring water. Public restroom hand sinks at least 100°F, but not over 115°F.

_____ Backflow prevention devices installed on sinks, hose outlets, carbonators, soda guns, slop sinks, dishwasher, and spray equipment.

Health District
Approval

HANDWASHING FACILITIES

- _____ Handwashing facilities in all toilet rooms.
- _____ Handwashing facilities within 25 ft. of each workstation in all food preparation and utensil-washing area(s).
- _____ All handwashing facilities provided with hot and cold water under pressure. No single faucets.
- _____ Each handwashing facility provided with soap and sanitary toweling or hand drying device.

DESIGN, CONSTRUCTION, AND INSTALLATION OF EQUIPMENT

- _____ All equipment and utensils meet National Sanitation Foundation (NSF) standards or equivalent.
USE OF WOOD IN FOOD PREPARATION AREAS IS PROHIBITED.
- _____ Equipment used for food preparation or storage installed to facilitate cleaning around and beneath each unit.
- _____ Equipment which is placed on tables or counters either readily movable, sealed thereto, or mounted on legs or feet, at least four (4”) inches high to facilitate easy cleaning.
- _____ Floor-mounted equipment, unless readily movable (on casters), sealed to floor, or installed on raised platforms of concrete or masonry, or elevated at least six (6”) inches above floor. Gas connections on movable equipment must have flexible reinforced approved gas pipe. (AGA) rated.
- _____ All floor-mounted equipment and the space between adjoining units, and between a unit and an adjacent wall, must be either closed or sealed if exposed to seepage, or provide sufficient space to facilitate easy cleaning between, behind, and beside equipment.

SPACE REQUIREMENTS:

- _____ If equipment is less than 24” wide, the space between equipment and wall must be at least 6”.
- _____ If equipment is more than 24” wide, but less than 48” wide, the space between equipment and wall must be at least 8”.
- _____ If equipment is more than 48” wide, but less than 72” wide, the space between equipment and wall must be at least 12”.
- _____ If equipment is more than 72” wide, the space between equipment and wall must be at least 18”.
- _____ If the equipment is installed on casters with flex fuel lines and quick disconnects, the space requirements listed above are not applicable.

NAUGATUCK VALLEY HEALTH DISTRICT
FOOD ESTABLISHMENT PLANS & SPECIFICATIONS REVIEW APPLICATION & APPROVAL

Health District
Approval

CLEANING-SANITIZING OF EQUIPMENT AND UTENSILS

Kitchenware and tableware:

Manual: A 3-compartment sink must be provided. 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 drain shelving unit may be substituted for one drainboard (wire rack shelf over sink).

Mechanical: Dishwasher is NSF approved:

_____ Indirect Waste Line to Sewer Required _____ Make _____

_____ Model _____

Sanitizing: Hot Water _____ Chemical _____

Moisture collection hood is required for all dishwashers using hot water for sanitizing and recommended for **all** dishwashers (see #6).

Hot Water Requirements: _____ gal/hr. of _____ °F water.

_____ Booster heater: Make _____ Model: _____

_____ Heats gal/hr. _____ of water at _____ °F rise.

Detergent and/or sanitizer dispensing equipment:

_____ Make _____ Model _____

HOT WATER SUPPLY

Hot water heater: Make _____ Model: _____

Recovery Rate: _____ gal/hr. at _____ °F rise.

Storage tank capacity: _____ gallons.

NAUGATUCK VALLEY HEALTH DISTRICT
FOOD ESTABLISHMENT PLANS & SPECIFICATIONS REVIEW APPLICATION & APPROVAL

Health District
Approval

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.

HOT AND COLD FOOD STORAGE

_____ Hot and/or cold food storage units must be provided which are large enough to accommodate maximum food storage or holding during peak periods.

WALK-IN REGRIGERATOR AND FREEZER UNITS

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

	#1	#2
Floors	_____	_____
Walls	_____	_____
Ceiling	_____	_____
Size	_____	_____

_____ Drain (pitch floor or inside drain with approved air gap).

REACH-IN REFRIGERATOR AND FREEZER UNITS

Domestic type units are not acceptable.

Reach-in Refrigerators	No. _____	Size _____
Reach-in Freezers	No. _____	Size _____

Will raw meats, poultry and seafood be stored in the same refrigerators and freezer with cooked/ready to eat foods? Yes/No

If yes, how will cross-contamination be prevented? _____

NAUGATUCK VALLEY HEALTH DISTRICT
FOOD ESTABLISHMENT PLANS & SPECIFICATIONS REVIEW APPLICATION & APPROVAL

Health District
Approval

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 sneeze guards, display cases, or 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.

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

- _____ 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 provided for storage of brooms and mops.

- _____ Floor basin mop sink with back flow prevention required.

NAUGATUCK VALLEY HEALTH DISTRICT
FOOD ESTABLISHMENT PLANS & SPECIFICATIONS REVIEW APPLICATION & APPROVAL

Health District
Approval

GARBAGE/TRASH STORAGE AREAS

- _____ Sufficient cans or dumpster to completely hold trash and garbage generated. Grease dumpster, if needed.
- _____ Tightly fitting covers, doors.
- _____ Storage area easily cleanable.
- _____ Adequate collection schedule.
- _____ Total storage volume, cu. yd. _____
- _____ Collection interval, days: _____

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 **not** acceptable.
- _____ All equipment requiring indirect waste lines properly drained into floor sinks or drains.
- _____ Floor sinks or drains accessible for cleaning and maintenance.

Chemical Storage:

Where: _____

BAR

- _____ Floor must be smooth, non-absorbent light colored and easily cleanable.
Material: _____
- _____ Duckboards removable, easily cleanable.
- _____ Covered juncture between floor and wall.
Material: _____
- _____ Inside of bar must be smooth, non-absorbent, and easily cleanable.
Material: _____
- _____ Back bar and/or wall must be smooth, non-absorbent, and easily cleanable.
Material: _____
- _____ Ceiling must be smooth, impervious, non-absorbent, and easily cleanable. Suspended ceiling tiles must be sheetrock backed, vinyl faced USG 3270 or equivalent. (Porous tiles not acceptable).

NAUGATUCK VALLEY HEALTH DISTRICT
FOOD ESTABLISHMENT PLANS & SPECIFICATIONS REVIEW APPLICATION & APPROVAL

Health District
Approval

Lighting

_____ Must have at least 20-foot candle power of light over warewashing facilities. Lights over warewashing and work areas must be shielded.

Handwashing

_____ Handwashing facilities must be available behind bar

Equipment

_____ All equipment must be NSF approved or equivalent. Drop-in cold plates in ice machines or jockey boxes are not approved.

_____ Ice storage bins. Protected with splash guards. Ice dump station available.

_____ Proper installation of mix and liquor guns & drain lines.

Warewashing

_____ NSF approved three compartment sink with adequate drain boards

_____ Mechanical glass washer: Make _____ Model _____

_____ Indirect waste line to sewer required.

_____ Hot water requirements: _____

_____ Clean glass storage (where): _____

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 Health District may nullify this approval.

Signature(s) _____

(Owner or responsible representative)

Date _____

Approval of these plans and specifications by the Health District **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 of the completed establishment (structure or equipment). A pre-opening inspection of the establishment will be necessary to determine if it complies with the local and state laws governing food establishments.